

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2014
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF GREATER TEXAS SURG	STREET ADDRESS, CITY, STATE, ZIP CODE 1121 ROSS AVENUE WACO, TX 76701
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(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) <u>should be notified immediately.</u></p>	A 000		

TEX. GOV'T CODE § 552.101 + TEX. HEALTH & SAFETY CODE §§ 245.011 & 245.023

SOD - State Form LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2014
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NAME OF PROVIDER OR SUPPLIER AARON WOMENS CENTER/WOMENS PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 5607 SCHUMACHER HOUSTON, TX 77057
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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>TEX. GOV'T CODE. § 552.101 + TEX. HEALTH & SAFETY CODE §§ 245.011 & 245.023</p> <p>Deficiency was cited.</p> <p>The Staff was given an opportunity to provide additional information. Instruction to complete and submit an acceptable plan of correction was given verbally and in writing. The facility's staff was informed the Department will review the findings and make a final determination regarding possible enforcement actions.</p> <p>Emergency Services 139.56.</p> <p>(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients</p>	A 000		

SOD - State Form
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER AARON WOMENS CENTER/WOMENS PAVILION		STREET ADDRESS, CITY, STATE, ZIP CODE 5607 SCHUMACHER HOUSTON, TX 77057		
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A 000	Continued From page 1 requiring emergency care to a hospital. The facility shall ensure that the the physicians who practice at the facility: (1) have active admitting privileges at a hospital that provides obstetrical or gynecological health care services and is located not further than 30 miles from the abortion facility; (2) provide the pregnant woman with: (A) a telephone number by which the pregnant woman may reach the physician or health care personnel employed by the physician or by the facility with access to the woman's relevant medical records 24 hours a day, to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion; and (B) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion could be treated. (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). (c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the America 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:	A 000		

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A 000	<p>Continued From page 2</p> <p>Based on record review and interview the facility failed to provide the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion could be treated for 9 of 9 women who had a procedure at the facility, #s 1-9.</p> <p>Findings:</p> <p>Review of procedure information for patient #s 1-9 revealed the nine (9) patients had an abortion procedure at the facility on 4/23/2014.</p> <p>Review of discharge instructions signed and dated by the nine (9) patients titled "Instruction for Follow- Up Care" revealed there was no information with the name and telephone number of the nearest hospital to their homes at which an emergency arising from the abortion procedure could be treated . The instructions documented the following information:</p> <p>"Warning Signs"</p> <p>. You should call the clinic immediately at (telephone number listed).if you experience any problems such as: Fever(if your temperature goes above 100.4) Severe cramping or abdominal pains. Heavy bleeding (more than two pads an hour) or bleeding for more than two(2) consecutive days,heavier than your normal period. Don't Worry in Advance, the chances of any of the above occurring are slight. It is important that you call this clinic if you experience any problems, we will be best suited to provide the proper care for you or advise you of where you should receive that care. It is the policy of this facility that every</p>	A 000		

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A 000	<p>Continued From page 3</p> <p>reasonable be made to respond to a patient call within 30 minutes of the call. In addition to notifying our facility, the patient may also contact an emergency room or present for care at a hospital. Calls will be answered by a Registered Nurse or licensed Vocational Nurse or physician. No matter how far away from us you are if a problem occurs be sure to call us immediately. Your calls will be answered 24 hours a day. Complaint against the facility may be made to:"(the department number and address was listed.).</p> <p>Review of the facility's policy/procedure dated 1/4/2014 revealed a policy titled: "Emergency Hospital Number" revealed the following information:</p> <p>"All patients will be provided with the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated."</p> <p>During an interview at the facility on 4/25/2014 at 10:15 am with Staff (A) Licensed Vocational Nurse she stated she was the facility's nurse and administrator. According to Staff (A) the facility was aware of the requirement to give the women the name and telephone number of a hospital near their home where they can go for emergency care. She stated a policy was developed, however, the policy was not yet implemented..</p> <p>During an interview on 4/25/2014 at the facility with Staff (B) Office Manager, she stated she was aware of the requirement but it did not say the the facility should document that the information was given..</p>	A 000		

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