

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 008444	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/15/2016
NAME OF PROVIDER OR SUPPLIER SUBURBAN WOMENS MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 17070 RED OAK DRIVE SUITE 505 HOUSTON, TX 77090		
(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	TAC 139 Initial Comments 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. An entrance conference was held with the facility Clinic Manager and Medical Assistant on the morning of 11-15-16. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions. Continued licensure is recommended, with an approved plan of correction. An exit conference was held with the facility Clinic Manager, Medical Assistant and Medical Director on the afternoon of 11-15-16. Preliminary findings of the survey were discussed, and an opportunity given for questions.	A 000	REVIEWED DEC 09 2016 BY: Wanda Wilson, RN	
A-133	TAC 139.41(a)(7)(8)(A)(B) Policy Development and Review (7) policies for reporting suspected abuse or neglect as stipulated in Family Code, Chapter 261; and (8) policies to ensure all women who present to obtain an abortion provide identification that includes the woman's date of birth. (A) If the woman does not have identification stating her date of birth, she shall be required to execute an affidavit on a form published by the department indicating that she does not have appropriate identification and indicating her date	A 133		

SOD State F
LABC
STAT

SIGNATURE

TITLE

(X8) DATE

ADMINISTRATOR/MED. DIRECTOR 12/07/16

68CL11

Texas Department of State Health Services

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A 133	<p>Continued From page 1</p> <p>of birth on the affidavit. Attached Graphic </fids/200902286-1.html></p> <p>Figure: 25 TAC §139.41(a)(8)(A) Affidavit</p> <p>I, _____, swear or affirm that my date of birth is _____, and that I do not have appropriate identification that states my date of birth. Signature: _____ Printed name: _____ Witness: _____</p> <p>Printed name of witness: _____</p> <p>(B) The facility shall keep a copy of the identification presented or the affidavit in its files.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and an interview with staff, the facility failed to ensure there were policies for reporting suspected abuse or neglect as stipulated in Family Code, Chapter 261 and that such suspected abuse was screened for and reported.</p> <p>DSHS Child Abuse Screening, Documenting, and Reporting Policy For Contractors Providers Revised effective January 1, 2009 found at http://dshs.texas.gov/childabusereporting/gsc_pol.shtm stated in part, "Reporting Suspected Sexual Abuse 1. Each contractor/provider shall ensure that its</p>	A 133	<p>I, The Medical Director will make sure the policies as outlined in Family Code, Chapter 261 will be fully followed.</p> <p>I am aware of only a minor 13 years old that was brought in by her mother who also reported the case to authorities.</p> <p>I thought it was sufficient reporting since this case was reported to State authorities by the parent.</p> <p>I already interview, counsel patients ages 14 to 16 years above about sexual abuse and I will continue to do so.</p> <p>I explained that to the inspectors. Henceforth proper form will be attached to patient's record.</p>	12/15/16

Texas Department of State Health Services

REVISED 11/16/2010
FORM APPROVED

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A 133	<p>Continued From page 2</p> <p>employees, volunteers, or other staff reports a minor under 14 years of age who is pregnant or has a confirmed STD acquired in a manner other than through perinatal transmission or transfusion. A sexually transmitted disease is any disease that is transmitted by any sexual activity as described in §§21.01, 21.11, and 22.011 of the Penal Code, whether reportable or not.</p> <p>II. The Texas Family Code, Chapter 261, requires reporting of various types of sexual abuse. Instances of reportable abuse include but are not limited to, the actions described in: Penal Code, §21.11(a) relating to indecency with a child; Penal Code, §21.01(2) defining "sexual contact"; Penal Code, §43.01(1) or (3) - (5); or Penal Code, §22.011(a)(2) relating to sexual assault of a child; or Penal Code, §22.021(a)(2) relating to aggravated sexual assault of a child.</p> <p>III. The DSHS Child Abuse Reporting Form shall be used in the following manner: (1) to fax reports of abuse to DFPS or law enforcement and to document the report in the client record; (2) to document reports made by telephone; and (3) to document decisions not to report based on the existence of an affirmative defense. When making an online report to DFPS, contractor/providers may use a print-out of that report, rather than the Child Abuse Reporting Form, for documentation in the client record. All forms or online print-outs shall be retained by the contractor/provider in a manner required by the program and are subject to DSHS monitoring. All forms or online print-outs concerning clients less than 14 years of age as described in item I. of this section will be examined during monitoring and must be readily available to the DSHS monitoring staff.</p>	A 133		

Texas Department of State Health Services

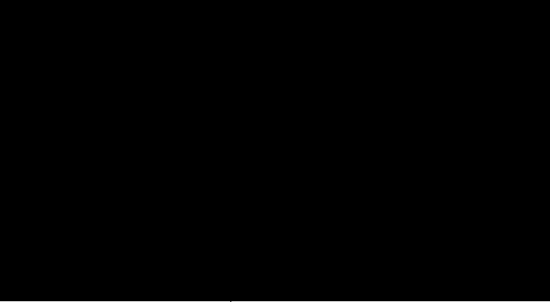

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A 133	Continued From page 3 A. The DSHS Child Abuse Reporting Form is an official DSHS form and may not be modified by the contractor/provider. B. Contractors/providers may add information to the bottom of the form below the DSHS required information. This is not considered modifying the form." Findings were: Review of the clinical records for 3 minor patients (patients #9, #12 and #16) revealed that none of the 3 minor patients had been properly screened for abuse. The above was confirmed in an interview with the Medical Director and other administrative staff on the afternoon of 11-15-16.	A 133		
A 260	House Bill 15 Disclosure Requirements A physician must perform a sonogram on a woman seeking an abortion at least 24 hours prior to performing the abortion, unless the woman lives 100 miles from the closest abortion provider in which case the sonogram must be performed at least 2 hours prior to the abortion. A physician must provide a list of agencies offering sonograms at no cost to the pregnant woman. The physician who will be performing the abortion must: a. Display the sonogram images to the pregnant woman; b. Provide a verbal explanation of the sonogram images, including descriptions of the fetus, its heart activity, and its internal organs; and c. Provide the heart auscultation of the fetus for the pregnant woman to hear as well as a verbal explanation of it. Abortion procedures are exempt from the	A-260	1. The Medical Director will be responsible for performing ultrasound on all patients [REDACTED]	12/10/16

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NAME OF PROVIDER OR SUPPLIER: **SUBURBAN WOMENS MEDICAL CENTER**
STREET ADDRESS, CITY, STATE, ZIP CODE: **17070 RED OAK DRIVE SUITE 505 HOUSTON, TX 77090**

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A 260	<p>Continued From page 4</p> <p>sonogram provisions in the case of a medical emergency; and requires a physician, not later than the 30th day after the date the abortion is performed, to certify to DSHS the specific medical condition that constituted the emergency. The physician must provide the pregnant woman with information about paternity establishment and child support if she chooses not to have the abortion after having the sonogram.</p>  <p>Findings were:</p> <p>During a review of facility documentation, the surveyors were provided with written documentation from staff #1 stating that staff #3 had been "properly instructed, trained to perform ultrasound of the pelvis for gestational age determination."</p> <p>In an interview with staff #1 on 11-15-16, staff #1 confirmed that [staff #3] performed the facility ultrasounds for gestational age determination but was not a physician.</p> 	A 260		

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STATE FORM

6899

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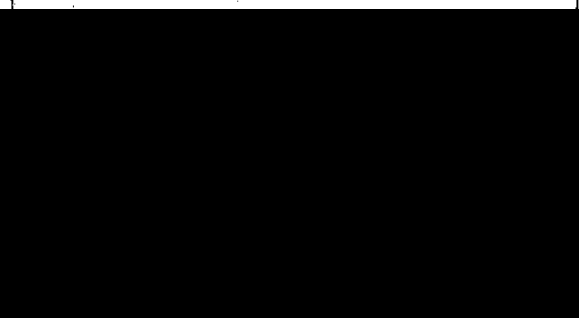
If continuation sheet 5 of 8

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A 260	Continued From page 5 	A 260		
A 355	<p>TAC 139.56(a)(2)(A)(B) Emergency Services</p> <p>(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:</p> <p>(2) provide the pregnant woman with:</p> <p>(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced 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</p> <p>(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 would be treated.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation, the</p>	A 355	<p>I, The Medical Director, will make sure each patient is provided with the telephone number of the nearest hospital chosen by the patient. I have made sure this is the practice in my office and will continue to do so</p>	12/15/16

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A 355	<p>Continued From page 6</p> <p>physician practicing at the facility failed to provide patients with the telephone number of the nearest hospital to their home at which an emergency arising from the abortion would be treated.</p> <p>Findings were:</p> <p>In a review of clinical records for 14 surgical patients, 6 of the 14 patients (patients #2, #3, #5, #6, #7 and #15) had not been provided with the telephone number of the nearest hospital to their home at which an emergency arising from the abortion would be treated.</p> <p>The above was confirmed in an interview with the Medical Director and other administrative staff on the afternoon of 11-15-16.</p>	A 355		
A 363	<p>TAC 139.57(b) Discharge and Follow-up Referrals</p> <p>(b) A facility shall provide a patient with a copy of the written discharge instructions described in subsection (a) of this section.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation, the facility failed to provide all patients with written discharge instructions.</p> <p>Findings were:</p> <p>During a review of the clinical records for 16 patients, 1 of the 16 patients (patient #9) did not receive written discharge instructions.</p> <p>The above was confirmed in an interview with the</p>	A 363	<p>The Medical Director will continue to make sure every patient receives written discharge instructions. The one patient out of 16 is most likely the result of the follow up paper falling out of the record. A copy of the discharge instructions is placed on each record.</p>	12/15/16

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A 363	Continued From page 7 Medical Director and other administrative staff on the afternoon of 11-15-16.	A 363		

• Addendum

A133

I actually told the inspector that I inquire from each minor patient how she got pregnant and all responded they were impregnated by their boyfriend of equal age or a year older.

Addendum

A355

I am a practicing Obstetrician Gynecologist for close to 40 years, what I have found to be effective for any of my patients needing care for any Obstetrical Emergency is to call 911 as opposed to calling the hospital for answers to any emergency.

My aftercare instructions ask all my patients to call 911 for any form of emergency including patients in labor.

The DSHS may want to reconsider the requirement asking for patients to be given the phone number of the nearest hospital to patient's home. In dire emergency 911 is the right way to go.

It is unsafe to give patient the impression that the place to call is the nearest hospital as opposed to calling the Doctor's office or 911.

A 355

Suburban Women's Center
of North West Houston

Telephone (281) 440-1796
Fax (281) 440-3482

M.D., F.A.C.O.G., P.A.

SUBURBAN WOMEN'S CLINIC

NEXT APPOINTMENT

AFTER-CARE INSTRUCTIONS

* 75 After above date

BLEEDING: The length of time that bleeding may occur varies with each patient, from very little bleeding **(ON AND OFF) stop and then continue** spotting for about **2 to 4 weeks** duration. Passage of small blood clots mixed with small amounts of tissues are normal. If the bleeding is substantially heavier than your regular menstrual period, and especially with passage of huge clots, call us at the above number. Your first menstrual period will occur at about 4 to 6 wks after the abortion.

MEDICATION: All patients will be given a prescription or free supply of antibiotic to be taken for five days. Frequently prescribed antibiotics are Doxycycline or Ampicillin. Take one tablet of antibiotic as directed. The Doctor may also give any additional prescription for other medications as he feels may be necessary. For pain relief you can take...

- 1.) Ibuprofen 800mg (over the counter) take 1 every 6 hrs as needed
- 2.) Extra Strength Tylenol, two tablets every 3 hrs as needed
- 3.) Anacin 3 two tablets every 3 hours

THERE IS A CHARGE OF \$70. DLLS WHEN YOU DON'T COME TO THE APPOINT. INDICATED ABOVE

PRECAUTIONS: Do not insert any object into the vagina for next 2 wks. Use only sanitary napkins until you have had your two weeks post operative check. Whether you are bleeding or not, do not put anything in your vagina. These precautions are to guard against infection.

BREASTS: Some women develop swollen painful breasts after an abortion. Treatment include wearing tight bras; apply ice packs to breasts. Pain medication described above will also help.

DEPRESSION: It is not unusual for some patients to have post abortion depression. This kind of feeling sometimes follows miscarriages or normal delivery. This kind of mood change may be related to hormonal changes associated with pregnancy and it should go away in a few days, if not, please call the office for referral assistance.

CALL US IMMEDIATELY FOR:

-Bleeding which is much heavier than normal menstrual period.
 -Severe cramps which persist and are stronger than normal menstrual cramps and not relieved by suggested medication above.
 -Foul smelling discharge not related to previous vaginal infection
 -Temperature 101 degrees or above
 -Passage of large amounts of tissue
- You can also be evaluated immediately at the office for any of the above during office hours. If the office is closed you will be instructed to visit the nearest emergency room for evaluation.

UNTIL YOUR NEXT CHECK UP: THAT IS IN 2 WEEKS TIME.

-NO TAMPONS
-NO SWIMMING
-NO TUB BATHS OR VAG. DOUCHES
-NO SEXUAL INTERCOURSE

These will help prevent some infection.

You can reach us 24 hours a day seven days per week; for a fast response, however try to call between 8:30 a.m. and 4:00 p.m. Mon-Fri, and on Saturday between 8:00 a.m. and 11:00 a.m. Do not hesitate to call if you have any problems, any how.

**IF YOU OR A FRIEND NEED US FOR ANY REASON
PLEASE FEEL FREE TO CALL US AT ANY TIME**

██████████ M.D.
FELLOW AMERICAN COLLEGE OF OB-GYN

CALL 911 FOR HELP AND GO TO NEAREST EMERGENCY ROOM
PHONE NO. _____

HOSPITAL NAME _____

Suburban Women's Center
of North West Houston
██████████ M.D., F.A.C.O.G., P.A.
17070 Red Oak Drive
Suite 505
Houston, Texas 77090
Telephone (281) 440-1796
Fax (281) 440-3482

TESTS PERFORMED BY FACILITY

Facility Name:	Date:
Direct Phone Number to Laboratory Director's Office:	
Name of Person Completing Form:	

*** PLEASE LIST THE MANUFACTURER'S NAME AND MODEL OF THE INSTRUMENT OR MANUFACTURER'S NAME OF THE TEST KIT USED FOR PATIENT TESTING. FOR EXAMPLE, DO NOT LIST "HEMATOLOGY MACHINE OR STREP KIT". THIS WILL ENSURE THAT YOU WILL RECEIVE THE CORRECT CERTIFICATE BASED ON THE TESTS PERFORMED IN YOUR LABORATORY.

Name of Laboratory Test	*** Name of Instrument or Kit Used for Testing	CPT Code