ויווייובט, טשבשבטוא Texas Department of State Health Services SORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: CHOATE SURVEY A. BUILDING: COMPLETED 140000 B. WING C 06/24/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WHOLE WOMANS HEALTH OF FORT WORTH, LLC 3256 LACKLAND ROAD FORT WORTH, TX 76116 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD I) TAG PREFIX CROSS-REFERENCED TO THE APPROPRIME TAG COMPLETE DATE DEFICIENCY) A 00C A 000 REVIEWED AUG 0 6 2014 The last date on site was 4/16/14. The survey findings were discussed with the facility's representatives during a telephone exit conference on 6/24/14 at 2:50 PM. The facility was provided an opportunity to respond to the survey findings and to provide evidence of compliance with regulations surveyed. No evidence was provided. Deficiencies were cited. A 283 A 283 SOD - State Fo LABORATORY like Presiden STATE FORM

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Texas Department of State Health Services

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AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	CHICATESURVEY

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Texas Department of State Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: THE SURVEY A. BUILDING: _____ (X MPLETED 140000 С B. WING 06/24/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WHOLE WOMANS HEALTH OF FORT WORTH, LLC 3256 LACKLAND ROAD FORT WORTH, TX 76116 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY A 283 A 283 SOD - State Form STATE FORM

Texas Department of State Health Services DAM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: 1) 1) ITE SURVEY A. BUILDING: COMPLETED 140000 B. WING C 06/24/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WHOLE WOMANS HEALTH OF FORT WORTH, LLC 3256 LACKLAND ROAD FORT WORTH, TX 76116 (X4) IO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL In PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD | # (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 283 A 283 A 326 139.49(d)(5)(C)(iii) Infection Control Standards 08/01/14 The Clinic Administrator will be responsible for A 326 ensuring the policies and procedures for disinfection, sterilization and storage of sterile (d) Policies and procedures for decontamination, supplies are strictly followed. disinfection, sterilization, and storage of sterile supplies. The instruments mentioned in this report were (5) Equipment and sterilization procedures. not fully extended in the open position however (C) Preparation for sterilization. these instruments were not closed, since the (iii) All articles to be sterilized shall be arranged hinges were not locked, proving they ware fully so all surfaces shall be directly exposed to the sterile and safe for patient use. sterilizing agent for the prescribed time and On 6/27/14 the Director of Medical Services temperature. conducted an in depth inspection of all sterilized instruments and found them to be in the opan, unlocked position confirming proper strainty. (see This Requirement is not met as evidenced by: pictures attached) Based on observation, instrument review and interview, the facility failed to ensure protection In order to continue to ensure our policies and for the patient from cross-contaminated articles procedures for decontamination, steril sation, that were not arranged so all surfaces were and storage of sterile supplies are properly directly exposed to the sterilizing agent for the followed, the Clinic Administrator will and duct a prescribed time and temperature, in that, 7 of 7 staff in service to retrain the staff on the proper tenaculums, 4 of 4 sophers and 3 of 3 forceps packaging and sterilization procedure: were found with their tips in the closed position. 08/01/14 In order to monitor this practice is properly executed, the Clinic Administrator will sanduct Findings Included: monthly inspections of sterilized instruments utilizing the EOC checklist mentioned as During a tour on 3/27/14 at 9:55 AM with correction A-283. Personnel #2, the sterilized supplies were observed in Operating Room (OR) #1, "Clean Pathology" and OR #2. In OR #1, 2 tenaculums and 2 sophers were observed in the sterilized package in the closed position. In "Clean Pathology," 2 tenaculums were observed in the sterilized package in the closed position.

Texas Department of State Health Services

NO PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:		LE CONSTRUCTION 3:	CATE SURVEY
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A 326	Continued From pag		A 326		11
	In OR #2, 3 tenaculu were observed in the closed position.	ms, 2 sophers and 3 forceps sterilized package in the			
	Personnel #2 was pr findings.	esent and confirmed the			
- 1	Supplies" policy required sterilized will be arrandirectly exposed to the prescribed time and the supplies to the prescribed time and the supplies to the supp	edure for Decontamination, tion, and Storage of Sterile ired, "All instruments to be aged so all surfaces will be e sterilizing agent for the emperature. All ratches and uring sterilization and any ered in gauze"			
	(d) Policies and proced disinfection, sterilizati supplies. (5) Equipment and sterilizati (D) Packaging. (ii) All items shall be la	abeled for each sterilizer d time of sterilization, the	A 328	The Clinic Administrator will be responsible ensuring all infection control standards and A sterilization appendix has been created incorporated into the training procedure packaging and sterilizing in order to enphases any tracking is documented on the as well as the sterilization log (see atticated in service will be conducted for the product to train them on the proper packing labeling and sterilization tracking process.	e inet. and br re all plack eci).
	Based on observation interview, the facility fa labeled for each sterili	rved with incomplete		The Clinic Administrator will monitor committee with this practice by conducting the mannithm of the COC checklist mentioned on correction A	nte.
F	Findings Included:				

NO PLANT	epartment of State H IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	11 11	APPRO
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	1	3:	(X)MPLI	URVEY
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I	During a tour on 3/2	7/14 at 9:55 AM with				
	Personnel #2, the st	erilized supplies were			Perstraint	
I	Observed in Operation	ng Room (OR) #1, "Clean				
	Pathology" and OR	#2.	***************************************		·	
	In OR #1, 2 tenacula	ims were observed in the	Francisco de la constanta de l			
	sterilized package n	ot labeled with the year, the				
	time of sterilization.	the sterilizing load number,				
l	and the autoclave. T	he 2 sophers were observed				
-	in the sterilized pack	age not labeled with the time			1	
1	or sterilization, the si	erilizing load number, and				
	the autoclave.	•				
	In "Class Date of					
	In "Clean Pathology,	" 2 tenaculums were				
1	with the year, the tim	lized package not labeled				
	sterilizing load numb	er, and the autoclave.				
	3	or, and the autociave.				
i	In OR #2, 3 tenaculu	ms and 2 sophers were				
l	observed in the steril	ized package not labeled				
1	with the time of sterili	zation, the sterilizing load				
1	number, and the auto	clave. The 3 forcers were	-		-	
	observed in the steril	ized package not labeled				
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'	normour, and the auto	ciave.				
	Personnel #2 was no	esent and confirmed the				
1	findings.	ent penning commo				
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A 498	139.60(i) State and F	ederal Requirements	A 400	Whole Woman's Health of Fort Worth 1:0		
3			A 498	use adulterated drugs or devices. The "	dinana	
1	(i) A licensed abortion	facility shall not use		intelligated in this report are clean sure as		
	()	·		Pulchased Infough a legitimate medicular	1 4 4 1 1 4 4	
(adulterated or misbra	nded drugs or devices	!			
(i	adulterated or misbra inviolation of the Heal	th and Safety Code.		pompany. These syringes are noncritical	tems	
(i §	adulterated or misbra inviolation of the Heal §431.021. Adulterated	th and Safety Code, d drugs and devices are		\$139.49(d)(4)(c) Noncritical items incl. at	Hame	
(i §	adulterated or misbra inviolation of the Heal §431.021. Adulterated describedin Health an	th and Safety Code, d drugs and devices are d Safety Code, 8431,111		\$139.49(d)(4)(c) Noncritical items incl. or that come in contact with intact skin. Care	ilems	
() i §	adulterated or misbra inviolation of the Heal §431.021. Adulterated describedin Health an	th and Safety Code, d drugs and devices are d Safety Code, §431.111, devices are described in		\$139.49(d)(4)(c) Noncritical items incl. at	itiams	

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDED OR SUPPLIER STREET ADDRESS, CITY, STATE, IPPCODE 3381 LACKLAND ROAD FORT WORTH, TX 19119 SUMMARY STATEMENT OF DEPTICENCES SUMMARY STATEMENT OF DEPTICENCES SUMMARY STATEMENT OF DEPTICENCES SUMMARY STATEMENT OF DEPTICENCES FORT WORTH, TX 19119 SUMMARY STATEMENT OF DEPTICENCES SUMMARY STATEMENT OF DEPTICENCES FORT WORTH, TX 19119 A 498 Continued From page 6 A 498 Continued From page 6 This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure adulterated devices were not available for patient use, in that, 27 of 27 ayringes were observed on 3/27/14 in the "Clean Pathology" room, out of their sterile penal graphs were observed on 3/27/14 in the "Clean Pathology" room out of their sterile penal graphs were observed in a white basket next to the sterilizer that had a handwritten label which reflected, "1% lidocaine 3/28/14." There were 13 - 20 milliliter (ml) syringes observed in a black basket next to the sterilizer that had a handwritten label which reflected, "1% lidocaine 3/28/14." There were 14 - 20 milliliter (ml) syringes observed in a black basket next to the sterilizer that had a handwritten label which reflected, "1% lidocaine 3/28/14." Personnel #3 was present and confirmed the findings. During an interview on 3/27/14 at 10:30 AM, Personnel #3 was asked why the syringes were open and stored in a basket. Personnel #3 was asked why the syringes were open and stored in a basket. Personnel #3 was asked why the syringes pror to the procedures to see time. Personnel #3 was asked with was okay. Personnel #3 said no. The March 20.11 "Procedure to re Surgical Assistant" policy required. "Open the instrument pack using sterile technique Drop needles and	AND PLAN OF CORRECTION		DENTIFICATION NUMBER:	A. BUILDING	COMPLETED		
WHOLE WOMAIS HEALTH OF FORT WORTH, LLC SIMMARY STATE OF REPORT WORTH, TX 7918 REQUATORY OR US IDENTIFYED IN COMMERCE OF TAIL PROPERLY TAIL TAIL PROPERLY TAIL TAIL TAIL TAIL TAIL TAIL TAIL TAIL			140000	B. WING		-	
SUMMARY STATEMENT OF DEPICENCIES PROJECT PROJECT PROJECT PROJECT PARK PROPRIED PARK PROPRIED			RT WORTH, LLC 3256 LA	CKLAND ROAL		30/2	-W2U14
A 498 Continued From page 6 This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure adultrated devices were not available for patient use, in that, 27 of 27 syringes were observed on 3/27/14 in the "Clean Pathology" room, out of their sterile packaging, in an open to air basket and labeled "1% lidocaine 3/28/14" or "1% lidocaine 3/29/14. Findings included: During a tour on 3/27/14 at 10:30 AM with Personnel #3, syringss were observed in a white basket next to the sterilizer that had a handwritten label which reflected, "1% lidocaine 3/29/14.* There were 13 - 20 milliliter (mi) syringes observed in a handwritten label which reflected, "1% lidocaine 3/29/14.* There were 14 - 20 milliliter (mi) syringes observed in a handwritten label which reflected, "1% lidocaine 3/29/14.* Personnel #3 was present and confirmed the findings. During an interview on 3/27/14 at 10:30 AM, Personnel #3 was present and confirmed the findings. There was present the syringes were open and stored in a basket. Personnel #3 stated Personnel #5 had prepared the syringes prior to the procedures to save time, Personnel #3 was asked if this was okay. Personnel #3 said no. The March 2011 "Procedure for Surgical Assistant' policy required, "Open the instrument pack using sterile technique Does not surgical assist prepared the situation of the procedures to a surgical assist prepared the syringes prior to the procedures to seve time, Personnel #3 was asked of this was okay. Personnel #3 was asked of the brocedures to save time. Personnel #3 was asked of this was okay. Personnel #3 one to the procedures to save time. Personnel #3 was asked of this was okay. Personnel #3 procedures to save time. Personnel #3 was asked of this was okay. Personnel #3 procedures to save time. Personnel #3 was asked of this was okay. Personnel #3 procedures to save time. Personnel #3 was asked of this was okay. Personnel #3 procedures to save time. Personnel #3 was asked of this was okay. Personnel #3 p	PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI	1	COMPLETE
		This Requirement is repassed on observation failed to ensure adulte available for patient us were observed on 3/2: Pathology" room, out of an open to air basket at 3/28/14" or "1% lidocal Findings Included: During a tour on 3/27/Personnel #3, syringe: "Clean Pathology" room. There were 13 - 20 mill observed in a white bath thad a handwritten lidocaine 3/28/14." There were 14 - 20 mill observed in a black bath at had a handwritten lidocaine 3/29/14." Personnel #3 was pressindings. During an interview on Personnel #3 was asked open and stored in a bit Personnel #5 had prepthe procedures to save asked if this was okay. The March 2011 "Proc Assistant" policy requir pack using sterile technical in a bit personnel #3 was asked.	and interview, the facility rated devices were not se, in that, 27 of 27 syringes 7/14 in the "Clean of their sterile packaging, in and labeled "1% lidocaine ine 3/29/14." If 4 at 10:30 AM with swere observed in the m in baskets. Idiliter (ml) syringes sket next to the sterilizer label which reflected, "1% liliter (ml) syringes sket next to the sterilizer label which reflected, "1% sent and confirmed the 3/27/14 at 10:30 AM, ed why the syringes were asket. Personnel #3 stated ared the syringes prior to the time. Personnel #3 was Personnel #3 said no. Bedure for Surgical ed, "Open the instrument	A 498	The Clinic Administrator will conduct a training to ensure surgical assist person understands the procedure for sterile te and utilizes sterile supplies when follow sterile technique procedure. The Clinic Administrator will monitor the accuracy of this process by conducting monthly traces (see trace attached) during	िम् ांत que ाम् भाव अनुसार	

"EINTED: 06/25/2014 Texas Department of State Health Services FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (3) DATE SURVEY A. BUILDING: CCIMPLETED С B. WING __ 140000 06/24/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3256 LACKLAND ROAD WHOLE WOMANS HEALTH OF FORT WORTH, LLC FORT WORTH, TX 76116 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) (EACH CORRECTIVE ACTION SHOULD | # REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) A 498 Continued From page 7 A 498 syringes onto the open pack using sterile technique..."