

Texas Department of State Health Services

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/01/2015 |
|--|--|---|--|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF GREATER TX SURGICA | STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST BEN WHITE BLVD AUSTIN, TX 78704 |
|--|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

T 000 25 TAC 135 Ambulatory Surgery Centers T 000

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 Vice President of Medical Compliance on the morning of 11-30-15. 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 Vice President of Medical Compliance on the afternoon of 12-1-15 in the facility library. Preliminary findings of the survey were discussed, and an opportunity given for questions.

Reviewed and found to be appropriate 12/22/15 [Signature]

T 218: 135.9(j)(12) MEDICAL RECORDS IN A LICENSED ASC T 218

(j) The (ASC) shall include the following in patients' medical records:
(12) evidence that the patient left the facility in the company of a responsible adult, unless the operating surgeon or advanced practice registered nurse, writes an order that the patient may leave the facility without the company of a responsible adult; and



TITLE: *President & CEO* (X5) DATE: *Dec. 15, 2015*

Texas Department of State Health Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/01/2015 |
|--|---|--|--|--|
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF GREATER TX SURGICA | | STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST BEN WHITE BLVD AUSTIN, TX 78704 | | |
| (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 |
| T 218 | Continued From page 1 This Requirement is not met as evidenced by: Based on a review of clinical records and facility documentation, the facility failed to ensure that all patients left the facility in the company of a responsible adult. Findings were: During a review of clinical records for 22 patients, recods for 7 of the 22 patients (patient #8, patients #13-#18) contained no documentation that the patients left the facility in the company of a responsible adult. The records contained no documentation that the operating surgeon wrote an order stating that the patient could leave the facility without the company of a responsible adult. Facility policy XI titled "Medical Records" states, in part: " ... III. POLICIES ... B. ASC MEDICAL RECORD REQUIREMENTS The ASC medical record must include the following: ... 11. Evidence that the patient left the facility in the company of a responsible adult, unless a physician or advanced practice nurse writes an order that the patient may leave the facility without the company of a responsible adult." The above was confirmed in an interview with staff # 2 on the afternoon of 12-1-15 in the facility library. | T 218 | In order to ensure that staff document the requirement that a patient has been discharged to a responsible adult, this criteria has been added to abortion forms completed by staff. The requirement that all ASC clients be discharged to a responsible adult, or that the operating physician writes an order stating otherwise, will be reviewed in the ASC RQM staff meeting by the Vice President of RQM. RQM will ensure this requirement is captured in the annual audit of abortion records. | 12/18/15 12/17/15 Q1 2016 |
| T 258 | 135.11(b)(11)(A-G) ANESTHESIA & SURGICAL SVCS IN A LIC ASC | T 258 | | |

Texas Department of State Health Services

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/01/2015 |
|--|--|---|--|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF GREATER TX SURGICA | STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST BEN WHITE BLVD AUSTIN, TX 78704 |
|--|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

| | | | | |
|-------|--|-------|---|---|
| T 258 | <p>Continued From page 2</p> <p>(11) A safe environment for treating surgical patients, including adequate safeguards to protect the patient from cross-infection, shall be assured through the provision of adequate space, equipment, and personnel.</p> <p>(A) Provisions shall be made for the isolation or immediate transfer of patients with communicable diseases.</p> <p>(B) All persons entering operating rooms shall be properly attired.</p> <p>(C) Acceptable aseptic techniques shall be used by all persons in the surgical area.</p> <p>(D) Only authorized persons shall be allowed in the surgical area.</p> <p>(E) Suitable equipment for rapid and routine sterilization shall be available to assure that operating room materials are sterile.</p> <p>(F) Environmental controls shall be implemented to assure a safe and sanitary environment.</p> <p>(G) Operating rooms shall be appropriately cleaned before each operation.</p> <p>This Requirement is not met as evidenced by: Based on observation, a review of facility documentation and a staff interview, the facility failed to ensure a safe and sanitary environment for all surgical patients.</p> <p>Findings were:</p> <p>A tour of the ambulatory surgical center with Staff #12, the Quality Specialist, on the morning of 12/1/15 revealed the following:</p> <p>There were small pieces of debris around the patient bed in both Operating Rooms (OR)</p> | T 258 | <p>Vice President of RQM will provide health center managers (HCM) and nursing staff training on the following infection control issues:</p> <ol style="list-style-type: none"> 1. OR bed foot rests must be covered with a disposable item or clean socks that are washed between use 2. Tape may not be used on the OR or procedure room 3. All surgical supplies, regardless of size, must be sterilized in an open position 4. Supplies may not be stored under any sink in the ASC 5. Medications may not be stored in the autoclave room 6. Supplies must be removed from shipping cartons or cardboard boxes before storage to prevent contamination with soil/debris that may be on cartons. <p>The HCM or charge nurse will review the above information with all ASC staff</p> <p>RQM will complete a biannual audit of the ASC to assess compliance with the above requirements.</p> | <p>12/18/15</p> <p>1/7/2016</p> <p>Q1 and Q3 2016</p> |
|-------|--|-------|---|---|

Texas Department of State Health Services

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 12/01/2015 |
|--|--|--|--|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF GREATER TX SURGICA | STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST BEN WHITE BLVD AUSTIN, TX 78704 |
|--|--|

| (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 |
|--------------------|--|---------------|---|---------------------------------|
| T 258 | <p>Continued From page 3</p> <p>and in one corner of OR#1. There was also a used alcohol pad on the floor of OR#1, and on a table in OR#2. When asked if the ORs had been terminally cleaned and was deemed ready for patient use, Staff #12 replied that it was her understanding that the room had been cleaned and readied for patients. She added that terminal cleaning of the OR was completed at the end of each day.</p> <ul style="list-style-type: none"> The bed foot rests of both ORs were each covered with a sock. When Staff #12 was asked if the socks were changed between patients, she stated they were not. There was tape on the supply cart in OR #1, and on various surfaces in OR#2, including two small tubes of ammonia inhalants taped to the wall. Tape leaves a sticky residue which makes thorough cleaning impossible. There was a thick, visible layer of dust on high horizontal surfaces, including OR lights, throughout the ORs, indicating ineffective cleaning of these areas. In OR #, 1 of 2 suture kits were observed with the hemostats in the closed position. In the sterilization room of the facility 3 other instruments were observed in the closed position. It could not be determined that these surfaces were appropriately cleaned. When instruments are closed, the sterilizing agent cannot penetrate all surfaces to ensure complete sterilization of all surfaces of the instruments. The Centers for Disease Control and Prevention (CDC) article, GUIDELINE FOR DISINFECTION AND STERILIZATION IN HEALTHCARE FACILITIES, 2008, by William A. Rutala, Ph.D., M.P.H., David J. Weber, M.D., M.P.H., and the Healthcare Infection Control Practices Advisory Committee (HICPAC), found at: http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf, states on page 74 | T 258 | <p>ASC staff will either use (1) disposable stirrup covers which are changed between clients or (2) covers will not be used and the stirrups will be cleaned with an approved disinfectant between patient use</p> <p>The health center manager removed all tape from the OR rooms.</p> | <p>12/15/15</p> <p>12/10/15</p> |

Texas Department of State Health Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/01/2015 | |
|--|--|--|---|--|
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF GREATER TX SURGICA | | STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST BEN WHITE BLVD AUSTIN, TX 78704 | | |
| (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 |
| T 258 | <p>Continued From page 4</p> <p>that hinged instruments and instruments that close should be opened during the process of sterilization.</p> <ul style="list-style-type: none"> In OR #2, there were packages of patient tubing and curettes stored under the sink. According to the Association for Professionals in Infection Control & Epidemiology (APIC): "Items are stored at least 12" -18" from a sink or there is a protective barrier (splash guard) to prevent splash contamination; storage under sinks is discouraged." Preventing Infection in Ambulatory Care, Winter 2011/2012; available: http://apic.org/Resource_/TinyMceFileManager/Education/Preventing-Inf-in-Amb-Care-Winter2012-FINAL.PDF. In a supply room which housed the facility's two autoclaves, thus a room where surgical instruments were sterilized; there were multi-dose vials of lidocaine, including an opened vial, stored in one of the drawers. In a facility supply room, approximately 8 large external shipping containers were on shelves above opened patient care items. External shipping containers are exposed to a number of environmental contaminants en route to their final destination and are considered dirty items. According to APIC: "Supplies must be: Removed from shipping cartons or cardboard boxes before storage to prevent contamination with soil/debris that may be on cartons ...Do not leave outer shipping boxes in clinical areas (due to risk of environmental contamination)." Preventing Infection in Ambulatory Care, Winter 2011/2012; available: http://apic.org/Resource_/TinyMceFileManager/Education/Preventing-Inf-in-Amb-Care-Winter2012-FINAL.PDF. <p>Facility policy #XVIII of the ambulatory surgical</p> | T 258 | <p>The health center manager removed all items from under all sinks in the ASC.</p> <p>Locks will be placed on all sink cabinets by the facilities manager</p> <p>All medications will be removed from the sterilizer room by the charge nurse and the lidocaine will be stored in a locked cabinet outside of the procedure room. A lock will placed on the cabinet by the facilities manager.</p> <p>The health center manager removed all external shipping containers from the storage room and will ensure that supplies are removed from shipping containers on an ongoing basis.</p> | <p>12/8/15</p> <p>12/18/15</p> <p>12/16/15</p> <p>12/10/15</p> |

Texas Department of State Health Services

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 12/01/2015 |
|--|--|--|--|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF GREATER TX SURGICA | STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST BEN WHITE BLVD AUSTIN, TX 78704 |
|--|--|


| (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 |
|--------------------|---|---------------|---|--|
| T 258 | <p>Continued From page 5</p> <p>center, entitled Facilities and Environment, included the following: "A safe environment for treating surgical patients, including adequate safeguards to protect the patient from cross-infection, will be assured... IV. Due Diligence ... 2. The ASC shall be clean and properly maintained..."</p> <p>Facility policy entitled Infection Control and Environmental Cleaning Practices stated in part, "C. Daily Cleaning and Disinfection... 1. At the beginning of each day or prior to the first procedure, horizontal surfaces, OR/procedure room lights, OR/Procedure room furniture will be damp-dusted using an EPA registered disinfectant-detergent with label clam for tuberculocidal activity."</p> <p>This policy listed the following on the cleaning vendor schedule as daily : "Sweep and damp mop hard surface floors and under exam tables using disinfectant." and "Dust all horizontal surfaces within arm's reach."</p> <p>Facility policy entitled, Sterilization of critical Items stated in part, "B. General guidelines:... 2. Sterilize jointed instruments in an open, unlocked position with ratchets not engaged."</p> <p>These findings were confirmed in an interview with the Vice President of Medical Compliance and other administrative staff on the afternoon of 12/1/15 in a facility meeting room.</p> | T 258 | <p>The Director of Quality Management revised the Infection Control Manual to clarify that the cleaning crew will complete the intensive clean at night and that each morning the ASC provides services, PPGT charge nurse or health center manager will complete a spot check in the morning to ensure that all horizontal surfaces, OR/procedure room lights, OR/Procedure room furniture are clean.</p> <p>The Compliance Coordinator revised the 2016 cleaning log to provide for documentation that PPGT staff visibly confirmed in the morning that horizontal surfaces, OR/procedure room lights, OR/Procedure room furniture are clean. If the ASC is not visibly clean upon inspection, staff will log the event in the janitorial help desk for immediate attention. The charge nurse or heath center manager will ensure that the operating room is clean before any procedures are provided.</p> <p>PPGT third party management services organization reviewed cleaning deficiencies with the janitorial provider</p> | <p>Implement 12/18/15</p> <p>Implement on 1/1/2016</p> <p>Ongoing</p> <p>12/9/15</p> |

Texas Department of State Health Services

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/01/2015 |
|--|--|---|--|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF GREATER TX SURGICA | STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST BEN WHITE BLVD AUSTIN, TX 78704 |
|--|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

| | | | | |
|--|---|--|--|----------|
| |  | | | 12/11/15 |
|--|---|--|--|----------|

Texas Department of State Health Services

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/01/2015 |
|--|--|---|--|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF GREATER TX SURGICA | STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST BEN WHITE BLVD AUSTIN, TX 78704 |
|--|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
| | | | | |
| | | | | |