Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	140005	A. BUILDING: _____ B. WING _____	05/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMO WOMENS REPRODUCTIVE SERVICES CLINIC	8600 WURZBACH ROAD SUITE 900 E SAN ANTONIO, TX 78240

(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 conducted with the clinical nurse supervisor of Alamo Women's Reproductive Services Clinic. The purpose of the unannounced onsite survey (initial licensure) and survey process were explained. An opportunity was provided for questions and discussion. A initial-licensure survey was conducted per 25 TAC 139.31 to determine the abortion facility ' s compliance with the requirements at 25 TAC 139 (abortion facility licensing rules) using the applicable survey report form. An exit conference was conducted with the medical staff of the abortion facility. The preliminary findings of the survey and the next steps in the survey process were explained. An opportunity was provided for questions and discussion. No evidence of compliance was provided where noncompliance was identified.	A 000		
A 221	139.42(a)(1) Authority & Organizational Structure (a) Delegation of authority. (1) The licensee shall appoint a medical	A 221		

SOD - State Form

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 221	Continued From page 1 consultant who shall be responsible for: (A) implementing and enforcing the clinical policies of the facility; and (B) supervising all medical services provided at the facility, such as medical, nursing, clinical, laboratory, and information/education services. This Requirement is not met as evidenced by: 1. Based on reviews of physicians files and staff interviews Alamo Women's Reproductive Services Clinic failed to appoint a medical director or consultant responsible for the medical services. The findings included: a. Review of three medical staff files conducted on 5/22/13 revealed none of the physicians have been designated as the medical director, furthermore the clinic currently has competing policies and procedures from their previous facilities. b. Interviews with the nursing and medical assistant staff revealed they could not identify the medical director or determine who was in charge to make overall decisions in the clinic. c. Interview with all three physicians and revealed they all denied being the medical director, responsible for updating policies and procedures, or providing staff training.	A 221		
A 235	139.44(a) Orientation, Training, Competency (a) A licensed abortion facility shall develop and implement a written orientation and training program to familiarize all employees (including office staff) with the facility's policies, philosophy, job responsibilities of all staff, and emergency procedures.	A 235		

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A 235	Continued From page 2 This Requirement is not met as evidenced by: 1. Based upon reviews of staff files, policies and procedures, and interviews with the facility's staff, Alamo Women's Reproductive Services Clinic failed to develop and implement a written orientation and training program. Findings include: a. Reviews of staff files conducted on 5/22/13 revealed the staff is made up of employees from two previous clinics and since their merging they have not established a single orientation program to guide their licensed vocational nurses and medical assistants. b. During an interview with staff members #1 and # 3 at 10:15 a.m. in the facility's conference room, following their own reviews of the facility's policies and procedures and training files they agreed staff members are not following the same protocol and they could not provide evidence of a sole orientation program for Alamo Women's Reproductive Services Clinic for all staff members and emergency procedures developed by the medical staff.	A 235		
A 294	139.49(a) Infection Control Standards (a) Written policies. A licensed abortion facility shall develop, implement, and enforce infection control policies and procedures to minimize the transmission of post-procedure infections. These policies shall include, but not be limited to, the prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (S. spp.); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection,	A 294		

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A 294	Continued From page 3 sterilization, and storage of sterile supplies. This Requirement is not met as evidenced by: 1. Based on observations, reviews of policies and procedures, and staff interviews Alamo Women's Reproductive Services Clinic failed to enforce acceptable infection control practices utilized to prevent and or reduce cross contamination and post operative infections. The findings included: a. On 5/22/13 at 1:45 p.m. observed staff member # 5 conducting sterile processing duties as well as handle tissue specimens from completed surgical procedures. In between processing sterile items and handling tissue and body fluids she was also observed pre-drawing lidocaine syringes from a multi-dose medication vial using only one hypodermic needle that remained lodged in the septum of the vial. Staff member # 2 entered the room with a specimen and began to pre-draw lidocaine from the same vial. No attempt was made to enter the vial with a new needle for each syringe, no alcohol wipe was used on the septum and no discernible effort to adhere to aseptic technique or infection control practices to isolate transmission of microorganisms through barrier protection, hand washing, and traffic patterns were observed. The syringes without needles or labels were then placed in a plastic box for further use. Immediate intervention with clinical staff on 5/22/13 in the sterile processing area included disposing of the lidocaine syringes and establishing traffic patterns for clean and contaminated items as well as performing pre-operative task in a more suitable area of the clinic b. A review of the clinics polices and procedures on 5/23/13 revealed the clinical staff failed to	A 294		

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A 294	Continued From page 4 follow established guidelines for universal precautions and infection control methods to reduce or eliminate transmission of infections by preparing sterile items and non critical items in the same space and timeframe as specimens and contaminated instruments are being processed. Additionally the lack of vigorous hand washing versus hand sanitizer use, the lack personal protective equipment (gowns) between cases increases the risk of personal exposure and cross contamination of equipment and supplies. c. . Interviews conducted with the physicians on 5/23/13 while conducting follow up observations in the sterile processing area they both agreed the current practices did not follow acceptable standards of practice for infection control.	A 294		
A 333	139.49(d)(5)(F)(iii) Infection Control Standards (d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. (5) Equipment and sterilization procedures. (F) Biological indicators. (iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load. This Requirement is not met as evidenced by: 1. Based on reviews of logs, policies and procedures and staff interviews Alamo Women's Reproductive Services Clinic failed to correctly monitor and log biological indicator results. The findings included: a. A review of the biological indicator log on 5/22/13 at 12:30 p.m. revealed the clinic failed to use a control biological indicator as required by	A 333		

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A 333	Continued From page 5 the manufacture for comparison when reading the results. b. Manufacture recommendations and policy and procedures stipulate using a control vial for comparison with a steam processed indicator at least daily. c. Interview with staff member # 5 and # 1 revealed they were not sure why a control biological vial was not being used. A review of staff training files revealed no orientation or training on this autoclave had been conducted for staff members who recently joined this clinic and had training from a previous clinic.	A 333		