

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2014
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NAME OF PROVIDER OR SUPPLIER ALAMO WOMENS REPRODUCTIVE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 8600 WURZBACH ROAD SUITE 900 E SAN ANTONIO, TX 78240
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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
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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.	A 000		
	No evidence of compliance was provided where noncompliance was identified.			
A 303	139.49(c)(1) Infection Control Standards (c) Cleaning and laundry policies and procedures. (1) A licensed abortion facility shall develop, implement, and enforce written policies and	A 303	<p>A 303 On July 18th the Nursing Director will write a new policy outlining the details of proper cleaning of each exam room, lab room, recovery room and patient lobby. The outline will reflect the guidelines of the current infection control policy.</p> <p>The medical Director will be responsible for designating a third party entity who will perform the weekly sanitation and laundry services of the policy.</p> <p>The Office Manager will communicate the responsibilities of each team members daily chores to maintain a safe and clean facility.</p> <p>The Office Manager will</p>	<p>7/18/14</p> <p>7/19/14</p> <p>7/20/14</p>

SOD - State Laboratory

STATE FORM

SIGNATURE

TITLE

(X6) DATE

medical director, executive administrator

6839

DM6Z11

If continuation sheet 1 of 3

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A 303 Continued From page 1
procedures on cleaning the procedure room(s).

This Requirement is not met as evidenced by:
1. Based on inspections of procedure rooms, reviews of policies and procedures, and staff interviews Alamo Womens Reproductive Services Clinic failed to enforce established procedures for end of the day cleaning of procedure rooms. The findings included:
a. Inspections of the 4 of 4 procedure rooms on 5/8/14 at 11:30 a.m. revealed horizontal surfaces on top of cabinets, equipment, and exam tables were covered in dust. The base of exam lamps and sharps containers (not mounted) on the floor appeared to have dried blood or betadine solution that had not been removed.
b. Review of the policies and procedures with the office manager following her review of the findings and her own observations she acknowledged that the standards for cleaning were not met and she could not provide evidence to dispute the findings.

A 303
Supervise the execution of cleaning requirements on a daily basis and will report any deficiencies to the Medical Director immediately.
The Quality Assurance Team will monitor the proficiency of the new policy in conjunction with infection control quarterly and any amendments will be made per diem.

A 476 139.59(j)(1)(E) Anesthesia Services
(j) Emergency equipment and supplies appropriate for the type of anesthesia services provided shall be maintained and accessible to staff at all times.
(1) Functioning equipment and supplies which are required for all facilities include:
(E) emergency medications specified by the medical staff and appropriate to the type of surgical procedures and anesthesia services

A 476
A476 On July 18th the Nursing Director will update the responsibilities of maintaining the Emergency Crash Cart Log. The update will include an added step of the currently existing "check list" of maintenance of all emergency equipment, medications and supplies. The update will require the staff nurse to list all items that have been "pulled" as a wasted/expired material. 07/18/14

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A 476	<p>Continued From page 2 provided by the facility.</p> <p>This Requirement is not met as evidenced by: 1. An inspection of the facilities emergency equipment and supplies revealed staff failed to remove expired supplies from the emergency response cart. The findings include: a. An inspection of the emergency crash cart conducted on 5/8/14 in the recovery room with staff member number #2 revealed expired sodium chloride intravenous solutions and expired (pitocin) medications that were available for emergency and routine use. b. Staff member # 2 explained the frequency and procedure for checking the expiration dates of emergency medications, supplies, and equipment but could not provide evidence of compliance with the requirements.</p>	A 476	<p>The staff nurse will be responsible for listing the items which have been disposed and the the mechanism of their disposal. The added responsibility will be carried out by the staff nurse on a <u>monthly</u> (q30day) basis in conjunction with the current policy regarding emergency equipment and crash cart log.</p> <p>The Quality Assurance team will audit the the crash cart log and inspect inventory on a <u>quarterly</u> basis to ensure compliance with the updates.</p>	
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