3	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM 008137	ACLIA HER:	(X2) MULTI A. BURLDIN B. WING	PLE CONSTRUCTION		(X3) DATE 8	URVEY
LANNE OH b	ROVIDER OR SUPPLIER	F1 1	STREET ADDS	Cao cary as	ATE, ZIP CODE		11/	17/2011
WHOLE'V	VOMANS HEALTH OF E	eranca a <sup>rt</sup> e u <sup>aru</sup> 11	440 18TH 8 BEAUMONT	TRIFA	NE, ZIP CODE			
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An the Adi	citation(s) will be refer to case Attorney General Texas Attorney General Texas Attorney General Texas Attorney General Texas Attorney General Information is inadve provider/supplier, the School be possible to case the conference with the reconstruction of the case of the conference of the conference of the survey was explain a provided for question of the case of the conference was a collinic of the case of the conference was a collinic of the case of the c	is an official, legal into must remain entering the plan of dates, and the signature cy in the original deficie red to the Office of the si (OAG) for possible first fantly changed by the state Survey Agency (Si ediately, and survey was conducted mine the facility's juirements of the Aborticensing Rules. An as conducted with the 2011 at 2:00 PM in the he purpose and process and an opportunity has and discussion.	ncy rud. 3)	A 000		PICIENCY		DATE
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RY DIREC					OF HEDUA			

N L	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPIDENTIFICATION	LIERICLIA NUMBER:	(X2) MULT A. BUILDO B. WING		(COMPI	SURVEY LETED
	OVIDER OR SUPPLIER	See Control of the Co	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE	11	/17/2011
WHOLE W	OMANS HEALTH OF B	BEAUMONT	440 18TH	ST STE A			
(X4) ID	SUMMARY R	TATEMENT OF DEFICIENC		T, TX 77703			60 g
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB 008137	CLIA IERC	(XZ) MUL A BURLDI B. WING		(X3) DATI	ORM APPR
NAME OF PROVIDER OR SUPPLIER	1 00013/					
WHOLE WOMANS HEALTH OF E	BEAUMONT	STREET ADDRESS 440 18TH ST S BEAUMONT, 1	STE A	NOTE 10 10 10 10 10		1/17/2011
TAG REGULATORY OF	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FUR LISC IDENTIFYING INFORMATION	LL. DND	IO PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	COMPL COMPL DATE
trained by the facility §139.49(d) of this title Control Standards) as In performing the ster facility.  This Requirement is a Based on demonstrative falled to ensure the standards of the sterilization process of During the demonstrative peel pouches (a type of instruments that is seal adhesive seal) revealed proper technique for the When staff #2 sealed the a open area in the pack On touring the sterilizative instruments are kept, for pouches sealed and sterilizative proper search in the sterile wrapped sterilizative proper search in the sterile wrapped sterilizative.	ensure that staff responsitical surgical Instruments to meet the requirements to meet the requirements of relating to Infection and demonstrate competer illization procedures at the most met as evidenced by: on and interview the facilitation procedures at the surgical instruments.  In the staff #2 when using a package used for starile defend with a peal away of staff #2 did not know the use of the peel pouch as starile package she let age.  In area where starile und eight (8) peel rilized with open areas package. Opened a ment and found no he package. Staff #2 did not indicator was or sterilization process.  In a continuation of the peel package of the package of the peel of the package. Opened a ment and found no he package of the packages.	ble are of of order of the control o	s s a a s s s s s s s s s s s s s s s s	The Clinic Administrator was responsible for ensuring all involved in Decontamination Sterilization Processes will Orientation and Training Cline well as demonstrate accurate competency. (See procedured A staff Re-Training and Re-Call personnel involved in informatices will be facilitated in This training will include a threview of WWH Sterilization Decontamination practices, explanation of the important sterilization indicators in all sterilization indicators in all sterilization. The Clinic Administrator will be exponsible for ensuring all pecontamination and Sterilization. The Clinic Administrator will be exponsible for ensuring all pecontamination and Sterilization are cities are being followed in specting all surgical packs and a weekly basis for a period no deviations are found dural valuation period. The Direct ledical Services will assess of the Administrator as well as	ill be Il personnel on and complete the hecklists, as ate re attached) Orientation of fection contro by 02-10-12. horough and and ce of surgical pack tents will be roper n and be ration accurately by and pouches of of 90 days ring this or of competency	02-10-12

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION  NAME OF PROVIDER OR SUPPLIER	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 008137	RICLIA MBER:	(X2) MULTI A. BLINDIN B. WING	PLE CONSTRUCTION G	(X3) DATE S COMPLI	URVEY
WHOLE WOMANS HEALTH OF E	SEAUMONT	1 440 18TH #	RESS, CITY, STA	ATE, ZIP CODE		17/2011
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A 252 Continued From page	e 3		A 252 A 26	A252	VCY)	
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A 253		A2	53			
A 253		A2				

AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 008137	ICLIA BER:	(X2) MUL A BUILD B. WING		(XS) DATE S COMPLE	URVEY
	OWDER OR SUPPLIER OMANS HEALTH OF E		440 18TH S	ESS, CITY, S	TATE, ZIP CODE	111	7/2011
(X4) ID PREFIX	SUBBLARY	TATELOTIC OF	BEAUMONT	TX 77703		8 8	(I) Si
TAG		CY MUST BE PRECEDED BY FU LISC IDENTIFYING INFORMATI	ON)	PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)		(XS) COMPLE DATE
(3) (B) regil rura This Base falled or a li Revie	Requirement is not and on record review and to staff the clinic with ideased vocational review of staffing record and no full time licensed.	aff. rsing staff shall include a loansed vocational met as evidenced by: nd interview the facility	A 2	B1 F CV bi	A261  The Clinic Administrator wistaffing requirements are not an LVN or RN as part of Directors Staff.  As outlined in the Texas Administrator with a nursing covered the time in question WWH conservices of a nursing agency is satisfy the nursing requirements are not as hired on 11-18-11, her Or occuments, Trainings, Competitions and the personnel file and the Administrator will monitor in miletion of nursing staff hiritining process. Including ories of training of agency nurses.	ministrative Subchapter rect Patient le Woman's pliant with erage. During ontracted the n order to ents by luring direct to having a y, An LVN lientation tencies, and ed and are the	2-10-12

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AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	CLIA BER:	A BUILD		(X3) DATE COMP	RM APPRO
NAME OF	PROVIDER OR SUPPLIER	008137		B. WING		1	
		a 4 4 4	STREET A	DORESS, CITY,	STATE, ZIP CODE	11	/17/2011
MHOLE	WOMANS HEALTH OF B	EAUMONT	440 1871	STRTEA	The same of the sa	Š.	
(24) 10	T	B 10	BEAUMO	NT, TX 7770	3		
PREFIX		ATEMENT OF DEFICIENCES Y MUST BE PRECEDED BY FL	A .	ID			200
TAG	REGULATORY OR	LISC IDENTIFYING INFORMATI	PLL CAR	PREFIX	PROVIDERS PLAN OF CORRECTIVE ACTION SHOPE DESCRIPTION SHOPE THE ACTION SHO		/X44
				TAG	MANAGED TO THE AD	PROPRIATE	COMPLE
A 281	Continued From page	5		-	DEFICIENCY		DATE
				A 261	×		-
	reviewing started par	t time in the facility. In		100 0	79	6	i ·
-			В	I	- AS NO		1
	nurse to the abortion f	illed to orientate the age	incy			9: 11 11	1 2
				. 2			
	An interview with the a	igency nurse on 11/16/2	2044	2 3	I and a second		
+11							ĺ
	TOWN I CHANGE WHITE THE PARTY IN THE PARTY I	k for a hospital in Hous	Mn				5 TES
950	thru the agency".		- I		0 0 0 ± 0 ± 0 1 ± 0 1 1 1 1 1 1 1 1 1 1		28
-	Anistani				7 Table 180		0.00
	An interview with staff ;	11 (Administrator) on	1	20	A274		
1	WHITE THE PARTY OF	Paralleman of the a man	- 1		A R		
1	nurse last day worked i November 3, 2011.	n the facility was			The Administrator will be resp		
1	., 2011.		1	1	ensuring all as as	onsible for	
A 274	139,47(b)(6) Facility Ad			- 1	ensuring all staff receives train	ing,	
1	Add Packing Ad	ministration		A 274	education, and orientation to	their	02-10-12
1	(b) The administrator sh	et.			specific job description, facility	Porronnal	12-10-12
	(D) Onsume that stoll man	Alice Access	1	1	policies, philosophy, and emer	herzouvel	02
					procedures.	gency	
						. *	
1.7	Retural bincountes !	n accordance with the		1	The Director of Medical Service	s has	
1	ection;	The state of the s	1	· [r	eviewed Administrative respon	sibilities	
	The state of the state of		1	V	with the Clinic Administrator to	-ionities	
1	his Recuirement			l <sub>n</sub>	roper follow the second of the	ensure	
1 8	his Requirement is not	met as evidenced by:		12	roper follow through of Compa	iny	
la	dministration failed to a	ind interview the facility	1 I	P	olicles. All personnel records,	1	
1 77		rientation to the		0	rientation, and proof of follow	through	
85	pecific job description.	Mericanon to their		lo	f company policies regarding Po	ougii	- 1
				D.	ecords will be a	ersonnel	1
! A	review of the agency nu	1758's personnel file	1	1	ecords will be completed by 02	-10-12,	ł
				l th	iis procedure will also be follow	ed for	1
•	WINDOWS AND THE COMMENTS	ted the agency nurse to		pe	er diem, agency, and temporary	e et n 66	- 1
une	abortion facility.	C, marae (i)			, and temporary	stair.	
1 0-	iotandam		İ	Th	e Administrator will monitor a		
111	interview with staff #1 (	Administrator) on			monitor al	•	1
				pe	rsonnel records in a monthly b	asis in	
doc	of the agency nurse cor numentation the facility h		1	or	der to ensure proper maintena	nce i	- 1
te Form	THE ISCINIA !	80 priented Nos		1	, ,	100.	1

AND PLAN C	epartment of State He T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM	PCLIA IBER:	A BUILD		(XII) DATE COMPL	ED: 12/07 RM APPE
NAME OF PR	NOVIDER OR SUPPLIER	008137		B. WING			
			STREET ADD	RESS CITY 6	TATE, ZIP CODE	14	17/2011
MINORE M	OMANS HEALTH OF BE	AUMONT	PHIBLIPP	TOTEL			TITAVIII
(X4)ID		er or ""v meets	I DEAUMONT	TX 77703			
PREFIX	(EACH DEEC TOWN	TEMENT OF DEFICIENCIES				. #	
TAG	REGULATORY OR L	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FU  SC IDENTIFYING INFORMATI	JLL	D	PROVIDER'S PLAN OF COR		
		TAMONO THE THE PARTY	ION)	TAG	(EACH CORRECTIVE ACTION S	HOURD BE	pce
A 274	Continued From page			12 12	CROSS-REFERENCED TO THE ALL DEFICIENCY)	PPROPRIATE	COMP
1	Page			A 274	DEF CENCT)	**	
1.	agency nurse to the At	portion facility				E .	
		1222	1		A283		17
A 283	139.48(1)(A) Physical &	L Foultones		# . Th	Commission of the commission of the St.	niine e d	0.79
F	Requirements		A 10	A 283	The Clinic Administrator will		
			238 12 1	- Aran receive	facility's physical	ensure the	
T	ne physical and enviro	nmental requirements	. 1		facility's physical and environ	imental .	
a	licensed abortion facility	ity are as follows	TOP	- 1	requirements are followed.	£*	-
100	A facility shalt		1 30	- D B	144	*	
100	) have a safe and san	itary environment		11	t is not unusual for office and		
10	openy constructed, eq	ulpped, and maintaine	4	16	equipment to suffer de	medical	
sta	off at all times;	uipped, and maintaine safety of patients and	_	- 10	equipment to suffer damage	due to the	20
1				400	and redt of regularites a		
1					THE LUNES DECEMBER OF THE	Massa !	
Thi	is Requirement is not	met as evidenced by:	- 1	1~	oken exam table found on a		
Bas	sed on observation and	d interview the		#:	I was not available for patent	xam room	
falk	ed to provide a safe an	d interview the facility ad sanitary environmen		c	ampletely an anable for patent	s until	
-		A STANDING	nt.		ompletely repaired and did no	t affect	
Fine	dings included:	UKS ASS	- 1	200	stient safety in the clinic The	-10	
Divid	lan de la company		1		- " - Chaill Loome available is		
3:00	ng the tour of the facili	ty on 11/15/2011 at		ca	re, without hindering the pati	or patient	
sign	On the had wellen to	room #1 there was a		saf	fety at annual findering the pati	ent's	
rema	shed broken dutes	as proken. The bed	1		fety at any point. At this point	t, the	
dnes	tioned the Administrate	or ehe state t			"" Lable has been completel	steam or think	
some	some was to suppose to	O Come for the bank		and	d it is now available for patien	repaired	
Dur		IN HE DOG	1			care.	
3-20 I	g the tour of the facility PM observed in the	on 11/16/2011 at	1	The	loose cover on the drain on	F	
there	PM observed in the prowas a drain in the	ocedure room #2		Pro	cedure room #3	- 1	
the co	was a drain in the mid	die of the room, but		lwell	cedure room #2 will be repair	ed, as	
the flo	ver was loose and cau or right in front of the p	ised a hole to be in	1		us the fusted shots on the	iction	
	Direction of the b	papent's bed.	1	1	illies. Inese renaire will be		
During	the tour of the facility M observer in the	00 11/4#mc		COM	pieted by 02-10-12 The	Į	- 1
3:20 P	M observed in the procure numerous	2011 at	1	Adm	Inistrator will	1	- 1
DIGIE N	vas numerous rusty sp	Of no the average	1	class	inistrator will contract with a	medical	- 1
machin	te used on the patient i	or evacuation of the	1	100000000000000000000000000000000000000	"" B COILINGITY TO Close		- 1
produc	ts of conception.	A III III	1		o to audipes the ruet and		- 1
Durlan	the tour of the facility o			natur	ral result of metal equipment	at are a	- 1
Form	UPS TOUT OF the facilities	And the second s		1	The could equipment	FOOA!	

AND PLAN	NT OF DEFICIENCIES OF CORRECT ON	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB	CLIA ER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION AG	(X3) DATE :	RM APPR
NAME OF F	PROVIDER OR SUPPLIER	008137		B. WING			8
			STREET ADDRE	88, CITY, 8	TATE, ZIP CODE		17/2011
	WOMANS HEALTH OF BE		440 18TH ST BEAUMONT,	THE A		E listra—see	V
(X4) IO PREFIX TAG		ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CO		CCMP
A 283	Continued From page	7		THE STA	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DAT
Aaan	3:00 PM observed the and discolored which goes and discolored which goes and discolored which goes are to being dirty.  During the four of the factor of the	facility's floor were stall lives the appearance of acility on 11/15/2011 at three facility's fire respection on March of acility on 11/15/2011 at acility on 11/15/2011 at acility on a plan to case of a disaster.  Ininistrator on 11/15/2011 at acide was broken in the in procedure stained, and the	ned	T	on vinyl floors throughout fire extinguisher company contacted in order to insper extinguishers for proper further diministrator will post emergency evacuation plan the clinic, and will offer a statement of the emergency evacuation process award emergency exactly exact	will be ct all fire nctioning. the throughout iff training to e of proper	02-10-
A 284 13 Re This a li (1) (8)	se safety of the patients 39.48(1)(B) Physical & E squirements se physical and environn icensed abortion facility A facility shall: equip each procedure cedures can be perform unes the physical safety a;	nvironmental nental requirements for are as follows, room so that			nvironmental requirements i covide a safe environment fo 3284 ee correction for A283	n order to	383
failed proce	Requirement is not maked on observation and it of to provide safe equiparties and it of the provide safe equiparties and it of the facility ings included:	nterview the facility nent in the patient's					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIERA IDENTIFICATION NUMB 008137	CLIA ER:	A BUILDA	TIPLE CONSTRUCTION NG	(CCS) D	FORM AP
NAME OF F	PROVIDER OR SUPPLIER	00013/		B. WNG			€ 50
	WOMANS HEALTH OF B		STREET ADDRES	S, CITY, S	TATE, ZIP COOR		11/17/20
	H 40 H LAND COMME	EAUMONT	440 18TH ST S BEAUMONT, T	TEL		1 m	0
(X4) ID PREFIX	BLAMMARY ST	ATEMENT OF DEFICIENCIES		A ///03		4	8
TAG	REGULATORY OR	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL LISC IDENTIFYING INFORMATIO	£	10	PROVIDERS PLAN OF (	100000	-
		THE TIME INFORMATIO	N)	TAG			
A 284	Continued From page				CROSS-REFERENCED TO THE DEFICIENCY	ADDITION OF THE REAL PROPERTY AS A SECOND	CO
8.	3-00 Dea		A:	284		<u> </u>	
	sion on the bed	exam room #1 there was	.	35550			
1	remained broken duck	exam room #1 there was n it was broken. The bed	7		w.		100 70
i	questioned the Admin	a ule survey. When		1			100
- 1	"someone was to supr	suator, she stated lose to come fix the bed		- 1	. Na 21		1 -
- 1		" the bed		- 1		Ďa	
- 1	Juning the tour of the f	acility on 11/15/2011 at		. [	atata ta ta Bara	n fi	1
	3:20 PM observed in there was numerous or	e procedure room #2	n = *	- 1		285	
	machine used on the	sty spots on the suction	. 8		**		1
F	products of conception.	atient for evacuation of the	ie .		和 1000 語 80	1200	1
- 1		9) - 12:31 gm 19:3 glad		- 1	V 7		
A	VI Interview with the ad	ministrator on 11/15/201		- 1			
l a	t 4:00 PM confirmed th	e bed was broken in	1		5 5		1
100	n the sustant there were	numerous rusty spots		- 1			1
61	n the suction machine vacuation of the produc	used on patients for		- 1			1
i	and produc	as of conception.	I				1
A 286 13	9.48(1)(D) Physical &		18 8	A	286		1
Re	quirements	Environmental	A 288	1		8"	1
				Th	o Clinia A.J.		
1 75	e physical and environ	mental requirements for	2017	-	e Clinic Administrator will	be	1
(1)	censed abortion facility A facility shall:	are as follows.		110	sponsible for ensuring all s	taff is	!
(D)	have a wellian	74 W. T.		Pie	perty trained on the facili	tipe	
eva	cuation for fire and other	of disasters tailored to	1	em	ergency evacuation plan (	Soc	02-10-1
the	facility's geographic loc	cation Each at a	1	Att	ached)	see	
men	mber employed by or u	nder contract with the		1.	0.0 <b>%</b>	ì	
LESCH	ity shall be able to den	constrate their role or	1	Ast	aff in service will be facilit	1	
i ema	consibility to implement	the facility 'a	<b>1</b> =	10-	12 in order a	ated by 02-	
\$100 cm (100 cm	rgency evacuation pro eragraph;	tocal required by this	1 -	Faci	12 in order to train the sta	ff on the	
1 1		H 10 (N)	3=3	1 40	illy 5 Emergency evacuation	on plan	
			1	(FIFE	and Natural Disasters)	ĺ	
' This	Requirement is not me	If as evidences	1	1		i	
falled	d on record review and to conduct and follow	Interview the facility	1	The	Clinic Administrator will er	TSUFO TO	
fire as	to conduct and follow	the facility's policy on	1	annie	de Emergency Evacuation	Dull L	
and s	nd/or disaster drille for that in the facility.	evacuation of patients	1	been	completed, and documen	uriii nas	
	and the same of th	(#) DataWe8(2)	1	1	, and documen	ited.	

AND PLAN	Department of State He NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM 008137	RICLIA IBER:	(X8) M A. BUR B. WIN		(X3) DA	INTED: 12/0 FORM APP
NAME OF	PROVIDER OR SUPPLIER					- 1	5
		20 10 10	STREET ADDRES	SE, CITY	STATE, ZIP CODE		11/17/2011
	WOMANS HEALTH OF BI	EAUMONT	1 440 18TH ST	ABTE	**************************************		O entrese
(3(4) 10)	T		I BEAUMONT 1	X 777	03		
PREFOR	SUMMARY ST	ATEMENT OF DEFICIENCIES	Management		The state of the s		
TAG	REGULATORY OR	Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	UKL	ID .	PROVIDER'S PLAN OF CORR	Former	
	La Alexander	THE INFORMAT	TON	PREFIX			COMP
A 286	Configurate				CROSS-REFERENCED TO THE AP DEFICIENCY)	PROPRIATE	DAY
	Continued From page	9		288			
100	Review of record titled	"Fire Safety"				19-08-19 (Section - 19-08)	190
1	the policy of this facility	y to conduct a fire des	a it is		1		1
1	handle a fire in such a	manners to preserve	or I		F 2 000 000 100		
ì	prevent undue panic, a	ind control the ervent	ves,		1		
1	fire. Each employee wi	li be aware of fire author	- Ann		2 16		t
. 1	extinguishes, the properties safety, and the story	of procedure for ensuring	, nie				1
1	fire safety, and the step fire. It is not the intent	s to be taken in cres	1				12.0
	fire. It is not the intent of	if this policy that any st	laff		(A)		-
li	member endangers him	Wherself, rather, the int	tent				
1	s to ensure the safety t	oth staff and patients.	•		T		
F	Review of facility recons				4 4		1
f t	Review of facility record hat fire and/or disaster	a round no evidence o					1
0	onducted.	niting LISQ DOOL	1				
1	300 (100 miles)	100 m	1		A306	00	1
A	in Interview with staff #1	(Ariminteleases	· 1				
			. 1		The City		I
bi	een conducted in the fa	cility in the last war-		1	The Clinic Administrator will b	e	1
			1	1	responsible for the accurate for	llow	1
A 300 13	39.49(d) Infection Contr	of Standards	3,		through of the company's Infe		1
			A 308	- 1	Control policies (5)	ction	6 1
(0)	Policies and procedure	s for decontemineda-	. 1		control policies (Cleaning,		O 890
dis	infection, sterifization, in poles. A licensed short	and storage of sterile		1	Decontamination, and Steriliza	tion	
au au	pplies. A licensed abort	fon facility shall have		1	E 50 50	- 1940	02-10-12
l de	itten policies covering it contamination and etail	procedures for the	1	1	All expired supplies were remo	wad f	
per	contamination and steri	ization activities	I		the facility. The Clinic Administ	ea irom	
limi	ted to the marking	iclude, but not be	1		Inspect supplies	rator will	
dec	Ontamination of telestron	waning,	1		inspect supplies inventory to ch	eck for	
, ster	ilization of critical items	ry, preparing and	i i	1	expiration dates on a monthly b	sele to	
wei	as those for the assert	the seems), as	l	1	ensure patient safety. The finding	2313, 10	
			1	1.	Submitted to the at	ngs will be	
cont	trol of starile items and	outnment and	1		submitted to the Director of Me	dical	
	7	- Jharrentt	1	13	ervices to address any deviation	ne and	
			1	t	raining needs. Competency of t		
	<b>=</b> 0 0		1	1	dministrator and in	ne i	
inla	Requirement is not me	t se ovidenced has			dministrator and all staff involv	ed in	i
D#86	d on observation and in	Iterview the facility	1	1 11	rection Control Practices will be	e i	
		ofration dates on	.	a	ddresses during QA visits.	-	ı
Form	supplies.		1	1	P CO A12162"	1	1

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	CLIA BER:	(XX) MULT A. BURLDIN B. WING	TIPLE CONSTRUCTION		(X3) DATE	SURVEY
NAME OF F	PROVIDER OR SUPPLIER	008137					l l	
			STREET ADD	RESS, CITY. 81	ATE, ZIP CODE		11	1/17/2011
(X4) ED	WOMANS HEALTH OF		440 18TH S BEAUMON	T STE A	. S . 5		#C	
PREFIX TAG	REGULATORY OF	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FU I LSC IDENTIFYING INFORMATI	PLL ON)	PREFIX TAG	CROSS-REFEREN	S PLAN OF CORRECTIVE ACTION SHA		COMP
A 308	Continued From pag	e 10				DEFICIENCY		DA
1	N O	1/ H	1	A 306	Alessania Alessania			
	the supply closet wer	acility on 11/15/2011 at a adure room #1 and #2, a s expired sterile supplies	ind L		* * * * * * * * * * * * * * * * * * *	8		
	Size #7 Straight cure	ettes, expired 2011-04 X ettes, expired 2011-02 X ettes, expired 2011-03 X ettes, expired 2011-03 X	8				*	
	Size #11 Straight cure Size #14 Straight cure	ites, expired 2011-06 X ttes, expired 2011-09 X ttes, expired 2011-07 X	15			85		
	An Interview with staff 1/15/2011 at 4:00 PM upplies from the list al	#1 (Administrator) on confirmed the sterile bove were expired.			98 20 10		*	
A 334 1	39.49(d)(5)(F)(iv) infe	ction Control Standards		334				
(di su (5) (F) (iv) imi ma use tes	i) Policies and procedi sinfection, sterilization applies. ) Equipment and steril Biological indicators. ) If a test is positive, it mediately be taken out infunctioning sterilizer.	ures for decontamination, and storage of sterile ization procedures.  The sterilizer shall to of service. A shall not be put back into the contact of services.	<b>,</b>			.89		
This Bas falls 24 h	Requirement is not a sed on record review a id to read the biologica lour incubation period period of 3 months 8/							g
"Pro:	ufacturer's recomment Spore2 is ideal for in-	dations revealed						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	WCLIA IBBER:	A BULD	A STATE OF THE PARTY OF THE PAR	(X3) DATE S	RM APPR
NAME OF PROVIDER OR SUPPLIER	008137	7	B. WNG			
WHOLE WOMANS HEALTH OF B	EAUMONT	440 18TH 8 BEAUMONT	TRYEA	TATE, ZIP COOE		17/2011
TAG REGULATORY OR	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF COR		(X8)
consists of a paper dis Geobocilius steorether is enclosed in a plastic vial containing media if spores. Bromocresol p assist in detecting spore spores decreases pH, of from purple to yellow. A allows a validated 24 ho Review of record titled " for Prospore2 revealed " been reed either before over the 24 hour period. Biological Test Run Date Date 8/5/2011 8/13/2011 8/15/2011 8/22/2011 8/22/2011 9/10/2011 9/10/2011 9/10/2011 9/10/2011	terilizers and has the stations as the ProSpore. It is a containing morphilus spores. The containing morphilus spores. The containing morphilus spores. The containing morphilus spores. The containing the bacterial surple has been added to a growth. The outgrowth causing a color change is shorter incubation periodic result."  Biological Monitoring loter that the 24 hour period or incubation periodic the 24 hour period or incubation periodic that the 24 hour period or incubation periodic that the 24 hour period or incubation periodic that the 24 hour period or incubation that the seating she incubation that the readings the manufacturer's incubation and the readings the manufacturer's incubation that the seatings the manufacturer's incubation and the readings the manufacturer's incubation that the seatings the manufacturer's incubation that the seatings the manufacturer's incubation and the readings the manufacturer's incubation and the seatings the manufacturer's incubation and the seatings the manufacturer's incubation and the seating that the seati	ame it disc s. i. o th of	A 334  A 334  From proper to per to p	A334  The Clinic Administrator will responsible for ensuring all I Control Standards are being A staff in Service will be facilitation and Sterilization and Sterilization and Sterilizations regarding proper bio indicators has been follow as ensuring all sterilization pactorists are properly sealed in the packs.  The Clinical Administrator will be facilitation indicator Strip on the packs.  The Clinical Administrator will be contamination and Sterilization indicator Strip on the packs.  The Clinical Administrator will be secontamination and Sterilization ractices as well as all infection ractices. The findings will be secontamination of Medical Servicion of 90 days in order to adding the packs, and further training referency, and further training referency, and further training responsible propers.	be Infection Infection Infollowed Itated by 02- Itated by	2-10-12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/BUPPLIER/CLIA - IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE : COMPL	FORM APPR (X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	008137				W Vers		
		E A	STREET A	DORESA, CITY, S	TATE, ZIP CODE		/17/2011	
	WOMANS HEALTH OF	BEAUMONT	440 18TH	ST STEA		#5 #1	5 S	
(X4) ID	BUMMARY STATEMENT OF DESCRIPTION			EAUMONT, TX 77703				
PREFIX				ID PREFIX	PROVIDER'S PLAN OF COR	RECTION	СПОМ	
	REGULATORY OR LISC IDENTIFYING INFORMATION)		MATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	Of head to see much	COMPL	
A 340	Continued From page 12				DEFICIENCY	WYHIOPRIATE	MATE DAT	
				A 340			-	
	(d) Policies and pro	cedures for decontan	nination.					
	supplies.	BOD and shrees of	sterile	1	to to			
		terilization procedure		8.1	we seem to see a see a see	en st s'	150 700	
	/ \ LA LANGE FORD 1983 LCB U.L. &	TORPHING.			8		1	
8 1	(III) All Dacksons sho	Il ha leannet de a	Supp. M	2 100				
	- Production in this is in	THE PROPERTY IS A STATE OF THE PARTY OF THE	Physical Company	000		-		
- i								
- 1	The item shall be reta for reprocessing.	amed to sterile proce	ssing	2	A340	04		
-	Pro-modality.				.540		126	
1					See Come		- 10	
1	This Requirement is	not met as evidence	d by:		See Correction A334	1		
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	falled to maintain the	sterility of the surgice	B			1		
Sec.			- 1			1		
15	On touring the steriliza	ition area where ster	ile	1		- 1		
	O'VER WITH STATE AND AND A	THE SPECE OF THE PARK A PROPERTY OF				į		
1 2	ouches sealed and a till present in the star	Mary Roman of could be	C88					
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10000	" " Proposition of the company of th	CONTRACTOR OF THE PARTY AND ADDRESS OF THE PAR		- 1				
1"	dicator for steam auto	claves.			Q1 40	ļ	*	
A	n interview with staff a	2 confirmed at a me				,		
1 475		interview with staff #2 confirmed she did not ow what a stenlization indicator was or what it				1		
	TOTAL TOTAL BIRTHIPS TO BE TO THE TOTAL BETTER TO THE TOTAL BETTER TOT					Ī		
	on 11/16/2011 at 4:00 demonstrate the prop					1		
86	al the packages.	er recrinique on how	to	1				
	International Trans		8			1		
21	Interview with the Ad	ministrator on 11/16/	2011			1		
						1		
did	icators in the facility and observed that staff #2 not know the proper technique for seating					1	ļ	
	pouches.		9	1		1	1	

	EMENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDENSUPPLIENCUA IDENTIFICATION NUMBER:		(XZ) MULTIPLE CONSTRUCTION A BUILDING			PRINTED: 12A FORM APP  (X3) DATE SURVEY COMPLETED	
NAME	OF PROVIDER OR SUPPLIER	008137		E WING_				2000
		8 8 . 78	STREET ADD	RESS. CITY ST	ATE, ZIP CODE		11	/17/2011
WHO	LE WOMANS HEALTH OF B	EAUMONT	440 18TH 5	T STE A				
(244)		innery rae	BEAUMON	T, TX 77703	X = 3			9 16
PREF	TX FACH DEED IT NO	FACH DEPOSITION OF DEFICIENCIES					* =	
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					D	EFICIENCY)	PRIATE	DA
A	146 139.58(c) Emergency	Services	. [				-	
	I			A 446	9 x			g (28
	(c) Personnel providin	g direct patient care sha						1
8	Or currently certified in	g direct patient care shan basic life support by the					. 198 2	-
	Constant Heart Assoc	t basic life support by the lation, the American Re	a 1	1	A446			1 × ×
	Cross, or the American	n Safety and Health	-		N 8	18		1 5.
			8		See Correction	*	25	200 X
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	required in their job des responsibilities.	scription or job	.		¥	Cysostegic • Cc		
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		The second of the second	1 -	- Page 1			. 1	
	This Requirement is no Based on record review	ALLEN TO STATE OF THE STATE OF	1				- 1	
	Based on record review falled to ensure staff up	A met as evidenced by:	. *				1	80. %
	falled to ensure staff wa	and interview the facility	У	1	126			10.0
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		of 4 staff mambas the	100				1	
	facility.	I demit trigitions IU ft	10	1			1	
- 1	David-			1				
1	Review of record titled "J Advocate" revenied "Days	lob Description Patient	00					
- 1	Advocate" revealed "Req Education / Training	Juliad Continuing	1			8	LPS	4
			25					
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1	PPE inservice training" po	er the facility's policy.	I	, a				
	A review of state son		1	1	19		1	
	no documentation staff #3	ionnel record revealed	- 1				- 1	8
10	CPR.	nad been trained in	1	1			1	
1		55	F	i	10		ł	
1	An interview with the Admi	inistrator on 11/10 man.					1	
18	it approximately 11:00 AN	COnfirmed atom at	1	1				
i	loss not have CPR training	g	1	1				
1	flor or	E0						
1470 1	39.59(j)(1)(E) Anesthesia	Sandres						
V:-cc			A 47	6				
(0)	Emergency equipment a	nd supplies		1			İ	
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		d and accessible to		1				
Big	all at all times.						1	
(1)	Functioning equipment a	nd supplies which					i	
te Form	The second secon	Trace William	1	1			1	- 1

Texas Department of State Health Services FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA 0(2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: DC3) DATE SURVEY A BUILDING COMPLETED B. WING 008137 NAME OF PROVIDER OR SUPPLIER 11/17/2011 STREET ADDRESS, CITY, STATE, ZP CODE WHOLE WOMANS HEALTH OF BEAUMONT 440 18TH ST STE A BEAUMONT, TX 77703 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID ID PREFOX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LISC IDENTIFYING INFORMATIONS TAG (XIII) MAPLETE DATE EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPREATE DEFICIENCY A 478 Continued From page 14 A 478 are required for all facilities include: (E) emergency medications specified by the A476 medical staff and appropriate to the type of surgical procedures and anesthesis services The Clinic Administrator will be provided by the facility. responsible for ensuring all Anesthasia Services requirements are been properly This Requirement is not met as evidenced by: followed. Based on record review, observation, and Interview the facility failed to have current All expired medications have been emergency medication in the emergency crash properly disposed, and the crash cart has cart and follow the facility's policy. been re stocked with current required An inventory of the crash cart revealed expired medications. medication of 50% Dextrose 50 mt vial with expiration date of (September 2011). 02-10-12 The Clinic Administrator will be Review of policy titled "Medication Therapy responsible for monitoring the inventory Practices" revealed: and expiration dates of all crash cart "Medications Inventory and Audit 1. Each month the Clinical Coordinator, Nurse or medications. A review of the inventory the Administrator will perform a: will be performed on a monthly basis; the detailed inventory of all medicines and medical findings will be submitted to the Director supplies in the facility using WWII inventory and tracking tools. (see of Medical Services in order to ensure medicines and medical supplies ordering accuracy. The Director of Medical inventory) 2. Each week the Clinical Coordinator, Nurse or Services will facilitate a retraining on this Administrator will perform a policy to the Clinic Administrator by 02detailed review and inventory of the crash cart in 10-12 order to ensure all required medications are current and available. This will include all injectable, tablets and IV solutions, as well as supplies such as syringes, naedles, bandages and sirvays. All expired medications and supplies will be disposed according to WWH wasting medications procedure. (See page 2) the crash cart inventory list will be updated SOD - State Form

Texas Department of State Health Services PRINTED: 12/07/2011 STATEMENT OF DEFICIENCIES FORM APPROVED AND PLAN OF CORRECTION (X1) PROVIDENSUPPLIENCUA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING COMPLETED 008137 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11/17/2011 WHOLE WOMANS HEALTH OF BEAUMONT 440 18TH ST STE A BEAUMONT, TX 77703 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID REGULATORY OR LISC IDENTIFYING INFORMATION) TAG M3 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE A 476 Continued From page 15 DATE DEFICIENCY A 478 with the new medications lot numbers and expiration dates." An Interview with the Administrator on 11/15/2011 at approximately 5:00 PM, confirmed the medication was expired on the emergency crash cart and the facility had not followed their policy. A 478 139.59(J)(2)(B) Anasthesia Services A 478 A478 (2) in addition to the equipment and supplies required under paragraph (1) of this subsection, The Clinic Administrator will be facilities which provide moderate sedation/analgesia, deep sedation/analgesia, responsible for ensuring all Anesthesia regional analgesis and/or general anesthesia Emergency Airway Equipment is in proper shall provide the following: (B) advanced airway management equipment, functioning. including laryngoscopes and an assortment of blades, endotracheal tubes and stylets in The Administrator will purchase a appropriate sizes for the population being served; Laryngoscope handle to be kept in the 02-10-12 crash cart by 02-10-12. The Director of Medical Services will facilitate a This Requirement is not met as evidenced by: Based on observation and Interview the facility Retraining of all Anesthesia Emergency falled to provide emergency airway equipment. Airway Equipment requirements to the This facility provides moderate sedation/analgasia which requires advanced Administrator in order to ensure alrway management equipment. accuracy. During the tour of the facility on 11/15/2011 at The Clinic Administrator will ensure all 5:00 PM it was seen on the emergency crash cart a laryngoscope blade, but no laryngoscopes required equipment its onsite and in handle. When questioned the Administrator proper use on a monthly basis. where the laryngoscope handle was located, she stated the batteries had eroded and ruined the handle, so the handle had been thrown away. An interview with the Administrator on 11/15/2011 at 5:00 PM, confirmed the facility did not have SOO - State Form

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 008137		(X2) MU A. BUILD B. WING		(X3) DATE	SURVEY	
NAME OF P	ROVIDER OR SUPPLIER	000137	T			# <sup>20</sup> =	H 0.2	
WHOLE	WOMANS HEALTH OF B		440 18TH 8 BEAUMONT	T STE A	STATE, ZIP CODE	11	1/17/2011	
(X4) ID PREFIX TAG	PREFIX PACH DEPICIENCE		Control	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLE CATE	
A 478	Continued From page 16		A	A 478				
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ļ	complete emergency	airway equipment	- 1	W (2)	391		1	
A 408			1	* *	# 10 %		i	
71.400	139.60(h)(6) State and	d Federal Requirements		A 495	las men a const	1 1 111111		
i	(h) A licensed at a	. 2007 V	1	M 490	ns ns	188		
- 1	the following federal of	facility shall comply wi	th					
	Health Administration	ccupation Safety and		: ***				
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	xtinguishers.;	To the ING	- 1		a s a		N 1985	
- 1			1			-	0.19	
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	N. 2	8 8		1				
TI B	his Requirement is no ased on observation a	t met as evidenced by: nd interview the facility		l				
R	iled to follow the 29 Co egulations, Subpart L, artable fire extinguisher	1040 of Federal			A495	1		
Du	Iring the tour of the 4			ŀ	See Correction A283	×e 🛔		
ext 20	00 PM observed the thi linguishes were last inc 10.	ree facility's fire spection on March of		2				
1.	S 1923 BS	2.3				- 1		
An at 4 last	Interview with the adm :00 PM confirmed the inspection on March o	inistrator on 11/15/2011 fire extinguishes were						
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