AND PLAN	OF CORRECTION	(X1) PROVIDER/BUPPLIER IDENTIFICATION NUM 008137	ACLIA BER:	(X2) MULTI A. BURDIN B. WING	PLE CONSTRUCTION		(X3) DATE SI COMPLE	WAPPRO
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 008137	ERVCLIA MBER:	(XZ) MUI A. BURLO B. WING		(X3) DATE COMP	SURVEY
NAME OF PROVIDER OR SUPPL	ER					(8)
WHOLE WOMANS HEALTH		440 1811	DORESS, CITY, I H ST STE A DNT, TX 7770:	STATE, ZIP CODE		/17/2011
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(c) The facility a for sterilization trained by the facility of the S139.49(d) of the Control Standard in performing the facility. This Requirement Based on demon falled to ensure the aterilization process. During the demon peel pouches (a transforments that he adhesive seal) resproper technique when staff #2 seal a open area in the control of the staff staff and the staff staff staff and the staff staff and the staff staff and the staff s	ilization area where sterile of, found eight (8) peel of sterilized with open areas terile package. Opened a natrument and found no in the package. Staff #2 or indicator was or the sterilization process. Iff # 2 on 11/16/2011 at 4:00 you to demonstrate the how to seal the packages. Administrator on 1 1/16/201 of these startes.	nsible is are not of stency the sing rile the highlight of the highlight o	in on the part of	The Clinic Administrator vicesponsible for ensuring a involved in Decontaminat Sterilization Processes will Orientation and Training Cwell as demonstrate accur competency. (See procedural A staff Re-Training and Real personnel involved in in practices will be facilitated. This training will include a review of WWH Sterilization Decontamination practices, explanation of the important sterilization indicators in all and instruments. All instruments and instruments. All instruments are sterilization. The Clinic Administrator will responsible for ensuring all Decontamination and Sterilization are being followed inspecting all surgical packs on a weekly basis for a period for deviations are found duvaluation period. The Direct Medical Services will assess of the Administrator as well assess.	will be all personnel ion and I complete the Checklists, as rate ire attached) Orientation of ifection control by 02-10-12. Ithorough in and ince of surgical pack ments will be proper on and I be zation accurately by and pouches d of 90 days uring this tor of competency	02-10-12

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER	(X1) PROVIDER/SUPPLIE IDENTIFICATION NO 008137	ER/CLIA MBER:	(X2) MULTE A. BLALDING B. WING	PLE CONSTRUCTION 3	(X3) DATE S COMPLE	URVEY
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This Requisered or a license Review of a revealed to a rev	patient care stig staff. The numer (a) or a li numer (b) or a li rement is not in econd review a stiff the clinic with di vocational numer (c) in the line line line line line line line lin	aff. rsing staff shall include a loansed vocational met as evidenced by: nd interview the facility	A 2	B1 F C V bi	The Clinic Administrator wistaffing requirements are in an LVN or RN as part of Directore Staff. As outlined in the Texas Administrator with a nursing covered the time in question WWH construction of a nursing agency is satisfy the nursing requirement of a nursing and an authority of a nursing and an authority of a nursing agency is satisfy the nursing requirement of a nursing an LVN at the facility of a nursing an LVN at the facility of a nursing agency is a nursing an LVN at the facility of a nursing and a nursing agency as hired on 11-18-11, her or occuments, Trainings, Competent of the personnel file of the Administrator will monitor impletion of nursing staff hirining 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	02-10-12

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			STREET	DORESS, CITY,	STATE, ZIP CODE	11	/17/2011
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-			8		the same to be seen the same to be		1
Ü	nurse to the abortion f	iled to orientate the age	incy		E OF 10 1971/2000 1000 13 S		1 2
		\$ 78 Land		1			
- 1	An interview with the a	gency nurse on 11/16/2	2044	1 .			
. 1				1.2	1		ĺ
ł	TOWN I THROUGH THE PARTY I WANT	k for a hospital in Hous	Mrs		* * * * * * * * * * * * * * * * * * *		25 (25)
930	thru the agency".	4	3		(A) (B) (B) (B)		28
	An Intended to				100		290
	An interview with staff :	11 (Administrator) on		22	A274	× 1	
	THE DESCRIPTION OF THE PARTY OF	Personal II - a			2 R 2		
	nurse last day worked in November 3, 2011.	i the facility was		55 10	The Administrator will be resp		
	7, 20, 1,		- 1	1	ensuring all etage	unsible for	
A 274	139,47(b)(6) Facility Ad			- 1	ensuring all staff receives train	ing,	
	2	1.00	1	A 274	education, and orientation to	heir	02-10-12
((b) The administrator sh	all			specific Job description, facility	personnel	72-10-12
1 (D) Onsume that stoll more	Andrew Co.			policies, philosophy, and emen		
					procedures.	sency	
1.7	mergency procedures in	n accordance with this		1	The Director of Medical Services	has	
	amin!			l.	eviewed Administrative respon	sibilities	
	The state of the s		1	V	vith the Clinic Administrator to	ensure	10
TI	his Requirement is not	met an a file		a	roper follow through of Compa	-iiauie	8
				P	folicing All manners	ny	
					olicies. All personnel records,	1	
1 77	"" " IN THE CALLEST WITH THE PARTY OF THE PA	rientation to their		0	rientation, and proof of follow	through	
ap	ecific job description.	A DIGIT	1	0	f company policies regarding Pe	rsonnel	i
	7. 10 10 10 10 10 10 10 10 10 10 10 10 10		1	R	ecords will be completed by 02	. some	- 1
i me	review of the agency nu	rse's personnel file	ŀ	1 + 1	is procedure	10-12,	l
					nis procedure will also be follow	ed for	- 1
4001	ministration had oriented abortion facility.	ted the agency nurse to	1	pe	er diem, agency, and temporary	staff.	- 1
An	interview with staff #1 (Th	ne Administrator will monitor al	.	- 1
				ne	rsonnel records !-		1
	16/2011 at 5:30 PM, cor of the agency nurse cor			1	ersonnel records in a monthly be	asis in	1
	umentation the facility h	TO OCIONA I		on	der to ensure proper maintenar	ice.	- 1
te Form	The recently it	ar Unerried the	1	1	で SNO 出版であるが記録表現 (で	4	1

AND PLAN C	epartment of State He T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER IDENTIFICATION NUM	VCLIA BER;	A BUILD	TIPLE CONSTRUCTION	(XX) DATE:	ED: 12/07 RM APPE
NAME OF PR	LOVIDER OR BUPPLIER	008137	5125 N	B. WING			0/2
			STREET ADDRE	SS. CITY e	TATE, ZIP CODE	14	17/2011
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1	Page	8	1	274	DE ICIENCY)	***	
1.	agency nurse to the At	portion facility	12	-/7			
		12.27		an ^{id X}	A283		
A 283	39.48(1)(A) Physical &	L Fridman			Committee or a series and a property of the	enter is d	0.59
) F	equirements	- FIAHOLIMONTAL	A	283	The Clinic Administrator will e		
					facility's about	nsure the	
IT	he physical and enviro	nmental requirements		- 1	" Physical and environ	nental	
a	licensed abortion facility	ty are as follows:	for		requirements are followed.		==
[[1) A facility shalt	, and the full was,	7.0	- D B	144 W 1840 DWG W 1850 W	1	
10) have a safe and san	itary environment	6	1	t is not unusual for office and		
pr	openy constructed, eq	ulpped, and maintaine		le	dulinment to a co	medical	
10	protect the health and iff at all times;	uipped, and maintaine safety of patients and	• 1	1.	equipment to suffer damage di	ue to the	20
944	en at an omes!		a la	400	and real of Leanist new an		
1				1	- TOCH LONGIT DECIMALITY OF THE		
Thi	Remilione to		= 1	b	roken exam table found on ex	VH. The	
Bas	sed on observation and	met as evidenced by:	1	#	7 was not	am room	
falk	ed to provide a safe an	d interview the facility ad sanitary environmen	*	1	- was not available for natons		
		d sankary environmen	rt.	1	hierald Lebalted and and		
Fine	dings included:	UNS		pa	atient safety in the clinic. The c	allect	
	. Twee Eller is a		- 1	20	Other evam so	linic had	
Dun	ng the tour of the facili	ty on 11/15/2014 -	. 1	Cal	other exam rooms available fo	patient	
3:00	PW observed in exam	ty on 11/15/2011 at Froom #1 there was a	100		of will judit nindering the matter		-
(September 1)	on the bed written it w	as broken. The her	1		-ty at any point. At this main		
OURS	thed broken during the	survey. When	1	exa	im table has been some	tile	
some	tioned the Administrate	or, she stated		ann	im table has been completely	repaired	
144.4	and to amphose to	o come for the bed.		0.000	it is now available for patient	care.	
Durin	a the true of the com-	grander Same en samenen	ı				
3:20	PM observed in the prowas a drain in the	on 11/15/2011 at	1	ine	loose cover on the drain on	ŀ	
thera	was a drain in the mid	rise of the	1	FIU	cedure room #2 will be room		
) the co	wer was loose and car or right in front of the	ised a hole to the	1	well	as the rusted spots on the such	u, as	99
the flo	or right in front of the p	patient's had	1	mac	hinge These	tion	
			l	111100	illies. Inese renaire will be	1	
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3.20 P	M observed in the procures numerous	cedura room entres	1	Adm	Inistrator will contract with a	- 1	I
niete M	ras numerous rusty sp	Cits on the suction	1	clean	log com-	nedical	- 1
I RECTIF	to of concentrate	for evacuation of the	1	0.000	b company to close	130	- 1
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DUTING the tour of the facility on 11/15/2011 at 3:00 PM observed the facility on 11/15/2011 at 4:00 PM constrained he bed was broken in room \$2, the floors were stained, and interview with the safety of the patients and employees. A 284 A 285 A 286 A 287 Continued From page 7 A 288 3:00 PM observed the facility on 11/15/2011 at 3:00 PM observed the safety of the patients and employees. An interview with the administrator on 11/15/2011 at 4:00 PM confirmed the bed was broken in room \$2, the floors were stained, and the execution plan of the building was not posted for the safety of the patients and employees. A 289 139.49(1)(B) Physical & Environmental Requirements for a licensed abortion facility are as follows. (1) A facility shait: (2) equip each procedure room so that procedure can be performed in a manner that assures the physical safety of all individuals in the areas; Findings included:				STREET ADDRE	88, CITY, 8	TATE ZB con-		47/2014
A 283 A 283 Continued From page 7 3:00 PM observed the facility's floor were stained and discolored which gives the appearance of being dirty. During the tour of the facility on 11/15/2011 at 3:00 PM observed the tracility's fire extinguishes were fast inspection on March of 2010. An Interview with the administrator on 11/15/2011 at 4:00 PM continued the bed was broken in room #2, the floors were stained, and the evacuation plan of the building was not posted for the safety of the patients and employees. A 284 A 285 A 286 A 287 The physical and environmental requirements for a licensed abortion facility are as a follows. (1) A fecility shalt. (B) equip seach procedure room so that a sasures the physical safety of all individuals in the arres; PROPRIED PROPRIED PROPRIED BY TAX PAPAGREEN CONTINUENCE CONTINUENCE TO PROPRIED TO THE Administrator Company will be contacted in order to inspect all fire extinguishers for proper functioning. The Administrator will post the emergency evacuation plan throughout the clinic, and will offer a staff training to ensure all personnel is aware of proper emergency evacuation procedure. The Administrator will ensure all equipment it's in optimal functioning and complaint with physical and environmental requirements for a licensed abortion facility are as a follows. (1) A fecility shalt. (B) equip seach procedure room so that assures the physical safety of all individuals in the area; This Requirement is not met as evidenced by: Based on observation and interview the facility failed to provide safe equipment in the patient's procedure rooms.				440 18TH AT	THE A	(14/2) H.J.		W.
A 283 Continued From page 7 3:00 PM observed the facility's floor were stained and discolored which gives the appearance of being dirty. During the tour of the facility on 11/15/2011 at 3:00 PM observed the three facility's fire extinguishes were last inspection on March of 2010. During the tour of the facility on 11/15/2011 at 3:00 PM observed no positings of a plan to evacuate the building in case of a disaster. An interview with the administrator on 11/15/2011 at 4:00 PM confirmed the bed was broken in room #1, there was a hole in the in procedure room #2, the floors was not posted for the safety of the patients and employees. A 284 A 285 A 286 A 287 A 288 A 289 The Administrator will post the emergency evacuation plan throughout the clinic, and will offer a staff training to ensure all personnel is a sware of proper emergency evacuation procedure. The Administrator will ensure all equipment it's in optimal functioning and complaint with physical and environmental requirements in order to provide a safe environment for patients. A 284 A 289 The Requirements in order to inspect all fire extinguishers for proper functioning. The Administrator will post the emergency evacuation plan throughout the clinic, and will offer a staff training to ensure all personnel is a sware of proper emergency evacuation procedure. The Administrator will ensure all equipment it's in optimal functioning and complaint with physical and environmental requirements in order to provide a safe environment for patients. A 284 A 284 A 285 A 286 A 287 This Requirement is not met as evidenced by: Based on observation and interview the facility railed to provide and equipment in the patient's procedure rooms.	PREFIX				ID PREFIX	PROVIDER'S PLAN OF CO		Qua
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A 284 139.48(1)(B) Physical & Environmental Requirements The physical and environmental requirements for a licensed abortion facility are as follows. (1) A facility shall: (B) equip each procedure room so that procedures can be performed in a manner that assures the physical safety of all individuals in the area; This Requirement is not met as evidenced by: Based on observation and interview the facility falled to provide safe equipment in the patient's procedure rooms. Findings included:	E 3 er	3:00 PM observed the and discolored which obeing dirty. During the tour of the financing listes were last in the second of the financing the tour of the financing the tour of the financing the tour of the financing the building in a interview with the act in the financing fi	facility's floor were stail gives the appearance of acility on 11/15/2011 at three facility's fire inspection on March of cility on 11/15/2011 at case of a disaster. Indicate of a plan to case of a disaster. Indicate on 11/15/20 In bed was broken in the in procedure stained, and the	ned	7 e c	contacted in order to inspect extinguishers for proper full the Administrator will post emergency evacuation plan the clinic, and will offer a statement all personnel is award emergency evacuation procedule and the Administrator will ensure equipment it's in optimal fundomplaint with physical and complaint with the complaint with the complaint with the complex w	will be ct all fire nctioning. the throughout iff training to e of proper dure. e all ctioning and	02-10-1
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i	3:00 PM observed in	exam room #1 there was	Y	284			
- 1	sign on the bed writte	exam room #1 there was n it was broken. The bed					
ļ	remained broken duris	og the survey. When		n os h	enter to the contract of	941	
- 1	questioned the Admin	istrator, she stated lose to come fix the bed"		- 1			
. 1	A	~ee to come fix the bed"	19.	. 1	9	The second	l
1	During the tour of the f	scility on 11/15/2011 at		20	And the second	n 6	1
	3:20 PM observed in the	e procedure room #2	n = 2			285	
11	machine used on the p	aty sport on the suction	. 8		18 N N		1
F	products of conception.	ary spots on the suction attent for evacuation of the	ie i		# 8	1700	1
- 1	(B) [[[[[[[[[[[[[[[[[[[- 1	V V g u		
12	of interview with the ad	ministrator on 11/15/201		- 1			
l re	oom #1 and there	a dad was broken in	• 1		8		!
, 0	n the suction machine	numerous rusty spots	70	- 1	5 I		1
(61	vacuation of the produc	ts of concention		- 1			1
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7200 13	39.48(1)(D) Physical & squirements	Environmental	1	A	286		l
1100	equiements.		A 288	1_		1	
, Th	e physical and environ	mental requirements for		Th	e Clinic Administrator will	he	- 2
2 1	censed abortion facility A facility whell	are as follows	- 1	re	sponsible for ensuring all e	taff to	
(7)	A facility shall:			pro	perly trained on the facili	1011 13	
eva	have a written protoco	for emergency		em	ergency evacuation plan (ues	02-10-1
the	facility's decrease and oth	er disasters tailored to	W	Att	ached)	See	10-1.
mer	Tiber employed by	auon. Each staff		1	-1-4	1	
FRC	ity shall be able to den	ionstrate their mis or	1	Ast	aff in service will be a		
i eme	consibility to implement	the facility's		10-	aff in service will be facilit	ated by 02-	
	rgency evacuation pro paragraph;	local required by this		Faci	12 in order to train the sta	ff on the	
		# 10 K	1000	100	lity's Emergency evacuation	n plan 1	
The	D			Trire	and Natural Disasters)	ĺ	
Base	Requirement is not me	if as evidenced by:	i j	1		1	
falled	to conduct and the	interview the facility	1	1116	Clinic Administrator will er	sure an	
fire at	not/or diseases riving to	ine facility's policy on		annie.	de Emergency Evacuation	Poul H. L.	
and s	telf in the facility.	avacuation of patients		been	completed, and documen	tod	
Form	AND THE PERSON			1		ieu.	

ALC PLOW	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM 008137	RICLIA MBER:	(XX) M A. BUR B. WIN		(X3) DA	FORM APP TE SURVEY MPLETED
NAME OF P	ROVIDER OR SUPPLIER			1			5
		20 10 16	STREET ADDRES	SE, CITY	STATE, ZIP CODE		11/17/2011
	WOMANS HEALTH OF BI	EAUMONT	1 440 18TH ST	ATEA	~~ ×		O ensemble
(X4) (D			I BEAUMONT 1	X 777	03		
PREFOR	SUMMARY ST	ATEMENT OF DEFICIENCIES	Management				
TAG	REGULATORY OR	Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	UKL	ID .	PROVIDER'S PLAN OF CORR	Former	
	O North V	THE INFORMAT	TON	PREFIX			COMP
A 286	Configured 5				CROSS-REFERENCED TO THE AP DEFICIENCY)	PROPRIATE	DAY
12-2407-42-00	Continued From page	9		288	1	1	
100	Review of record titled	"Fire Sofeha"			1	75-08-7-07-101-11	
1	the policy of this facility	v to conduct a few selec	Tit is		1		1
1	handle a fire in such a	Manners to arrest dris	or		1		
	prevent undue panic, a fire. Each employee un	Ind control the	IVes,	5 8 15		5 5	
1	fire. Each employee wi	i be sware of firm	of .		× " :===================================		1
. 1	extinguishes, the properties safety, and the store	of procedure for an	, ne		(₹) (₹)		
\$	fire safety, and the step fire. It is not the intent	s to be taken in	ng		3 20		
	fire. It is not the intent of	if this policy that are	01				
1!	member endangers him sofoto	Wherself rather the	arr				1
11	s to ensure the safety h	oth staff and material	ent		*		
1.		- www patients.					
15	Review of facility record	s found no sultann -			200		
. 1	hat fire and/or disaster	drills had been					
0	onducted.		I			9	1 8
1.0	n Inter-d		1		A306		
1.7	n Interview with staff #1/16/2011 at 5:00 Day	(Administrator) on	0 0				
			- 1		The Clinic Admin		1
1 -	een conducted in the fa	cility in the last year.		1	The Clinic Administrator will b	e	1
			1.	1	responsible for the accurate for	ollow	
13	9.49(d) Infection Contr	of Standards		1	through of the company's Infe	ctlaw	1
			A 308		control policies (Cleaning,	CHON	6 1
die	Policies and procedure	s for decontemination	. 1	1	December (Cleaning,	STDE	0.00
010	infection, sterifization, a	and storage of sterile	'		Decontamination, and Steriliza	tion)	00.00
wel	pplies. A licensed abort	on facility shall have		1	E 50 Sa	- 10000	02-10-12
l der	tten policies covering it contamination and etail	procedures for the	1	1	All expired supplies were remo	wad f	
per	contamination and steri	ization activities	1		the facility. The Clinic Administ	sea HOM	
limi	ted to the receiver	iclude, but not be	1		inspect surell	rator will	
dec	Ontamination distant	waning,	1		inspect supplies inventory to ch	ock for	
ster	ontaminating, disinfecti lization of critical items as those for the assessment	ng, preparing and	ı	1	expiration dates on a monthly h	sele to	
well	as those for the accom	(reusable items), as	I		ensure patient safety The	(0313, [0	
ston	age, distribution and the	loly, wrapping,	1	1.	ensure patient safety. The findir	ngs will be	
cont	rol of starile items and	e monitoring and	1		submitted to the Director of Me	dical	
1	indian at 10	equipment,	1	1 5	Services to address any deviation	De oud	
38 "			1	t	raining needs C	is and	
1			1	1	raining needs. Competency of t	he I	
This	Requirement is not me			A	dministrator and all staff involve	and Im	- 2
Base	d on observation and in	as evidenced by:	1	11	nfection Control Practices will be	Cu iii	
staff (failed to monitor the ave	inerview the facility's	1		ddrosses de la cuces will be	e !	1
	supplies.	aration dates on		d	ddresses during QA visits.	1	- 1

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	CLIA BER:	(XX) MULT A. BURDIN B. WING	TIPLE CONSTRUCTION		(X3) DATE	SURVEY
NAME OF F	PROVIDER OR SUPPLIER	008137					l	
			STREET ADD	RESS, CITY. ST	ATE, ZIP CODE			1/17/2011
(X4) ED	WOMANS HEALTH OF	240	440 18TH S BEAUMON	T STE A	. a		40	
PRÉFIX TAG	REGULATORY OF	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FU R LSC IDENTIFYING INFORMATI	ILL ON)	ID PREFIX TAG	CROSS-REFEREN	S PLAN OF CORRECTIVE ACTION SHA		COMP
A 308	Continued From pag	e 10				DEFICIENCY		DAT
	N S	N N	1	A 306	Nies-o			
	the supply closet wer	acility on 11/15/2011 at a adure room #1 and #2, a s expired sterile supplies	ind L		* * * *	ě		
1	Size #7 Straight cure Size #7 Straight cure	ettes, expired 2011-04 X attes, expired 2011-02 X attes, expired 2011-03 X attes, 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			12		
	An Interview with staff 11/15/2011 at 4:00 PM upplies from the list at	#1 (Administrator) on confirmed the sterile bove were expired.		e	98 20 10			
A 334 1	39.49(d)(5)(F)(fv) 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 lization procedures. The sterilizer shall of the sterilizer shall into the put back into the put back into the sterilizer and the ster	,	334		85		g
falle 24 h over	d to read the biologics our incubation period period of 3 months 8							
"Pro:	ufacturer's recommen Spore2 is ideal for in-	dations revealed	1					

NAME OF PROVIDER OR BUPPLIER	00000	BER:	A BULD	A STATE OF THE PARTY OF THE PAR	(X3) DATE S	LIRVEY
	008137		B. WING			
WHOLE WOMANS HEALTH OF BI	EAUMONT	STREET ADOR 440 18TH S BEAUMONT	T STE A	TATE, ZIP COOE		17/2011
(X4) ID SUMMARY ST. PREFIX (EACH DEFICIENC TAG REGULATORY OR I	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL SC IDENTIFYING INFORMATI	-	ID PREFIX TAG	PROVIDER'S PLAN OF CORR		(Xa)
consists of a paper dis Geobocilius steorether is enclosed in a plastic vial containing media fit spores. Bromocresol passist in detecting spore spores decreases pH, of from purple to yellow. A allows a validated 24 hor Review of record titled "for Prospore2 revealed to been read either before to over the 24 hour period. Biological Test Run Date Date 8/6/2011 8/13/2011 8/13/2011 8/15/2011 8/22/2011 8/22/2011 9/10/2011 9/10/2011 9/10/2011 9/10/2011 9/10/2011 10/8	reflizers and has the satitions as the ProSpore. It can be containing mophilus spores. The cature along with a glass or growing the bacterial urple has been added to a growth. The outgrowth ausing a color change shorter incubation period result." Biological Monitoring low 4 of 84 readings had the 24 hour period or Biological Test Readings had the 24 hour period or Biological Test Readings had shown as the second shorter incubation period or Biological Test Readings had shown as the second shown as the readings had manufacturer's	it it ifsc s. o th of	A 334 A 334 Diport Proper	A334 The Clinic Administrator will responsible for ensuring all in Control Standards are being in Control Standards and Sterilization Decontamination and Sterilization Indicators have be sterilized, and the Manufactural Instructions regarding proper to in Indicators has been followed as ensuring all sterilization pactocutes are properly sealed in Sterilization Indicator Strip on the packs. The Clinical Administrator will be sure followed and Sterilization and Sterilization ractices as well as all Infection ractices. The findings will be sure the Director of Medical Service followed by Gays in order to adding the property, and further training in the packs.	be infection followed tated by 02- ation istrator will een rer's reading of ed, as well icks and icluding a the inside ensure ion Control ibmitted ces for a	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 S	FORM APPR (X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	008137				1		
			STREET A	DORESA, CITY, S	TATE, ZIP CODE		/17/2011	
	WOMANS HEALTH OF	BEAUMONT	8FA1840	ST STEA		#1 #1		
(X4) 10	BUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			EAUMONT, TX 77703				
PREFIX				ID PREFIX	PROVIDER'S PLAN OF COR	RRECTION	стюм	
			MATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	Of hours in many	COMPL	
A 340	Continued From page 12				DEFICIENCY		DATI	
			0.400	A 340	E		+	
	disinfection stadio	cedures for decontam	ination,	1			1	
		ition, and storage of a		200 8 5	ta nas			
	(5) Equipment and a	darillantos seres			the same production of the	-	1000	
	/ \ talent into 1980 CB U. a	RT3DPH No.			0' 18 TO			
· 1	(III) As packages sha	ill be inspected before	use, if	X 1	en ne w			
!	- Leading the FOLLS Mile	et, discolored, has a t the item may not be				2		
	* * * * * * * * * * * * * * * * * * *	umed to sterile proces	used.	9		1		
- 1	for reprocessing.	atoma proce	ssing	2	A340	(A)		
	To age of		ege "		A 25	1	100	
1	This Regularment to				See Correction A334	ĺ		
		not met as evidenced and interview the fac				1		
	managed and statement straints as the s	sterility of the surgica	ality			ſ		
11	nstruments.	, and outgood				1		
i	On touring the starting					1		
	O'V WILLIAM HER KRITT 1	ation area where steri		1				
1 2	AMM DESTRUCT BUT SE	THE PERSON OF A SAME AS A SAME						
100.77	www. Price of the It It It feel at the but the	I Printenan A	1	=		1	800	
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		the package, continuments and none of the				į		
20000	In brown in the first that the first	TOTAL PROPERTY OF THE PARTY OF	16					
In	dicator for steam auto	oclaves.				1	¥	
A	Interview with a				Q: <u>40</u>	!		
1 4751		interview with staff #2 confirmed she did not what a steniization indicator was or what it				Ĩ		
	IN HILL WHALKLA	STAR MANAGES		į		f		
						1		
B) (2000)	il the packages.	er technique on how	to					
An	Interview with the A.	ministrator on 11/16/2				1		
						Ī		
				1		I		
	THE PARTY OF THE P	technique for sealing	- 42			ŧ		
pee	pouches.			1			,	

Texas Department of State He STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:		(XZ) MULTIPLE CONSTRUCTION A BUILDING			PRINTED: 12/K FORM APP (X3) DATE SURVEY COMPLETED	
NAME OF F	PROVIDER OR BUPPLIER	008137		E WING_				19042
		9.9	STREET ADD	REBS, CITY, ST	ATE 710 coop		11	/17/2011
WHOLE WOMANS HEALTH OF BEAUMONT		STREET ADDRESS, CITY, STATE, ZIP CODE 440 18TH ST STE A BEAUMONT, TX 77703						
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFIED						** = *	1
TAG REGULATORY OR		LSC IDENTIFYING INFORMATION	ULL ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			COMP
A 448	139.58(c) Emergency			A 446			-	-
-	(c) Personnel providing	g direct patient care sha	- 1					
	American Heart Associ	letter " support by th	ill .		A446	an a series and	L F 3	
- 1	Institute or in accordan	Salety and Health	1	= 1	20 To			
					See Correction	125.	*	10.1
		scription or lob			· · · · · · · · · · · · · · · · · · ·	1434		, and a
1'	responsibilities.			- 1			1	
		The or writer A . A	1	· 1			. 1	
!]	This Requirement is no	it met as evidenced by:	- 1				1	1, 1,
fa	alled to ensure at the	and interview the facility	y		28			
							ĺ	
i fa	actity's policy on 1 (#3)	citation) and follow the of 4 staff members in th	10					80 - 50
	7.5.TM			1				
Re	eview of record titled "J	lob Description Patient						
Ed	Jucation /Training 1 \ n	luired Continuing				8	URS I	-0
Ce	artification blanduary	sasic Life Support	1 - 1				188	
PP	E inservice training" pe	or the facility's notice		1			- 1	
An	Bylane of alma and	, - postcy.					1	
CP	review of staff #3's pers documentation staff #3 R.	onnel record revealed had been trained in						ā
Ani		50 gr		1	.10		ţ	
at a	interview with the Admi opproximately 11:00 AM on of have CPR training	inistrator on 11/16/2011 , confirmed staff #3 g.					.	
1	59(j)(1)(E) Anesthesia	E0	A 476	.			ļ	
(j) En	mergency equipment ar	nd ar	1				İ	
							ĺ	
		d and accessible to		1			i	9
(1) F	at all times.						1	
1.,,.0	unctioning equipment a	nd supplies which		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				# %a	34 0.3	
WHOLE	WOMANS HEALTH OF B		STREET ADDR 440 18TH B BEAUMONT	TRTEA	STATE, ZIP CODE	111	//17/2011	
(X4) ID PREFIX TAG	PREFIX FACH DESCRIPTION OF DEFICIENCE		Contra	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		A4					
į				A 478				
Į	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	
i	(h) A licensed at a	2 7000 Y	1	M 490	ns ns	188	1 .	
- 1	the following federal of	facility shall comply wi	th					
	Health Administration	ccupation Safety and	1 -					
			- 1		# # D			
		costable for	-					
	xtinguishers;	To the ING	- 1		a s a	100	N 1982	
- 1			1				60 19	
- 1		a 500 g		Í		27		
	N. 2	8 8		1		.1		
TI B	his Requirement is no ased on observation as	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			
Du	Iring the tour of the 4				See Correction A283	x a		
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						
An at 4 last	Interview with the adm :00 PM confirmed the inspection on March o	inistrator on 11/15/201 fire extinguishes were of 2010	.				100	
	(4) (9)			- 1		1		
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