


Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 008036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2013
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NAME OF PROVIDER OR SUPPLIER WHOLE WOMANS HEALTH OF MCALLEN LP	STREET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH MAIN STREET MC ALLEN, TX 78501
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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
A 000	<p>TAC 139 Initial Comments</p> <p>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.</p> <p>An entrance conference was conducted with the clinic Administrator of Whole Woman ' s Health of McAllen . the purpose of the unannounced onsite survey (re-licensure) and survey process were explained. An opportunity was provided for questions and discussions.</p> <p>A re-licensure survey was conducted per 25TAC 139.31 to determine the abortion facility ' s compliance with the requirements at 25 TAC 139 (abortion facility licensing rules) using survey report form.</p> <p>An exit conference was conducted with the Administrator 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.</p> <p>No evidence of compliance was provided where noncompliance was identified.</p>	A 000		
A 117		A 117		

SOD - State Form LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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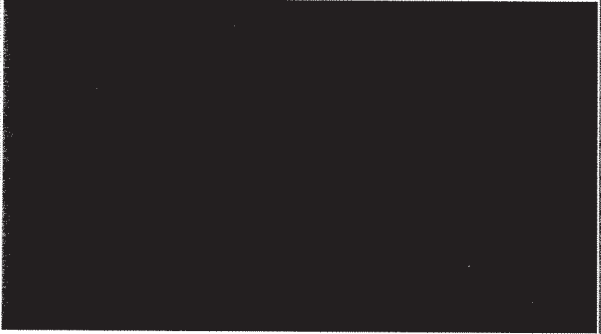




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A 117	Continued From page 1   	A 117		
A 118		A 118		

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A 118	Continued From page 2    A 230  	A 118 A 230		

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A 230	Continued From page 3 	A 230		
A 249	139.44(e) Orientation, Training, Competency (e) The facility shall document in each employee 's personnel record evidence of all training and orientation received. This Requirement is not met as evidenced by: Reviewed personnel training files and found that two out of seven staff members had expired cardio pulmonary resuscitation (CPR) certification. Administrator confirmed that staff members had expired CPR certification.	A 249		
A 295	139.49(b)(1)(A)(i) Infection Control Standards (b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and SP. (1) Universal/standard precautions. (A) An abortion facility shall ensure that all staff comply with universal/standard precautions as defined in this paragraph. (i) Universal/standard precautions includes procedures for disinfection and sterilization of reusable medical devices and the appropriate use of infection control, including hand washing, the use of protective barriers, and the use and disposal of needles and other sharp instruments. This Requirement is not met as evidenced by: Reviewed policies and procedures and interviewed facility staff and found that personnel	A 295		

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A 295	<p>Continued From page 4</p> <p>at facility were not following proper sterilization procedures.</p> <p>Findings:</p> <p>a. In review of sterilization packs and sterilization logs. All sterilized items were not labeled with date/time of sterilization, load number and autoclave. Observed that sterilization packs at facility are only labeled with date and initials of the person who performed the wrap. The time of sterilization, load number and autoclave are not included on sterilization label. Observed in sterilization log that sterilization load numbers are not included on log.</p> <p>b. Interviewed staff at facility who conduct sterilization staff # 2, Registered Nurse (RN) was interviewed at 10:20am on September 3, 2013 and staff #3, Certified Nursing Assistant (CNA) at 10:30am on September 3, 2013 in the sterilization room of the facility. Both interviewees confirmed that the time of sterilization, load number and name of autoclave were not included on the label of the sterilized packs. The load number was not included in the sterilization log. Both staff members interviewed was not able to show that this requirement was met.</p>	A 295		