

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007923	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2014
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NAME OF PROVIDER OR SUPPLIER WHOLE WOMANS HEALTH OF AUSTIN LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753
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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	<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>TEX. GOV'T CODE ANN. § 552.101 + TEX. HEALTH & SAFETY CODE §§ 245.011 & 245.023</p> <div style="border: 1px solid black; padding: 5px;"> <p>A physician performing or inducing an abortion shall:</p> <p>(A) Provide a telephone number by which the pregnant woman may reach the physician or other health care personnel employed by the physician or by the facility with access to the woman's relevant medical records 24 hours a day, to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion, AND</p> </div>	A 000		
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SOD - State Form LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER WHOLE WOMANS HEALTH OF AUSTIN LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753		
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A 000	Continued From page 1 (B) The name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion could be treated. Based on a review of clinical records for patients who had an elective abortion on or after 11-1-13, the failed to provide the patients with a telephone number by which they could reach the physician or other health care personnel employed by the physician or by the facility with access to the woman's relevant medical records 24 hours a day, to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion. (HSC Subchapter A, Chapter 171.0031). Findings were: During a review of 3 clinical records for patients who had an elective abortion on or after 11-1-13 (patients #11, #12 & #13), there was no documentation to prove that a telephone number was provided to the patient, by which they could reach the physician or other health care personnel employed by the physician or by the facility with access to the woman's relevant medical records 24 hours a day, to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion. (HSC Subchapter A, Chapter 171.0031). The above was confirmed an in interview with the facility Administrative Coordinator and Corporate Vice-President on the morning of 3-13-14.	A 000			