

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  007882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/01/2016
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NAME OF PROVIDER OR SUPPLIER  AUSTIN WOMENS HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1902 SOUTH IH 35 AUSTIN, TX 78704
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A 000	<p><b>TAC 139 Initial Comments</b></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 unannounced visit was made on the morning of 11/1/2016 to conduct a Re-licensure Survey to determine compliance with 25 TAC Chapter 139 State Licensing Rules for Abortion Facility.</p> <p>An entrance conference was conducted with the Facility Office Manager. The purpose of the visit and procedure for the survey was discussed.</p> <p>An exit conference was conducted on 11/1/16 with the Administrator and Office Manager. Violations were cited. The facility's personnel was given an opportunity to provide additional information and ask questions.</p>	A 000	Accepted 12/13/16	
A 213	<p><b>TAC 139.49(b)(1)(A)(i)(II) Infection Control Standards</b></p> <p>(A) An abortion facility shall ensure that all staff comply with universal/standard precautions as defined in this paragraph.</p> <p>(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.</p>	A 213		

SOD - State Form

LABOR

PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE

5099

F41411

If continuation sheet 1 of 5

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A 213	<p>Continued From page 1</p> <p>(II) Universal/standard precautions synthesize the major points of universal precautions with the points of body substance precautions and apply them to all patients receiving care in facilities, regardless of their diagnosis or presumed infection status.</p> <p>This Requirement is not met as evidenced by: Based on observation, interview and record review, the facility's staff failed to remove contaminated gloves and /sanitize hands when moving from contaminated area to clean area in 2 of 4 sampled staff observed: Staff #s 4 and 3</p> <p>Findings:</p> <p>Staff #4 Observation on 11/01/2016 at 9:30 a.m. revealed Center Assistant (#4 ) was observed in examination room #2 of the facility. The Center Assistant was cleaning the examination table, post examination of a patient.</p> <p>Observation revealed, the Center Assistant donned a pair of gloves, cleaned the table with paper soaked with Lysol spray. After cleaning the table, Center Assistant # (4) left her contaminated gloves in place. She then proceeded to the counter and rearranged the counter, then she entered the drawer containing medication and touched and handled the medications with her contaminated gloved hands. Present in the room during the observation was the Facility's Office Manager (1) and the other Surveyor.</p> <p>During an interview on 11/01/2016 at 9:35 a.m. revealed the Surveyor informed Center Assistant (#4) that she had used her contaminated gloved hands to touch clean supplies on the counter and</p>	A 213	<p>A 213 The Facility notes that the conduct described does not violate the cited regulation or facility policy. Nevertheless, Center Assistants would typically remove their gloves after cleaning an examination table. In this case, Center Assistant # 4 ceased cleaning the table and proceeded to the counter and drawer area because the survey team began asking her questions about items in those areas. The presence and demeanor of the surveyors intimidated Center Assistant # 4 and distracted her from her work. The Administrator will instruct all staff members that they should not permit DSHS surveyors to distract or intimidate them and that they should always adhere to protocol notwithstanding questions or demands made by surveyors. Although it is not specified in the cited regulation, the Administrator will also instruct all staff members to remove gloves before filling out forms.</p>	12/14/16

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A 213	<p>Continued From page 2</p> <p>medication ( prefilled syringe of Heparin with a butterfly needle attached) in the drawer. The Center Assistant (4) stated " ok " .</p> <p>Assistant ( #3) On 11/01/2016 at 9:58 a.m. revealed Assistant (#3) was observed in the Product of Conception Room. Assistant ( #3) was observed examining the product of conception and cleaning instruments post procedure. Observation revealed, Assistant (#3) donned a pair of gloves, removed the contaminated instruments from the tray and placed then in a sink to pre- soak. She then then removed the product of conception from the suction jar and rinsed it through a sieve. She then floated the product of conception in a container with water and Lysol and examined the product of conception.</p> <p>Assistant (#3) then proceeded to the counter wearing the contaminated gloves, where she documented on the pathology sheet. Assistant ( #3) used her contaminated gloved hands to touch and document on the pathology sheet.</p> <p>During an interview on 11/01/2016 at 10:00 a.m revealed, the Surveyor informed Assistant ( #3) that she the Surveyor observed that she the Assistant used her contaminated gloved hands to write on and touchad the pathology form. "She stated You are correct."</p> <p>Review of the facility's current Policy and Procedure on Exposure Control Plan For Bloodborne Pathogens, directs staff as follows: " Facilities with soap and water for cleaning hands, other skin and mucus membranes must be readily accessible to employees immediately, or as soon as feasible after removal of gloves or other personal protective equipment. If</p>	A 213		

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A 213	Continued From page 3  handwashing is not feasible then an appropriate hand cleanser or antiseptic towelette may be used followed by soap and water as soon as possible."	A 213		
A 391	TAC 139.60(a) Other State and Federal Compliance Rqmts  (a) A licensed abortion facility shall be in compliance with all state and federal laws pertaining to handling of drugs.  This Requirement is not met as evidenced by: Based on observation and interviews, the facility failed to ensure the handling of medications were in compliance with all state and federal laws.  The findings were:  Observations on 11/01/16 at approximately 09:30 a.m. during the tour of the facility revealed the following:  Crash cart:  The crash cart, which was not locked, contained the following medications: Narcan, Mag Sulfate, Aspirin, Atropine, Verapamil, Epinephrine, Aminophylline, Amlodarone, Nitro, Phenergan, Lasix, Romazicon, Propanolol, Oxytocin, Vasopressin, and Digoxin, Lidocaine.  Medication Area:	A 391	A 391. The Statement of Deficiency fails to identify what state or federal laws the conduct described allegedly violates, and the facility is not aware of any. The medications stored in the crash cart and on the countertop are not listed in the Schedules of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Federal regulations governing hospital participation in Medicare and Medicaid require non-scheduled substances to be kept "in a secure area, and locked when appropriate." 42 C.F.R. § 482.25(b)(2)(i). Although these regulations are not applicable to our facility, our policies and practices are consistent with them. For example, we keep the crash cart in a closet with a door that remains closed at all times. The closet door is locked at all times except when a surgery-session is in progress. During surgery-session, the door is unlocked to ensure that medical staff would have prompt access to the crash cart in the event of an emergency. Similarly, the countertop where certain medications are stored is in a secure hallway. Patients are not able to access that hallway unless accompanied by a staff member. DSHS surveyors have observed the medications stored on that countertop during numerous prior surveys and have never before alleged that such storage violates state or federal law. Although our current storage protocols are consistent with state and federal law, the Administrator will instruct staff members to store the medications in a closet that can be locked, when appropriate, from now on.	12/14/16

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A 391	<p>Continued From page 4</p> <p>The medication area consisted of an open area (No Door and unsecured) which was situated along a common hallway where patients sat for assessments and vital signs. At the time of observation there was 1 patient and unlicensed staff in the hallway, within 2 feet of the open medication area. The following medications were stored on the counter top: Promethazine, Ondansetron, Misoprostol, Ciprofloxacin, Ibuprofen, Acetaminophen, and Azithromycin.</p> <p>Record review of the facility policy titled, Medications and Controlled Substance Protocol, states "Non-controlled medications and drug samples shall be kept in a secure location".</p> <p>Interview on 11/01/16 at the time of the observation with the facility Staff #1, revealed she thought it was ok to leave medications unlocked if there was staff in the hallways.</p>	A 391		