

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/12/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEST OAKS HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6500 HORNWOOD</b> <b>HOUSTON, TX 77074</b>		
(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) COMPLETION DATE	
A 000	<p>INITIAL COMMENTS</p> <p>Note: The CMS-2567 (Statement of Deficiencies) 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 reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider / supplier, the State Agency (SA) should be notified immediately.</p> <p>-----</p> <p>An unannounced visit was made to conduct complaint survey according to Appendix A-Survey Protocol, Regulations and Interpretive Guidelines for Hospital and was utilized to determine hospital ' s compliance with 42 CFR 482 Conditions of Participation (CoP) for Hospitals regarding the following allegations: Patient Rights, Admission Discharge and Transfer, Quality of Care, Nursing Services, Administration/Personnel, and Pharmaceutical Services, and Physical Environment.</p> <p>-----</p> <p>An Entrance Conference was conducted on 09/11/2014 with the hospital's Administrator and other representative. The purpose of the survey and the survey process was explained. An opportunity was provided for questions and discussion.</p> <p>An Exit Conference was held on 09/12/2014. Findings of the inspection were discussed with Administrative Representatives.</p>	A 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/03/2014

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 000	Continued From page 1 Complaint # TX0000200895 was Unsubstantiated. Complaint # TX0000201986 was Unsubstantiated. Complaint # TX0000200692 was Unsubstantiated with deficiency unrelated to the Complaint.	A 000			
A 748	482.42(a) INFECTION CONTROL OFFICER(S)  A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases.  This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement infection control measures to ensure staff wash their hands after removing gloves;  Failed to ensure staff do not use single dose vials of medication for multiple patients use; and  Fail to ensure staff keep clean and dirty equipment and supplies separate to prevent cross contamination. This failed practice has the potential for the spread of infections to patients and staff. Citing random observation made in the Electroconvulsive Therapy (ECT) suite.  Findings:  During observation on 9/12/2014 at 9:15 am in the ECT Suite with the Chief Nursing Officer and the Director of Quality the following observations were made:  Five patients care staff were observed in the suite	A 748		10/15/14	

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A 748	<p>Continued From page 2</p> <p>caring out multiple tasks including cleaning used patient bed, monitoring patients vital sign ,intra venous fluids and preparing medication for intra venous use. The staff wore gloves to carry out their task.</p> <p>All observed staff removed their gloves after completing their tasks and did not wash/sanitize their hands.</p> <p>Physician (D) Anestheologist was observed in the patient preparation area giving intravenous propofol medication to patients. The Physician was administering propofol to multiple patients from a single patient dose vial containing 200 mg/per 20 ml, five (5) patients (#s 10-14) were each given 100 mg of propofol in 10 milliliter from single dose vial containing 200 mg/20 ml.</p> <p>There was an opened vial of propofol on the medication counter, the Surveyor asked Physician (D) what he did with the remaining medication he said 20 milliliter vials were the smallest amount of propofol in the facility do you expect me to throw the balance away?</p> <p>The Physician was observed placing used oxygen mask and used syringe with needle on the table with clean supplies.</p> <p>The physician attended two patients, putting mask on the and administering medication in their IV and never wash his hands between patients.</p> <p>There was only one available sink in the suite and it was located in an ante room with housekeeping supplies.</p> <p>During an interview on 9/12/2014 at 11:25 am with the Infection Control Officer she stated the</p>	A 748			

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A 748	Continued From page 3 staff would be in-serviced in good infection control practices and a hand washing sink would be provided.	A 748			