TEXAS DEPARTMENT OF STATE HEALTH SERVICES HEALTH FACILITY LICENSING AND COMPLIANCE ENFORCEMENT ACTIONS

AMBULATORY SURGICAL CENTERS November 2000 – Current Date

| Name | Regional Eye Surgery Center |
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| License Number | 208 |
| Location | Pampa, Texas |
| Nature of Violation | Allegations relating to: |
| | Failure of governing body to meet annually and keep minutes/records. |
| | Failure of governing body to be fully responsible for operations and performance of the ASC. |
| | Failure to provide drugs and biologicals in a safe and effective manner, in accordance with professional practices and all State/Federal Law. |
| Disciplinary Action | 12 Months Probated Suspension; Administrative Penalty \$11, 500.00; Probated \$5,750.00 |
| Final Enforcement Action Date | 05/30/01 |

| Name | Covenant Surgery Center – Big Spring |
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| License Number | 7340 |
| Location | Big Spring, Texas |
| Nature of Violation | Allegations relating to: |
| | Failure of the governing body to adopt policies or procedures (P/P's) necessary for the orderly conduct of the ASC and to assure that the quality of care is evaluated and that identified problems are appropriately addressed. |
| | Failure to have an on-going, comprehensive quality assurance (QA) program. |
| | Failure to have relevant clinical information in patient records prior to surgery or have patient-specific information incorporated into the permanent records. |
| | Failure to maintain an environment that is clean and properly maintained. |
| | Failure to maintain adequate safeguards, relating to equipment and space. |
| | Failure to provide drugs and biologicals in a safe and effective manner. |

| | Failure to provide nursing services in a safe and effective manner. |
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| Disciplinary Action | Administrative Penalty \$12,950.00 |
| Final Enforcement Action Date | 07/08/02 |

| Name | Endoscopy Center |
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| License Number | 260 |
| Location | Corpus Christi, Texas |
| Nature of Violation | Allegations relating to: |
| | Failure of the governing body to address and be fully responsible for the operations and performance of the ASC. |
| | Failure to ensure the QA committee addressed and resolved any suspected problems or concerns and was well defined and designed to enhance patient care. |
| | Failure to ensure the contract pharmacist provided drugs in a safe and effective manner, in accordance with the ASC's policies and procedures and the rules for a class C pharmaceutical license. |
| | Failure to provide nursing services in accordance with current recognized standards or recommended practices. |
| | Failure to have an effective procedure for the transfer of |
| | patients to a hospital for emergency care. |
| Disciplinary Action | Administrative Penalty \$1,850.00 |
| Final Enforcement Action Date | 01/31/03 |

| Name | Summit Surgery Center LP |
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| License Number | 7810 |
| Location | Plano, Texas |
| Nature of Violation | Allegations relating to: |
| | Failure meet the definition of an ASC, by providing overnight patient care. |
| | Failure to ensure an anesthesiologist or physician qualified in resuscitatiove techniques was present or immediately available in the facility until all patients operated on each day had been discharged. |
| | Failure to implement and enforce policy and procedures for ensuring the orderly and efficient management of the ASC by, failing to ensure that a nurse who provided care to a patient was ACLS certified. |
| | Failure to provide quality health care services, which included conducting appropriate and timely diagnostic procedures order to meet needs of a patient whose condition deteriorated and |

| | required emergency transportation. |
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| | Failure to report a post operative death to the Department. |
| Disciplinary Action | Administrative Penalty \$12,450.00 |
| Final Enforcement Action Date | 04/14/03 |

| Name | Christus Santa Rose Medicl Center Ambulatory Surgical |
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| | Center |
| License Number | 392 |
| Location | San Antonio, Texas |
| Nature of Violation | Allegations relating to: |
| | Failure to establish a governing body to address and be fully responsible for operations and performance of the ASC. |
| | Failure to ensure that medical staff by-laws were current and on file. |
| | Failure to have a quality assurance committee which encompassed all activities in the ASC. |
| | Failure to ensure that safeguards were in-place, related to the provision of adequate equipment, to protect patients from cross-infection. |
| | Failure to ensure the maintenance of a functional emergency call system. |
| | Failure to implement corrective action plans from the Department's 2000 survey, related to a safe environment for protecting patients from cross-infection and related to maintenance of an emergency call system. |
| Disciplinary Action | Administrative Penalty \$8,300.00 |
| Final Enforcement Action Date | 08/06/03 |

| Name | Valley View Surgery Center |
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| License Number | 7298 |
| Location | Dallas, Texas |
| Nature of Violation | Allegations relating to: |
| | Failure to produce, to the Department, written policies, procedures and controls related to administrative and nursing services' responsibilities of unlicensed caregivers providing overnight care and services to post-operative patients. |
| | Failure to ensure the content of medical records were uniform and complete related to postoperative monitoring of patients' who received anesthesia. |
| | Failure to ensure that an anesthesiologist or another physician qualified in resuscitative techniques was present or immediately available until all patients operated on each day |

| | had been discharged. |
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| Disciplinary Action | Administrative Penalty \$13,050.00 |
| Final Enforcement Action Date | 02/24/04 |

| Name | Day Time Outpatient Surgery Center |
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| License Number | 7141 |
| Location | Fort Worth, Texas |
| Nature of Violation | Allegations relating to: |
| | Failure of the governing body to implement and enforce it's patient rights policy and procedure (P/P) related to patients being provided with appropriate privacy and given the opportunity to participate in decisions involving their health care. |
| | Failure to produce, to the Department, a P/P or evidence of an arrangement for students and postgraduate trainees to observe surgical procedures. |
| | Failure to ensure that quality assurance activities encompassed the clinical performance of physicians and surgical procedures performed. |
| Disciplinary Action | Administrative Penalty \$3,800.00 |
| Final Enforcement Action Date | 03/04/04 |

| Name | Southwest Endoscopy Center |
|---------------------|--|
| License Number | 307 |
| Location | Fort Worth, Texas |
| Nature of Violation | Allegations relating to: |
| | Failure of the governing body to ensure that patient complaints were being evaluated. |
| | Failure to implement personnel policies related to updating physicians' privileges in the ASC. |
| | Failure of the governing body to periodically review findings of patient satisfaction surveys. |
| | Failure to have a quality assurance program which encompassed all activities in the ASC. |
| | Failure to implement corrective actions plans from the Department's 2000 survey, related to quality assurance problem identification and resolution activities. |
| | Failure to produce, to the Department, documentation related to tracking patient laboratory specimens and failure to ensure that patients' pathology reports were placed and stored in patient charts. |
| | Failure to provide written information to patients' on how to file |

| | complaints with the Department, and how to express complaints and suggestions to the ASC. |
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| | Failure to produce, to the Department, documentation of quarterly fire drills. |
| Disciplinary Action | Administrative Penalty \$1,800.00 |
| Final Enforcement Action Date | 03/04/04 |

| Name | NW Surgery Center |
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| License Number | 8012 |
| Location | Houston, Texas |
| Nature of Violation | Allegations relating to: |
| | Failure of the facility to keep operating room and recovery room equipment clean and properly maintained. |
| | Failure of the facility to provide drugs and biologicals in a safe and effective manner, when expired medications were found in the recovery room medication cabinet and on an emergency cart in the operating room. |
| Disciplinary Action | Administrative Penalty \$8,150.00 |
| Final Enforcement Action Date | 10/12/04 |

| Name | Valley Endoscopy Center |
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| License Number | 7276 |
| Location | Harlingen, Texas |
| Nature of Violation | Allegations relating to: |
| | Failure to eliminate hazards in the facility that might lead to slipping and falling. |
| | Failure to maintain a clean and properly maintained environment. |
| | Failure to properly maintain and periodically test emergency equipment. |
| | Failure to provide drugs in a safe and effective manner in accordance with professional practices and the Texas State Board of Pharmacy Rules for a Class C Pharmacy license. |
| Disciplinary Action | Administrative Penalty \$3,950.00 |
| Final Enforcement Action Date | 12/23/04 |

| Name | Medical Center Endoscopy |
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| License Number | 399 |
| Location | Houston, Texas |
| Nature of Violation | Allegations relating to: |
| | 25 TAC § 135.7, related to ensuring that the provision of quality health care was afforded to a patient. |

| | 25 TAC § 135.7, related to an appropriate, accurate and complete patient medical records. |
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| Disciplinary Action | Administrative Penalty \$2,000.00 |
| Final Enforcement Action Date | 04/08/05 |

| Name | St. Jude Ambulatory Surgery Center |
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| License Number | 007851 |
| Location | San Antonio, Texas |
| Nature of Violation | Allegations relating to: |
| | 25 TAC § 135.4, related to requirements for nonphysician health care personnel appointments. |
| | 25 TAC § 135.6, related to employee categories being included in personnel policies and development of appropriate job descriptions. |
| | 25 TAC § 135.7, related to health care practitioners having necessary and appropriate training and skills to deliver the services provided by the ASC. |
| | 25 TAC § 135.9, related to inclusion of operative reports in medical records. |
| | 25 TAC § 135.11, related to surgical procedures being performed by practitioners upon recommendation of qualified medical personnel and after medical review of documented education, training, experience, and current competence. |
| | 25 TAC § 135.11, related to findings and techniques of surgical procedures being accurately and completely written or dictated immediately after the procedure by the practitioner who performed the operation. |
| Disciplinary Action | Administrative Penalty \$6,800.00 |
| Final Enforcement Action Date | 06/31/05 |

| Name | Paris Regional Outpatient Surgery Center |
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| License Number | 008018 |
| Location | Paris, Texas |
| Nature of Violation | Allegations relating to: |
| | 25 TAC § 135.4, related to failure of the governing body to be responsible for the total operation of the ASC, and ensure that the medical staff had current bylaws. |
| | 25 TAC § 135.5, related to failure to provide patients with information about the ASC's services, including patient rights. |
| | 25 TAC § 135.6, related to failure of the ASC to implement administrative policies/procedures and controls to ensure orderly and efficient management of the ASC. |

| | 25 TAC § 135.8, related to failure to have a quality assurance program for services provided by the ASC. |
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| | 25 TAC § 135.9, related to failure to have a medical records service for the services provided by the ASC. |
| | 25 TAC § 135.11, related to failure of the governing body to approve anesthesia services and surgical services performed in the ASC. |
| | 25 TAC § 135.12, related to failure of the ASC to have a Class C pharmaceutical license. |
| | 25 TAC § 135.13, related to failure to have medical staff bylaws which define macroscopic and microscopic pathology examinations. |
| | 25 TAC § 135.14, related to failure to have policies and procedures relating to radiology services. |
| | 25 TAC § 135.16, related to failure to have policies/procedures on teaching activities. |
| | 25 TAC § 135.27, related to failure to have a data driven Patient Safety Program. |
| | 25 TAC § 135.41, related to failure to comply with provisions respective to fire prevention, protection and safety. |
| Disciplinary Action | Administrative Penalty \$15,950.00 |
| Final Enforcement Action Date | 01/24/06 |

| Name | Southeast Surgicenter, Inc. |
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| License Number | 7867 |
| Location | Houston, Texas |
| Nature of Violation | Allegations relating to: |
| | 25 TAC § 135.4, related to failure of the governing body to be responsible for the operation and performance of the ASC by adopting policies and procedures, assuring that quality of care was evaluated, having a contract for anesthesia services or a written transfer agreement with a hospital, holding annual meetings, and ensuring that physicians and other personnel had complete credentialing filed. |
| | 25 TAC § 135.8, related to failure to ensure that on-going quality assurance activities were being conducted. |
| | 25 TAC § 135.9, related to failure to maintain complete medical records. |
| | 25 TAC § 135.10, related to failure to ensure that the ASC was properly maintained, and had appropriate emergency equipment and supplies. |

| | 25 TAC § 135.11, related to failure to provide a safe environment for treating surgical patients through the provision of adequate equipment. |
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| | 25 TAC § 135.12, related to failure to provide drugs and biologicals in a safe and effective manner. |
| Disciplinary Action | Six Months Probated Suspension; Administrative Penalty |
| | \$5,000.00 |
| Final Enforcement Action Date | 01/24/06 |

| Name | United Surgery Center – Southeast |
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| License Number | 007115 |
| Location | Houston, Texas |
| Nature of Violation | Allegations relating to: |
| | 25 TAC § 135.4, failure of the governing body to periodically review all incidents and adverse medication reactions. |
| | 25 TAC § 135.4, failure of the governing body to provide for the appointment, reappointment, and assignment or curtailment of privileges and practice for physicians and nonphysician health care personnel and practitioners. |
| | 25 TAC § 135.8, failure of the quality assurance program to conduct problem identification and resolution activities, as part of an ongoing, organized quality assurance program. |
| Disciplinary Action | Administrative Penalty \$5,500.00 |
| Final Enforcement Action Date | 02/21/06 |

| Name | Crystal Outpatient Surgery Center Lake Jackson, Inc. |
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| License Number | 000269 |
| Location | Lake Jackson, Texas |
| Nature of Violation | Allegations relating to: |
| | 25 TAC §§ 135.4 and 135.11, failure of the governing body to ensure that quality of care is evaluated and that identified problems are addressed; and failure to ensure the appointment, reappointment, and assignment or curtailment of privileges and practice for physicians. |
| | 25 TAC §135.8, failure of the quality assurance program to conduct problem identification and resolution activities, as part of an ongoing, organized quality assurance program. |
| | 25 TAC § 135.10, failure to have the necessary equipment and procedures to handle medical emergencies. |
| | 25 TAC § 135.11, failure to ensure a safe environment for treating surgical patients, including adequate safeguards to protect the patient from cross-infection. |
| | 25 TAC § 135.12, failure to provide drugs and biologicals in a |

| | safe and effective manner in accordance with professional practices and in compliance with all state and federal laws and regulations. |
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| Disciplinary Action | Administrative Penalty \$5,250.00 |
| Final Enforcement Action Date | 05/09/06 |

| Name | East Side Surgery Center, Inc. |
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| License Number | 007237 |
| Location | Lake Jackson, Texas |
| Nature of Violation | Allegations relating to: |
| | 25 TAC § 135.6, failure of administration to enforce Facility policies delegated by the governing body. |
| | 25 TAC § 135.10, failure of the Facility to be clean and properly maintained. |
| | 25 TAC § 135.10, failure of all Facility equipment to be properly maintained and periodically tested. |
| Disciplinary Action | Administrative Penalty \$3,900.00 |
| Final Enforcement Action Date | 07/05/06 |

| Name | MD Aesthetic Surgery Center |
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| License Number | #007855 |
| Location | Houston |
| Nature of Violation | Allegations relating to: |
| | 25 TAC § 135.4(c)(6), failure of the governing body to ensure that quality of care is evaluated and identified problems are addressed; |
| | 25 TAC § 135.27(a)(3)(A), failure to complete a root cause analysis of a patient's death; and |
| | 25 TAC § 135.4(g) and 135.11(b)(3), failure to credential an assistant physician for medical privileges, which included documented education, training, experience and current competence. |
| Disciplinary Action | Administrative Penalty \$2,650.00 |
| Final Enforcement Action Date | 11/22/06 |

| Name | The Palladium for Surgery – Houston LLP |
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| License Number | 008009 |
| Location | Houston |
| Nature of Violation | Allegations relating to: |
| | 25 TAC § 135.9(a), failure of the ASC to maintain storage of the center's medical records. |
| Disciplinary Action | Administrative Penalty \$650.00 |

| Final Enforcement Action Date | 11/22/06 |
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| Name | Orthopedic Surgery Pavilion |
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| License Number | 007075 |
| Location | Forth Worth, Texas |
| Nature of Violation | Allegations relating to: |
| | 25 TAC § 135.4(e), failure of the governing body to meet at least annually and keep such minutes; |
| | 25 TAC § 135.6(b)(3), failure to implement its personnel policy related to requiring periodic appraisal of each person's job performance; |
| | 25 TAC § 135.8(a), (d), (g)(1) and 25 TAC § 135.11(b)(4), failure to conduct ongoing quality assurance activities related to review of clinical responsibilities and authority, and peer review and supervision of professional and technical activities of personnel; |
| | 25 TAC § 135.15(a)(2), failure to have a plan of administrative authority for nursing services with responsibilities and duties of each category of nursing personnel delineated and a written job description for each category; |
| | 25 TAC § 135.25(b), failure to provide the patient and guardians with a written statement identifying the Department as the responsible agency for ambulatory surgical center complaint investigations, and failure to ensure that the aforementioned required documentation was posted for display; |
| | 25 TAC § 135.26(a)(2), failure to report, to the Department, the transfer of a patient to the hospital; and |
| | 25 TAC § 135.27(a)(1), failure to develop, implement and maintain an effective, ongoing organization-wide, data driven Patient Safety Program. |
| Disciplinary Action | Administrative Penalty \$5,600.00 |
| Final Enforcement Action Date | 5/22/07 |

| Name | Bayshore Surgery Center |
|-------------------------------|---|
| License Number | 007306 |
| Location | Pasadena, Texas |
| Nature of Violation | 25 TAC §§ 135.4(c)(6), 135.8(e) and (f)(2)(B), failure to ensure that quality assurance activities of a patient's hospitalization following a surgical complication were conducted. |
| Disciplinary Action | Administrative Penalty \$1,000.00 |
| Final Enforcement Action Date | 06/07/07 |

| Name | Orange Medical Ambulatory Surgery Center |
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| License Number | 006873 |
| Location | McAllen, Texas |
| Nature of Violation | 25 TAC §§ 135.4(a) and 135.4(e), failure of the governing body to meet on an annual basis and keep such minutes; |
| | 25 TAC § 135.4(c)(6), (11)(B) and (C) and (15)(D), failure of the governing body to be fully responsible for the total operation and performance of the ASC; |
| | 25 TAC § 135.6(c), failure to periodically assess patient satisfaction with services and facilities provided by the ASC; |
| | 25 TAC § 135.7(e)(7), failure to provide educational activities to personnel which included cardiopulmonary resuscitation training; |
| | 25 TAC § 135.8(b) and (c), failure to understand, support and participate in a quality assurance program; |
| | 25 TAC § 135.10(a)(3)(A) and (C), failure to have the necessary personnel, equipment and procedures to handle medical emergencies that may arise in connection with services sought or provided; |
| | 25 TAC § 135.11(b)(4), failure to ensure that peer review had been conducted of the surgical procedures performed; |
| | 25 TAC § 135.12(b), failure to ensure that pharmaceutical services were made available through a contractual agreement; |
| | 25 TAC § 135.15(a)(1) and (2), failure to have a written plan related to organized nursing service; |
| | 25 TAC § 135.25(b), failure to provide patients at the time of admission a written statement identifying the Department as the responsible agency for ambulatory surgical centers complaint investigations; |
| | 25 TAC § 135.27(a)(1), failure to develop, implement and maintain an effective, ongoing, organization-wide, data driven Patient Safety Program; and |
| | 25 TAC § 135.41(6), failure to conduct at least one fire drill per shift, per quarter. |
| Disciplinary Action | 12 Months Probated Suspension |
| Final Enforcement Action Date | 07/16/07 |
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| Name | NW Surgery Center |
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| License Number | 008012 |
| Location | Houston, Texas |
| Nature of Violation | 25 TAC § 135.6(b)(3), failure to implement a policy/procedure related to requiring periodic appraisal of each person's job performance; |
| | 25 TAC § 135.8(e), failure to have an organized quality assurance program that assessed the structure, process or outcome of care; |
| | 25 TAC § 135.11(b)(3), failure to ensure that appointments to the medical staff had completed credentials prior to performing procedures and failure to demonstrate that five practitioners were granted privileges by the Facility's governing body; |
| | 25 TAC § 135.11(b)(4), failure to perform a physician peer review of a patient's surgical complication; |
| | 25 TAC § 135.15(a)(2)(D), failure of the nursing services to document verbal physician orders and failure to administer medications as prescribed by the physician; |
| | 25 TAC § 135.16(a)(3), failure to develop, implement and enforce policies which addressed the training and extent of involvement in patient care activities for operating room scrub technician students; |
| | 25 TAC § 135.26(a)(2), failure to notify the Department within 10 days of two patient transfers to a hospital; |
| | 25 TAC § 135.27(a)(1)(B), failure to develop, implement and maintain an effective, ongoing, organization-wide data driven Patient Safety Program; and |
| | 25 TAC § 135.41(6), failure to conduct quarterly fire drills. |
| Disciplinary Action | Administrative Penalty \$13,200.00 |
| Final Enforcement Action Date | 09/11/07 |

This page last reviewed and updated on September 12, 2007