6000 TAC 139.1 Initial Comments

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.

(a) Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Women's Right to Know Act, Health and Safety Code, Chapter 171.

(b) Scope and applicability.

(1) Licensing requirements.

(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

(B) The following need not be licensed under this chapter:

(i) a hospital licensed under Health and Safety Code, Chapter 241;

(ii) an ambulatory surgical center licensed
Continued From page 1
under Health and Safety Code, Chapter 243; or

(iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.

(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).
An entrance conference was held with the facility Office Manager in the morning of 03/20/19. The purpose and process of the licensure review were discussed, and an opportunity given for questions.

Continued licensure is recommended, with an approved plan of correction.

An exit conference was held with the facility Administrator the afternoon of 03/21/19.
Preliminary findings of the survey were discussed, and an opportunity given for questions.

TAC 139.56 Emergency Services

(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:

(1) have active admitting privileges at a hospital that provides obstetrical or gynecological health
Continued From page 2

care services and is located not further than 30 miles from the abortion facility;

(2) provide the pregnant woman with:

(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced 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

(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 would be treated.

(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).

(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.

This Requirement is not met as evidenced by:
Based on a review of documentation and interview the facility failed to ensure that the physicians who practice at the facility provide the
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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<td>(XII) MULTIPLE CONSTRUCTION</td>
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<td>(XIII) DATE SURVEY COMPLETED</td>
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<td>03/26/2019</td>
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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

### SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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Continued From page 3

A pregnant woman with the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

Findings included:

Review of medical records revealed the following:

* 2 of 15 medical records did not have documentation that the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated was provided to the patient.

* Patient #6's only photo identification did not include a physical address. The patient indicated on their information sheet that they lived in Eagle Pass, Texas. However, on their discharge paperwork, they were provided with the name and phone number for a hospital in Austin, Texas. This would not be the name and telephone number of the nearest hospital to the home of the patient, which would be Eagle Pass, Texas.

* Patient #10 listed their home address in Point Blank, Texas. However, on their discharge paperwork, they were provided with the name and phone number for a hospital in Lufkin, Texas. According to http://www.uhospitalfinder.com, this would not be the name and telephone number of the nearest hospital to the home of the patient. The nearest hospital to Point Blank would be in Livingston, Texas.

In an interview on 03/25/19 staff member #8 confirmed the above findings.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

SUMMARY STATEMENT OF DEFICIENCIES

Provider, the State Survey Agency (SA) should be notified immediately.

Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman's Right to Know Act, Health and Safety Code, Chapter 171.

Scope and applicability.

(1) Licensing requirements.

(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

(B) The following need not be licensed under this chapter:

(i) a hospital licensed under Health and Safety Code, Chapter 244; and

(II) an ambulatory surgical center licensed

6000 - TAC 139.1 Initial Comments

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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<td>6 000</td>
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<td>The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.</td>
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(28) Licensee—A person or entity who is currently licensed as an abortion facility.

Per Texas Health and Safety Code Chapter 245, Subtitle B: Sec. 245.002. DEFINITIONS. In this chapter:

(1) "Abortion" means the act of using or prescribing an instrument, a drug, a medicine, or any other substance, device, or means with the intent to cause the death of an unborn child of a woman known to be pregnant. The term does not include birth control devices or oral contraceptives. An act is not an abortion if the act is done with the intent to:

(A) save the life or preserve the health of an unborn child;
(B) remove a dead, unborn child whose death was caused by spontaneous abortion; or
(C) remove an ectopic pregnancy.

(2) "Abortion facility" means a place where abortions are performed.

(3) Repealed by Acts 2015, 84th Leg., R.S., Ch. 1, Sec. 3.1639(62), eff. April 2, 2015.

(4) "Department" means the Department of State Health Services.

(4-a) "Ectopic pregnancy" means the implantation of a fertilized egg or embryo outside
### Summary Statement of Deficiencies

**HILLTOP WOMENS REPRODUCTIVE CLINIC**

**500 EAST SCHUSTER BUILDING B**

**EL PASO, TX 79902**

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(4-b) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

(5) "Patient" means a female on whom an abortion is performed, but does not include a fetus.

(6) "Person" means an individual, firm, partnership, corporation, or association.


Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0085, eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.1639(62), eff. April 2, 2015.

Acts 2017, 85th Leg., R.S., Ch. 441 (S.B. 8), Sec. 3, eff. September 1, 2017.

Sec. 245.010. MINIMUM STANDARDS. (a) The rules must contain minimum standards to protect the health and safety of a patient of an abortion facility and must contain provisions requiring compliance with the requirements of Subchapter B, Chapter 171. On and after September 1, 2014, the minimum standards for an abortion facility must be equivalent to the minimum standards adopted under Section 243.010 for ambulatory surgical centers.

(b) Only a physician as defined by Subtitle B, Title 3, Occupations Code, may perform an abortion.

(c) Repealed by Acts 2013, 83rd Leg., 2nd C.S., Ch. 1, Sec. 8, eff. September 1, 2014.

(d) This section does not authorize the executive commissioner to:

(1) establish the qualifications of a licensed practitioner; or

(2) permit a person to provide health care.
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
HILTOP WOMENS REPRODUCTIVE CLINIC
530 EAST SCHJUSTER BUILDING B
EL PASO, TX 79902

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY THE APPROPRIATE REGULATORY OR LAW IDENTIFYING INFORMATION)

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services who is not authorized to provide those services under other laws of this state.


Amended by:
Acts 2013, 83rd Leg., 2nd C.S., Ch. 1, Sec. 4, eff. October 29, 2013.
Acts 2013, 83rd Leg., 2nd C.S., Ch. 1, Sec. 5, eff. September 1, 2014.
Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 215), Sec. 3.0689, eff. April 2, 2015.

For Subtitle B, Title 3, Occupations Code: Sec. 162.151. DEFINITIONS. In this subchapter:
(1) "Core credentials data" means:
(A) name and other demographic data;
(B) professional education;
(C) professional training;
(D) licenses, and
(E) Educational Commission for Foreign Medical Graduates certification.

(2) "Credentials verification organization" means an organization that is certified or accredited and organized to collect, verify, maintain, store, and provide to health care entities a health care practitioner's verified credentials data, including all corrections, updates, and modifications to that data. For purposes of this subdivision, "certified" or "accredited" includes certification or accreditation by a nationally recognized accreditation organization.

(3) "Health care entity" means:
(A) a health care facility or other health care organization licensed or certified to provide approved medical and allied health services in

SFO - State Form
STATE FORM
6000 Continued From page 5

this state;

(B) an entity licensed by the Texas Department of insurance as a prepaid health care plan or health maintenance organization or as an insurer to provide coverage for health care services through a network of providers; or

(C) a health care provider entity accepting delegated credentialing functions from a health maintenance organization.

(4) "Physician" means a holder of or applicant for a license under this subtitle as a medical doctor or doctor of osteopathy.

85th Leg., R.S., Ch. 858 (H.B. 2552), Sec. 12

All patients charts are to be reviewed at the end of each clinical day by physician to ensure all required signatures are properly documented showing that he administered the medication himself.

Both Physician and Nurse Administrator will monitor plan of correction to ensure that compliance is meet.

Nurse Administrator will be responsible for plan which was implemented as of 11/7/18.
Continued From page 7

TAC 139.44 Orientation, Training & Demonstrated Competency

(a) A licensed abortion facility shall develop and implement a written orientation and training program to familiarize all employees (including office staff) with the facility’s policies, philosophy, job responsibilities of all staff, and emergency procedures.

(b) In implementing the orientation and training program, a licensed abortion facility shall orient and train each employee to ensure, through demonstrated competency, that:

1. The employee understands his or her specific job description;

2. The employee understands the facility’s policy and procedure manual, including protocols and description of the roles and responsibilities of all personnel;

3. The employee understands, at a minimum but not limited to, the following:
   A. Coordination and treatment of patient care;
   B. Sterilization and infection control policies;
   C. Patient education/information;
   D. Informed consent policies;
   E. Abortion techniques provided at that facility;
   F. Care of the patient before, during, and after an abortion procedure;

On November 20, 2018 clinic conducted training session with new employees on “An Introduction to Human Trafficking” developed by the Texas Human Trafficking Prevention Task Force. Session was lead by administrative assistant.

The purpose of training was to empower staff members to recognize factors related to human trafficking, identifying potential human trafficking victims and report as legally required.

Administrative assistant will make certain “Human Trafficking” training is an ongoing practice at the facility.

Henceforth, all staff members will have proper training on “Human Trafficking” as part of their required employment protocol.
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(T) possible complications of the abortion procedure; and

(I) prevention of infectious diseases.

(c) The facility shall ensure that staff responsible for sterilization of critical surgical instruments are trained by the facility to meet the requirements of §139.49(d) of this title (relating to Infection Control Standards) and demonstrate competency in performing the sterilization procedures at the facility.

(d) The facility shall ensure that all staff are aware of the reporting requirements for child abuse or neglect under Family Code, §261.101; and reporting requirements for family violence under Family Code, §91.002 and §91.003.

(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: Based on record review and interview, the facility failed to ensure each employee completed required training in Human Trafficking, in that, Personnel #1 did not have training for Human Trafficking.

Findings included:
Personnel #1's personnel file did not document training in Human Trafficking.

During an interview on 11/06/18 at 2:05 PM, Personnel #1 was informed of the above finding. Personnel #1 stated, "No, I don't have that."
The Acts 2015, 84th Legislature, House Bill 416 effective June 19, 2015, Health & Safety Code Subchapter E Section 171.063 Education and Training on Human Trafficking required, "applies to each person who is employed by, volunteers at, or performs services... an education program to identify and assist victims of Human Trafficking... standardized curriculum..."

6 034 TAC 139.49 Infection Control Standards

(a) Written policies, A licensed abortion facility shall develop, implement, and enforce infection control policies and procedures to minimize the transmission of post-procedure infections. These policies shall include, but not be limited to, the prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (S. spp.); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies.

(b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and S. spp.

(i) Universal/standard precautions.

(A) An abortion facility shall ensure that all staff comply with universal/standard precautions as defined in this paragraph.

(ii) Universal/standard precautions includes procedures for disinfection and sterilization of reusable medical devices and the appropriate use of infection control, including hand washing.

TAC 139.49 Infection Control Standards

On clinical day the sterilizer is used, two biological tests indicators will be performed.

A Bowie-Dick plus test which will help monitor the performance of the sterilizer by detecting potential issues which might compromise sterility.

Concurrently the biological Attest will be run to determine sterilization cycle parameters were sufficient to kill the test microorganisms and sterilization process is not compromised.
**Continued From page \(10\)**

the use of protective barriers, and the use and disposal of needles and other sharp instruments.

(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.

(i) Universal/standard precautions apply to:

- (a) blood;
- (b) body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood;
- (c) nonintact skin; and
- (d) mucous membranes.

(ii) Universal/standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in facilities.

(B) A licensed abortion facility shall establish procedures for monitoring compliance with universal/standard precautions described in subparagraph (A) of this paragraph.

(2) Health care workers infected with the HIV or HBV. A licensed abortion facility shall adopt, implement, and enforce a written policy to ensure compliance of the facility and all of the health care workers within the facility with the Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of **Continued**

TAC 139.49 Infection Control Standards

Correct Attest Biological Monitoring System Booklet & Log not to read "for dental office" was ordered by administrative assistant on November 9, 2018.

Correct Monitoring booklet arrived on November 14, 2018 and was immediately implemented by nurse administrator into facilities sterilization process.

Administrative assistant will be responsible for plan of correction to be an ongoing process and monitored correctly.
HIV and HBV by infected health care workers.

(3) Educational course work and training. A licensed abortion facility shall require its health care workers to complete educational course work or training in infection control and barrier precautions, including basic concepts of disease transmission, scientifically accepted principles and practices for infection control and engineering and work practice controls. To fulfill the requirements of this paragraph, course work and training may include formal education courses or in-house training or workshops provided by the facility. The course work and training shall include, but not be limited to:

(A) HIV infection prevention; and

(B) HBV, HCV, TB, and S. spp. infection prevention based on universal stanard precautions as defined in paragraph (1) of this subsection;

(C) bidirectional aspect of disease transmission; and

(D) epidemic control.

(c) Cleaning and laundry policies and procedures.

(1) A licensed abortion facility shall develop, implement, and enforce written policies and procedures on cleaning the procedure room(s).

(2) A licensed abortion facility shall develop, implement, and enforce written policies and procedures for the handling, processing, storing, and transporting of clean and dirty laundry.
Continued from page 12.

(3) A licensed abortion facility may provide cleaning and laundering services directly or by contract in accordance with Occupational Safety and Health Administration’s Standards, 29 Code of Federal Regulations, Subpart Z, Bloodborne Pathogens.

(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing and sterilization of critical items (reusable items), as well as those for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.

(1) Supervision. The decontamination, disinfection, and sterilization of all supplies and equipment shall be under the supervision of a person qualified by education, training, or experience.

(2) Quantity of sterile surgical instruments. The facility shall ensure that surgical instruments are sufficient in number to permit sterilization of the instrument(s) used for each procedure and adequate to perform conventional cervical dilation and curettage if this procedure is available at the facility.

(3) Inspection of surgical instruments.

(A) All instruments shall undergo inspection before being packaged for reuse or storage. Routine inspection of instruments shall be made...
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| 6 034  | Continued From page 13 to assure clean locks, crevices, and serrations. (B) Inspection procedures shall be thorough and include visual and manual inspection for condition and function. (i) Cutting edges shall be checked for sharpness, tips shall be properly aligned, and box locks shall be clean and free from buildup of soap, detergent, dried blood, or tissue. (ii) There shall be no evident cracks or fissures in the box locks, and the hinges shall work freely. (iii) Ratchets shall hold and be routinely tested. (iv) There shall be no corrosion or pitting of the finish. (C) Instruments needing maintenance shall be taken out of service and repaired by someone qualified to repair surgical instruments. (3) To protect the instrument and its protective finish, impact markers or electric engravers shall not be used for instrument identification. Instrument identification shall be accomplished by the instrument manufacturer, employing methods which shall not damage the instrument or its protective finish. (4) Items to be disinfected and sterilized. (A) Critical items. (i) Critical items include all surgical instruments and objects that are introduced...
### Continued From page 74

Continued from page 74

- **(d)** All items that come in contact with the sterile field during the operative procedure shall be sterile.

- **(e)** Semicritical items.
  1. Semicritical items include items that come in contact with nonintact skin or mucous membranes. Semicritical items shall be free of microorganisms, except bacterial spores. Semicritical items may include respiratory therapy equipment, anesthesia equipment, bronchoscopes, and thermometers.
  2. High-level disinfection shall be used for semicritical items.

- **(f)** Noncritical items.
  1. Noncritical items include items that come in contact with intact skin.
  2. Intermediate-level or low-level disinfection shall be used for noncritical items.

(5) Equipment and sterilization procedures. Effective sterilization of instruments depends on performing correct methods of cleaning, packaging, arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subsection to provide effective sterilization measures.

- **(a)** Equipment. A licensed abortion facility shall...
6 034 Continued From page 15

provide sterilization equipment adequate to meet the requirements of this paragraph for sterilization of critical items. Equipment shall be maintained and operated to perform, with accuracy, the sterilization of critical items.

(B) Environmental requirements. Where cleaning, preparation, and sterilization functions are performed in the same room or unit, the physical facilities, equipment, and the written policies and procedures for their use shall be such as to effectively separate soiled or contaminated supplies and equipment from the clean or sterilized supplies and equipment.

(i) A facility shall have a sink for hand washing. This sink shall not be used for cleaning instruments or disposal of liquid waste.

(ii) A facility shall have a separate sink for cleaning instruments and disposal of liquid waste. Hand washing shall only be performed at this sink after it has been disinfected.

(C) Preparation for sterilization.

(i) All items to be sterilized shall be prepared to reduce the bioburden. All items shall be thoroughly cleaned, decontaminated and prepared in a clean, controlled environment. Cleaning is the removal of all adherent visible soil from the surfaces, crevices, joints, and lumens of instruments. Decontamination is the physical/chemical process that renders an inanimate object safe for further handling.

(ii) One of the following methods of cleaning and decontamination shall be used as appropriate.
Continued From page 16


(II) Ultrasonic cleaning. Ultrasonic cleaning of instruments cleans by cavitation and reduces the need for hand scrubbing. When grossly soiled items are placed in the ultrasonic cleaner the water shall be changed more than once a shift. If using this method for cleaning, chambers shall be covered to prevent potential hazards to personnel from aerosolization of the contents.

(III) Washer-sterilizers. Washer-sterilizers clean by using rotating spray arms to create water jets that clean by impingement and appropriate soap and disinfectant. These machines shall reach a temperature of 140 degrees Celsius (285 degrees Fahrenheit).

(IV) Washer-decontaminator machines. Washer-decontaminator machines clean by numerous water jets and a high pH of detergent even if instruments are grossly soiled. The thorough cleaning is followed by a neutralizing rinse to quickly restore the pH to neutral.

(iii) All articles to be sterilized shall be arranged so all surfaces shall be directly exposed to the sterilizing agent for the prescribed time and temperature.

(2) Packaging.

(I) All wrapped articles to be sterilized shall be packaged in materials recommended for the specific type of sterilizer and material to be sterilized, and to provide an effective barrier to microorganisms. Acceptable packaging includes...
**Texas Health and Human Services Commission**

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<td>6 034</td>
<td>Continued From page 17 peel pouches, perforated metal trays, or rigid trays. Muslin packs shall be limited in size to 12 inches by 12 inches by 20 inches with a maximum weight of 12 pounds. Wrapped instrument trays shall not exceed 17 pounds. (ii) All items shall be labeled for each sterilizer load as to the date and time of sterilization, the sterilizing load number, and the autoclave. (E) External chemical indicators. (i) External chemical indicators, also known as sterilization process indicators, shall be used on each package to be sterilized, including items being flash sterilized to indicate that items have been exposed to the sterilization process. (ii) The indicator results shall be interpreted according to the manufacturer’s written instructions and indicator reaction specifications. (F) Biological indicators. (i) The efficacy of the sterilizing process shall be monitored with reliable biological indicators appropriate for the type of sterilizer used (e.g., Bacillus stearothermophilus for steam sterilizers). (ii) Biological indicator’s shall be included in at least one run each day of use for steam sterilizers. (iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load. (iv) If a test is positive, the sterilizer shall immediately be taken out of service.</td>
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malfunctioning sterilizer shall not be put back into use until it has been serviced and successfully tested according to the manufacturer's recommendations.

(v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator.

(G) Sterilizers.

(i) Steam sterilizers (saturated steam under pressure) shall be utilized for sterilization of heat and moisture stable items. Steam sterilizers shall be used according to manufacturer's written instructions.

(ii) Other sterilizers shall be used in accordance with the manufacturer's instructions.

(H) Maintenance of sterility.

(i) Items that are properly packaged and sterilized shall remain sterile indefinitely unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of being compromised.

(ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations.

(ii) All packages shall be inspected before use. If a package is torn, wet, discolored, has a broken seal, or is damaged, the item may not be used. The item shall be returned to sterile processing.
6 034 Continued From page 19
for reprocessing.

(I) Commercially packaged items.
Commercially packaged items are considered
sterile according to the manufacturer's
instructions.

(J) Storage of sterilized items. The loss of
sterility is event related, not time related. The
facility shall ensure proper storage and handling
of items in a manner that does not compromise
the packaging of the product.

(i) Sterilized items shall be transported so as
to maintain cleanliness and sterility and to
prevent physical damage.

(ii) Sterilized items shall be stored in
well-ventilated, limited access areas with
controlled temperature and humidity.

(iii) Sterilized items shall be positioned so that
the packaging is not crushed, bent, compressed,
or punctured so that their sterility is not
compromised.

(iv) Storage of supplies shall be in areas that
are designated for storage.

(K) Disinfection.

(i) The manufacturer's written instructions for
the use of disinfectants shall be followed.

(ii) An expiration date, determined according
to manufacturer's written recommendations, shall
be marked on the container of disinfection
solution currently in use.
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<th>PROVIDER'S PLAN (Each corrective action should be cross-referenced to the appropriate deficiency)</th>
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<td></td>
<td>(iii) Disinfectant solutions shall be kept covered and used in well-ventilated areas.</td>
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<td></td>
<td>(L) Performance records.</td>
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<td></td>
<td>(i) Performance records for all sterilizers shall be maintained for each cycle. These records shall be retained and available for review for a minimum of two years.</td>
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<td></td>
<td>(ii) Each sterilizer shall be monitored during operation for pressure, temperature, and time at desired temperature and pressure. A record shall be maintained either manually or machine generated and shall include:</td>
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<td></td>
<td>(I) the sterilizer identification;</td>
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<td></td>
<td>(II) sterilization date and time;</td>
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<td>(III) load number;</td>
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<td></td>
<td>(IV) duration and temperature of exposure phase (if not provided on sterilizer recording charts);</td>
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<td>(V) identification of operator(s);</td>
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<td></td>
<td>(VI) results of biological tests and dates performed; and</td>
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<td>(VII) time-temperature recording charts from each sterilizer (if not provided on sterilizer recording charts).</td>
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<td></td>
<td>(M) Preventive maintenance. Preventive maintenance of all sterilizers shall be performed according to individual policy on a scheduled basis by qualified personnel, using the sterilizer</td>
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</table>
Texas Health and Human Services Commission

NAME OF PROVIDER OR SUPPLIER
HILLTOP WOMENS REPRODUCTIVE CLINIC

STREET ADDRESS, CITY, STATE, ZIP CODE
500 EAST SCHUSTER BUILDING B
EL PASO, TX 79902

ID PREFIX TAG
6 034

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LDC IDENTIFYING INFORMATION)
Continued From page 21

manufacturer's service manual as a reference. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least two years and shall be available for review to the facility within two hours of request by the department.

This Requirement is not met as evidenced by:
(F) Biological indicators.
(ii) Biological indicators shall be included in at least one run each day of use for steam sterilizers.
(iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.

Based on record review and interview, the facility failed to ensure a biological indicator was included in at least one run each day of use for steam sterilizers, in that,

there was no documented biological indicator for 8 of 37 days of (October/November 2018) the sterilizer was used (11/05/18, 10/31/18, 10/25/18, 10/22/18, 10/15/18, 10/10/18, 10/08/18, 10/01/18).

Findings included

The October/November 2018 Sterilizer Log reflected sterilization loads ran on 11/05/18, 10/31/18, 10/25/18, 10/22/18, 10/15/18, 10/10/18, 10/08/18, 10/01/18.

The Attest Biological Monitoring System Booklet and Log reflected, "For Dental Office...Use at Least Once a Week Per Sterilizer..."

There were no logged Biological Testing for the
Continued From page 22

6 034

dates of 11/05/18, 10/31/18, 10/25/18, 10/22/18, 10/15/18, 10/10/18, 10/06/18, 10/01/18.

During an interview on 11/06/18 at 2:05 PM, Personnel #1 was informed of the above findings. Personnel #1 agreed with the findings and stated, “We are doing (them) weekly.”

The 1/2008 effective date, “Biological Monitoring of the Ritter M11 Steam Sterilizer” policy required, “To document proper performance of the Ritter M11 Steam Sterilizer... A biological indicator test will be processed daily... for the first sterilizer run of the day...”

6 038

TAC 139.53 Medical and Clinical Services

(a) Surgical abortion.

(1) The medical consultant shall be responsible for implementing and supervising the medical and clinical policies of the facility.

(2) All medical and clinical services of the facility, with the exception of the abortion procedure, shall be provided under the direction of a physician or registered nurse who assumes responsibility for the clinical employees’ performance in the facility.

(3) A licensed abortion facility shall ensure that a surgical consent form is signed by the patient prior to the procedure being started, that the patient is informed of the risks and the benefits of the procedure, and that the patient recognizes the alternatives to abortion. Informed consent shall be in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title (relating to Procedures Requiring Full
Disclosure of Specific Risks and Hazards—List A, §601.4 of this title (relating to Disclosure and Consent Form), and Health and Safety Code, §171.011 (relating to Informed Consent Required), and §171.012 (relating to Voluntary Informed Consent).

(4) A licensed abortion facility shall ensure that the attending physician, advanced practice registered nurse, or physician assistant has obtained and documented a preoperative history, physical exam, and laboratory studies, including verification of pregnancy.

(5) A licensed abortion facility shall ensure that:

(A) the attending physician examines each patient immediately prior to surgery to evaluate the risk to the procedure; and

(B) the person administering the anesthetic agent(s) examines the patient immediately prior to surgery to evaluate the risk of anesthesia.

(6) The administration of anesthesia shall be in accordance with §139.59 of this title (relating to Anesthesia Services).

(7) An abortion shall be performed only by a physician.

(8) A physician, advanced practice registered nurse, physician assistant, registered nurse, or licensed vocational nurse shall be in the facility whenever there is a patient in the procedure room or recovery room. While a patient is in the procedure room or recovery room she shall not be left unattended.
6 038 Continued From page 24

(9) The recovery room(s) at the facility shall be supervised by a physician, advanced practice registered nurse, physician assistant, or registered nurse. This supervisor shall be available for recovery room staff within a recommended 10 minutes with a maximum required 15 minutes while any patient is in the recovery room.

(10) A physician shall be available for the facility while any patient is in the recovery room within a recommended 10 minutes and a maximum required 15 minutes.

(11) The facility shall ensure that a patient is fully reactive and her vital signs are stable before discharging the patient from the facility upon written order by the attending physician.

(12) All fetal tissue shall be examined grossly at the time of the procedure. In the absence of visible fetal parts or placenta, the tissue may be examined by magnification for the detection of villi. If this examination is inconclusive, the tissue shall be sent to a pathology lab. The results of the tissue examination shall be recorded in the patient's clinical record.

(13) A facility shall meet the requirements set forth by the department in §§1.131 - 1.137 of this title (relating to Definition, Treatment, and Disposition of Special Waste from Health Care-Related Facilities).

(b) Medical abortion.

(1) The medical consultant shall be responsible for implementing and supervising the medical and clinical policies at the facility.
Continued From page 25

(2) All medical and clinical services of the facility, with the exception of the abortion procedure, shall be provided under the direction of a physician or registered nurse who assumes responsibility for the clinical employees' performance in the facility.

(3) A licensed abortion facility shall ensure:

(A) the physician(s) providing medical abortion is able to accurately date a pregnancy;

(B) the physician(s) is able to determine that the pregnancy is not an ectopic gestation;

(C) the physician(s) is able to provide surgical intervention or provide for the patient to receive a surgical abortion if necessary; and

(D) patients have access to medical facilities equipped to provide blood transfusion and patient resuscitation, if necessary.

(4) A licensed abortion facility shall ensure follow-up examination and services are provided to patients requesting medical abortion.

(5) A licensed abortion facility shall ensure that the attending physician, advanced practice registered nurse, or physician assistant has obtained and documented a pre-procedure history, physical exam, and laboratory studies, including verification of pregnancy.

(6) A licensed abortion facility shall ensure:

(A) written consent is obtained from the patient prior to the commencement of the abortion
**Findings included:**

1. **HEALTH AND SAFETY CODE, TITLE 2, HEALTH, SUBTITLE H. PUBLIC HEALTH PROVISIONS, CHAPTER 171. ABORTION, SUBCHAPTER A. GENERAL PROVISIONS** stated in part,

"Sec. 171.012. VOLUNTARY AND INFORMED CONSENT. (a) Consent to an abortion is voluntary and informed only if:
4) before any sedative or anesthesia is administered to the pregnant woman and at least 24 hours before the abortion or, at least two hours before the abortion if the pregnant woman waives this requirement by certifying that she currently lives 100 miles or more from the nearest abortion provider that is a facility licensed under Chapter 245 or a facility that performs more than 50 abortions in any 12-month period...."

Based on a review of documentation and interview, the facility failed to ensure that a physician must perform a sonogram on a woman seeking an abortion at least 24 hours prior to performing the abortion, unless the woman lives 100 miles from the closest abortion provider in which case the sonogram must be performed at least 2 hours prior to the abortion.

2. **Findings included:**

2 of 11 same-day procedure patients had undergone same-day procedures, although they did not qualify to do so (did not live 100 miles or more from the nearest abortion provider). Online search engines www.google.com and www.bing.com were used to calculate distance from the patients' residences to the provider.
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<td>6 038</td>
<td>Continued From page 26 procedure; (B) the patient is informed of the risks and benefits of the procedure; (C) the patient is informed of the possibility that a surgical abortion may be required; (D) the patient is informed of the alternatives to abortion; and (E) informed consent is in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title, §601.4 of this title, and Health and Safety Code, §171.011 and §171.012. (7) A licensed abortion facility shall provide the patient with written discharge instructions including a direct referral to a physician who shall accept the patient for surgical abortion. (c) Requirements of a physician: A physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that: (1) is located not further than 30 miles from the location at which the abortion is performed or induced; and (2) provides obstetrical or gynecological health care services. This Requirement is not met as evidenced by: The facility failed to comply with the requirements of Health and Safety Code, Chapter 171.012 related to Voluntary and Informed Consent.</td>
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Continued From page 28

* Patient #1 lived only 84 miles from the provider, according to her address in Alamagordo, NM. Patient #7 lived only 46 miles from the provider, according to her address in Las Cruces, NM.
* Patient #13 lived within 100 miles of multiple other abortion providers based her address in Ft. Hood, Texas. There are providers in Waco and Austin, as well as other areas within 100 miles of their home address.

- 1 of 11 same-day procedure patients ("same-day" patient #4) received her ultrasound on 07/16/17 at 8:02 am but her surgical procedure started at 9:22 AM on 07/16/18, thus this did not undergo the required, 2 hour wait between the ultrasound and the start of the procedure.

The above findings were confirmed on 11/06/18 in an interview with staff members #1 and 2.
A 000

Initial Comments

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.

An entrance conference was held with the facility Clinic Coordinator and Nursing Supervisor the morning of 3-5-18. The purpose and process of the licensure survey were discussed, and an opportunity given for questions.

Continued licensure is recommended, with an approved plan of correction.

An exit conference was held with the facility Administrator and other administrative staff the afternoon of 3-5-18. Preliminary findings of the survey were discussed, and an opportunity given for questions.

By: Wanda Wilson, RN

REVIEWED MAR 20 2018
Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:
007326

(X2) MULTIPLE CONSTRUCTION
A. BUILDING:

B. WING:

(X3) DATE SURVEY COMPLETED
03/06/2018

NAME OF PROVIDER OR SUPPLIER
HOUSTON WOMENS CLINIC

STREET ADDRESS, CITY, STATE, ZIP CODE
4820 SAN JACINTO
HOUSTON, TX 77004

(X4) ID PREFIX TAG
SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

A 043 Continued From page 1

A 043

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETE DATE

Americans United for Life

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**Texas Department of State Health Services**

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STATE FORM

Americans United for Life

If continuation see page 6 of 23
Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

007326

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

B. WING:

(X3) DATE SURVEY COMPLETED:

03/06/2018

NAME OF PROVIDER OR SUPPLIER

HOUSTON WOMENS CLINIC

STREET ADDRESS, CITY, STATE, ZIP CODE

4820 SAN JACINTO

HOUSTON, TX 77004

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES

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PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETE DATE

A 129 Continued From page 6

A 129

TAC 139.48(1)(A) Physical & Environmental Requirements

A 197

TAC 139.48(1)(A) Physical & Environmental Requirements

A 197
The physical and environmental requirements for a licensed abortion facility are as follows.

1. A facility shall:
   a. have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times;

This Requirement is not met as evidenced by:

Based on tours of the facility and interviews with staff, the facility failed to have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times.

Findings were:

During tours of the facility conducted on 3-5-18 and 3-6-18, the following observations were made:

'A needle (with no syringe attached) was inserted into a multi-dose bottle of Stadol®. Such practice allows a portal of entry for bacteria into the vial.

'A plastic baggie containing 18 vials of Ativan® Injectable 2mg/ml was found in an unlocked medication refrigerator in the medication/laboratory area. In an interview with staff #4 on 3-5-18, staff #4 was unable to provide the surveyor with a narcotic count sheet for the medication and confirmed that the supply of Ativan® Injectable was not being monitored. Facility policy titled "Policy for Preparation and Storage of Medications" states, in part: "To ensure safety for patients the following medical Director will ensure all nursing staff follows facility policy for preparation and storage of medications. QA random inspections Committee will conduct to ensure compliance with facility's policies.
Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER: 07326

(X2) MULTIPLE CONSTRUCTION A. BUILDING:
B. WING:

(X3) DATE SURVEY COMPLETED: 03/06/2018

NAME OF PROVIDER OR SUPPLIER: HOUSTON WOMENS CLINIC

STREET ADDRESS, CITY, STATE, ZIP CODE: 4820 SAN JACINTO HOUSTON, TX 77004

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)

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<td>A 197</td>
<td>Nursing Supervisor will be responsible for ordering filter needles to be used with all medications in glass ampules. Nursing Supervisor will be responsible for instructing all nursing staff and developing a new policy to be added to the facility's medication policy. 4.15.18</td>
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<td>Administrator will be responsible for ensuring oxygen tanks are properly stored and secured. 4.15.18</td>
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<td>Nursing Supervisor will be responsible for ensuring no tape is used on patient chairs or tables. Nursing Supervisor will instruct all staff. 4.15.18</td>
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<td>Administrator will ensure repairs on exam tables with tears/rips, rusted, or unfinished surfaces. QA committee will conduct random inspections to ensure compliance. 4.30.18</td>
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<td>Administrator will obtain more lockers for staff to store belongings out of patient area. QA committee will conduct random inspections to ensure compliance. 4.30.18</td>
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A 197 Continued From page 8

procedures will take place:

11. An inventory system for narcotic medications to include amounts received, checked out and balances will be used.

"Glass ampules of Phenergan® and Metherine® were found in the medication refrigerator in the medication/laboratory area. In an interview with staff #4 on 3-5-18, staff #4 was asked if the facility used filter needles to draw the medications up into syringes for use. Staff #4 stated that the facility had no filter needles. According to the National Institute of Health at https://www.ncbi.nlm.nih.gov/pubmed/15796427, "Particle contamination of medications obtained from glass ampules can pose serious hazards to patients. Particle contamination may be reduced by using a filter needle when obtaining medication from glass ampules prior to administration.""

2 of 3 oxygen tanks were found unsecured in the clean supply area, posing a safety risk.

"Tape had been placed over the electronic control buttons on 3 of 7 black recliners in the recovery area, creating a sticky surface for bacteria and other pathogens.

The exam tables in procedure rooms #2 and #3 had tears/rips in the vinyl covering and rusted, unfinished surfaces on the pull-out footrests, prohibiting proper cleaning.

Employee belongings (purses) were found under the sinks of the sonogram room and procedure room #1. Such items present a safety hazard for patients and transport outside pathogens into the patient care areas.
**Texas Department of State Health Services**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**NAME OF PROVIDER OR SUPPLIER**

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<td>The above was confirmed in an interview with the facility Administrator and other administrative staff the afternoon of 3-6-18.</td>
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<tr>
<td>TAC 139.48(1)(E)(F) Physical &amp; Environmental Requirements</td>
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<tr>
<td>The physical and environmental requirements for a licensed abortion facility are as follows.</td>
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<td>(1) A facility shall:</td>
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<td>(E) store hazardous cleaning solutions and compounds in a secure manner and label substances;</td>
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<td>(F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings. If other food is provided by the facility, it shall be subject to the requirements of §§229.161 - 229.171 of this title (relating to Texas Food Establishments);</td>
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<tr>
<td>This Requirement is not met as evidenced by: Based on a tour of the facility, the facility failed to store hazardous cleaning solutions and compounds in a secure manner, failure to do so increases the risk of harm to patients. Findings were:</td>
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<tr>
<td>During a tour of the facility on 03/05/18, cleaning supplies including: Comet cleaner, bleach, 409 cleaner, and Lysol were observed in unlocked cabinets under sinks throughout the facility. The above was confirmed in an interview with staff members #3 and 4 on 03/05/18 during a tour of the facility</td>
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**DATE SURVEY COMPLETED**

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**A233 TAC 139.49(d)(5)(A) Infection Control Standards**

(5) Equipment and sterilization procedures. Effective sterilization of instruments depends on performing correct methods of cleaning, packaging, arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subsection to provide effective sterilization measures.

(A) Equipment. A licensed abortion facility shall provide sterilization equipment adequate to meet the requirements of this paragraph for sterilization of critical items. Equipment shall be maintained and operated to perform, with accuracy, the sterilization of critical items.

This Requirement is not met as evidenced by:

Based on observation and interview, the facility failed to ensure the effective sterilization of instruments, by failing to utilize the correct methods of packaging and arrangement of items in the sterilizer.

Findings included:

During a tour of the facility on 03/05/18 the following observation was made:

* In the clean sterilization area 5 of 5 scissors were observed in the closed position and 1 of 7 hinged instruments were observed with the lock box closed and locked. When instruments are closed, the sterilizing agent cannot penetrate all surfaces to ensure complete sterilization of all surfaces of the instruments. The Centers for Disease Control and Prevention (CDC) article, GUIDELINE FOR DISINFECTION AND STERILIZATION IN HEALTHCARE FACILITIES, 2008, by William A. Rutala, Ph.D., M.P.H., David...
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<th>ID</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>J. Weber, M.D., M.P.H., and the Healthcare Infection Control Practices Advisory Committee (HICPAC), found at: <a href="http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf">http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf</a>, states on page 74 that “hinged instruments and instruments that close should be opened during the process of sterilization”. In an interview on 03/05/18 staff members # 3 and 27.</td>
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Abortion-Inducing Drugs

(d) The physician who gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug shall provide the pregnant woman with:
(1) a copy of the final printed label of that abortion-inducing drug; and
(2) a telephone number by which the pregnant woman can reach the provider for additional information.

A 328
A328 Continued From page 13

A woman may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the administration or use of the drug or ask health-related questions regarding the administration or use of the drug.

(e) The physician who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, must schedule a follow-up visit for the woman to occur not more than 14 days after the administration or use of the drug. At the follow-up visit, the physician must:

(1) confirm that the pregnancy is completely terminated; and
(2) assess the degree of bleeding.

(f) The physician who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, shall make a reasonable effort to ensure that the woman returns for the scheduled follow-up visit under Subsection (e). The physician or the physician's agent shall document a brief description of any effort made to comply with this subsection, including the date, time, and name of the person making the effort, in the woman's medical record.

Medical Director shall develop policies for medication abortion (Mifeprax) to include required follow-up appointment, policies for contacting patients who fail to show for their follow-up appointment. All staff will be instructed on these policies.

4.15.18
**Texas Department of State Health Services**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**NAME OF PROVIDER OR SUPPLIER**

**HOUSTON WOMENS CLINIC**

| STREET ADDRESS, CITY, STATE, ZIP CODE | 4820 SAN JACINTO HOUSTON, TX 77004 |

**SURVEY COMPLETED DATE**

| DATE | 03/06/2018 |

**NAME OF PROVIDER OR SUPPLIER**

**HOUSTON WOMENS CLINIC**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

**4820 SAN JACINTO HOUSTON, TX 77004**

**STATE FORM ID**

**PREFIX TAG**

**SUMMARY STATEMENT OF DEFICIENCIES**

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<td>A 328 Continued From page 14</td>
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- Interview with staff, the physician who gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug failed to schedule a follow-up visit for the woman to occur not more than 14 days after the administration or use of the drug.

  Findings were:

  During a review of clinical records for 9 medication abortion patients (patients #1 - #9), none of the 9 patients had been scheduled for a follow-up visit not more than 14 days after the administration of the drug.

  All patients were discharged with patient instructions that stated:

  "You must return to the office:
  In 2 weeks follow-up at clinic:
  M[Monday]-F[Friday] 2-4PM or Take urine pregnancy test at home"

  In an interview with staff #3 on 3-6-18, staff #3 confirmed that the patients were instructed to return to the clinic within 2 weeks but were not instructed to return on a certain date and at a certain time.

  The above was confirmed in an interview with the facility Administrator and other administrative staff the afternoon of 3-6-18.

**A 356 TAC 139.56(b)(c) Emergency Services**

- The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).

**SUD - State Form**

**STATE FORM**

| 6899 | YM0411 | 15 of 23 |
Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 
B. WING 

(X3) DATE SURVEY COMPLETED: 03/06/2018

NAME OF PROVIDER OR SUPPLIER: HOUSTON WOMENS CLINIC
STREET ADDRESS, CITY, STATE, ZIP CODE: 4220 SAN JACINTO, HOUSTON, TX 77004

NAME OF PROVIDER OR SUPPLIER: HOUSTON WOMENS CLINIC
STREET ADDRESS, CITY, STATE, ZIP CODE: 4220 SAN JACINTO, HOUSTON, TX 77004

NAME OF PROVIDER OR SUPPLIER: HOUSTON WOMENS CLINIC
STREET ADDRESS, CITY, STATE, ZIP CODE: 4220 SAN JACINTO, HOUSTON, TX 77004

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

A 356 Continued From page 15
be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.

This Requirement is not met as evidenced by:
Based on a review of personnel files and an interview with staff, the facility failed to ensure that all direct care personnel were competent in and maintained current certification in cardiopulmonary resuscitation (CPR), as there was no documented evidence of hands-on skills practice and in-person assessment and demonstration of CPR skills. This presents a risk, as staff may not be competent to respond in a medical emergency.

Findings included:

Facility based policy entitled, "Administrative Policies" stated in part,
"1. Personnel...
* Personnel will be CPR certified..."

A review of personnel files revealed that 7 of 26 direct staff members at facility (#10, 11, 12, 13, 15, 19, and 20) obtained cardiopulmonary resuscitation (CPR) through an online resource that demonstrated "proficiency by successfully passing the examination" with no evidence of hands-on skills practice and in-person assessment and demonstration of CPR skills. The website for the online resource found at: https://www.nationalcprfoundation.com/support/states in part, "No, we do not offer hands-on training. If your employer has requested you to

Administrator will ensure CPR training for staff includes hands on skills training.

4/15/18

Administrative will ensure CPR training for staff includes hands on skills training.

4/15/18
## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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### Review of the Health & Safety Institute and the National Safety Council Website

Review of the Health & Safety Institute and the National Safety Council website found at [http://news.hsi.com/onlineonlycpr](http://news.hsi.com/onlineonlycpr) reveals that, "No major nationally recognized training program in the United States endorses certification without practice and evaluation of hands-on skills. According to the Occupational Safety and Health Administration (OSHA) online training alone does not meet OSHA first aid and CPR training requirements."

2 staff members (#4 and 16) had CPR that expired in February 2018. Staff member #3 stated they 2 staff members were getting ready to take the training in the next week.

The above findings were confirmed in an interview with staff member #3 on 03/06/18.

### TAC 139.57(a)(2)(A)(B)(C)(D)(3) Discharge and Follow-up Referrals

(a) A licensed abortion facility shall develop and implement written discharge instructions which shall include:

(2) a statement of the facility's plan to respond to the patient in the event the patient experiences any of the complications listed in the discharge instructions to include:

(A) a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from...
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:** 007326

**MULTIPLE CONSTRUCTION**

**DATE SURVEY COMPLETED:** 03/06/2018

**NAME OF PROVIDER OR SUPPLIER:** HOUSTON WOMENS CLINIC

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 4820 SAN JACINTO HOUSTON, TX 77004

### SUMMARY STATEMENT OF DEFICIENCIES

**ID PREFIX TAG**

**ID TAG**

**PROVIDER'S PLAN OF CORRECTION**

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<td>the performance or induction of the abortion or ask health-related questions regarding the abortion;</td>
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<td>(B) the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated;</td>
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<td>(C) assurance that the responding individual shall be a physician, advanced practice registered nurse, physician assistant, registered nurse, or licensed vocational nurse; and</td>
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<td>(D) information that the patient may also contact the emergency medical service or present for care at the emergency room of a hospital in addition to contacting the facility; and</td>
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<td></td>
<td>(3) information concerning the need for a post-abortion examination.</td>
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This Requirement is not met as evidenced by:

- Based on a review of medical records and interview, the facility failed to implement written discharge instructions which included the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated.

Findings included:

- Review of medical records revealed the following:
  - "The "Post-Operative Instructions" form stated in part, "We recommend that you contact us, but we want you to be fully aware that a hospital Emergency room is always an option. We will ensure that you have the name and phone number of a hospital closest to your home."
  - 20 of 20 patient medical records had the above post-operative instructions in their medical

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**Americans United for Life**

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**SOD - State Form**

**STATE FORM**

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Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER: 007326

(X2) MULTIPLE CONSTRUCTION
A. BUILDING:
B. WING:

(X3) DATE SURVEY COMPLETED: 03/06/2018

NAME OF PROVIDER OR SUPPLIER: HOUSTON WOMENS CLINIC
STREET ADDRESS, CITY, STATE, ZIP CODE: 4820 SAN JACINTO
HOUSTON, TX 77004

(X4) ID PREFIX TAG: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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A 362 Continued From page 18

records, which did not include documentation of the name of nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated. No telephone number was documented as provided for this hospital.

* In an interview on 03/05/18 staff member #3 showed the surveyors a folder containing a list of all hospitals in Texas with telephone numbers included. The staff member stated this information was included in the post-operative instructions which are provided to the patients at discharge, but this was not documented in the medical record.

* Several patients came to the facility from out of state (Patients #13 and 14), and the facility was able to provide documentation that these patients were provided the name and telephone number of the nearest hospital to the home of the patient.

In an interview on 03/05/18, staff member #3 verified the above findings.

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A 371

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PRINTED: 03/06/2018 FORM APPROVED

Americans United for Life

If continuation sheet 1 of 23
### Texas Department of State Health Services

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**STREET ADDRESS, CITY, STATE, ZIP CODE**

| 4820 SAN JACINTO |
| HOUSTON, TX 77004 |

**ID PREFIX TAG**

| A371 | Continued From page 19 |

**SUMMARY STATEMENT OF DEFICIENCIES**

Each deficiency must be preceded by full regulatory or LIC identifying information.

**ID PREFIX TAG**

| A371 |

**PROVIDER'S PLAN OF CORRECTION**

Each corrective action should be cross-referenced to the appropriate deficiency.

**COMPLETE DATE**

If continuation sheet 20 of 23
Texas Department of State Health Services

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[Image: State Form]

**STATE FORM**

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[Image: Americans United for Life]

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Texas Department of State Health Services
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 
B. WING 

(X3) DATE SURVEY COMPLETED: 03/06/2018

NAME OF PROVIDER OR SUPPLIER: HOUSTON WOMENS CLINIC
STREET ADDRESS, CITY, STATE, ZIP CODE: 4820 SAN JACINTO, HOUSTON, TX 77004

(X4) ID PREFIX TAG: A371

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

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 americans United for Life
**Texas Department of State Health Services**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**SOD - State Form**

**STATE FORM**

0350 YM0411

**Americans United for Life**
Discussion with a staff member has addressed the following information. I have had my questions and concerns answered by the staff of Houston Women's Clinic, Inc.

Initial to indicate you understand each of the following:

1. It is my decision to terminate this pregnancy. No one is forcing or pressuring me to do this.
2. I understand I have options for this pregnancy, including taking more time to consider my decision.
4. Explanation of the pregnancy termination procedure, including possible risks.
5. Risks involved with termination.
6. Instructions for after care and medications, including name & phone number of hospital nearest my home.
10. I received information regarding filing a complaint against the clinic.
11. Due to the sedation I will receive, I have been advised not to drive or operate equipment after the abortion.

Summary of possible complications

1. Infection.
2. Failure to remove all products of conception.
3. Cervical incompetence.
4. Asherman's syndrome.
5. Perforation of the uterus.
6. Injury to the bowel and/or bladder.
7. Abdominal incision and operation to correct injury.
8. Hemorrhage/heavy bleeding that may require a hysterectomy to control.
10. I understand that complications with this surgery, as well as any other surgery may include death.

Signature ____________________________ Date ____________________________
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER IDENTIFICATION NUMBER:

140012

MULTIPLE CONSTRUCTION
A. BUILDINGS:

NAME OF PROVIDER OR SUPPLIER
NORTH PARK MEDICAL GROUP

STREET ADDRESS, CITY, STATE, ZIP CODE
8363 MEADOW ROAD
DALLAS, TX 75231

NAME OF PROVIDER OR SUPPLIER
NORTH PARK MEDICAL GROUP

STREET ADDRESS, CITY, STATE, ZIP CODE
8363 MEADOW ROAD
DALLAS, TX 75231

ID
PREFIX TAG

6000

TAC 139.1 Initial Comments

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.

(a) Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman's Right to Know Act, Health and Safety Code, Chapter 171.

(b) Scope and applicability.

(1) Licensing requirements.

(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

(B) The following need not be licensed under this chapter:

(i) a hospital licensed under Health and Safety Code, Chapter 241;

(ii) an ambulatory surgical center licensed

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX TAG

6000

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

ID
PREFIX TAG

6000

DATE SURVEY COMPLETED
01/24/2019

PRINTED: 01/23/2019
FORM APPROVED

LABORATORY DIRECTOR'S SIGNATURE: Medical Director 2/8/19
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER: NORTH PARK MEDICAL GROUP
STREET ADDRESS, CITY, STATE, ZIP CODE: 2823 MEADOW ROAD, DALLAS, TX 75231

PREFIX: TAG: 600

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LICENSING INFORMATION)

1. The entrance conference was held with the Clinic Manager the morning of 1-23-19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.

2. Continued licensure is recommended, with an approved plan of correction.

An exit conference was held with the Clinic Manager the afternoon of 1-24-19. Preliminary findings of the survey were discussed, and an opportunity given for questions.

Reporting requirements: All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).

(1) Under Health and Safety Code, Chapter 243; or

(ii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.

(2) Reporting requirements: All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).
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<th>Date Survey Completed</th>
<th>Name of Provider or Supplier</th>
<th>Street Address, City, State, Zip Code</th>
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<td>North Park Medical Group</td>
<td>6363 Meadow Road, Dallas, TX 75231</td>
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**Summary Statement of Deficiencies**

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**Provider's Plan of Correction**

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**Form Approved Date**

01/24/2019
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER: NORTH PARK MEDICAL GROUP

ADDRESS: 8903 MEADOW ROAD, DALLAS, TX, 75231

STATEMENT OF DEFICIENCIES

MULTIPLE CONSTRUCTION

A. BUILDING: 
B. WING: 

FORM APPROVED DATE: 01/24/2019

SURVEY COMPLETED DATE: 01/24/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE: 8903 MEADOW ROAD, DALLAS, TX, 75231

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIC IDENTIFYING INFORMATION)

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETE DATE

STATE FORM

Continuation sheet 4 of 11
NAME OF PROVIDER OR SUPPLIER
NORTH PARK MEDICAL GROUP
8363 MEADOW ROAD
DALLAS, TX 75231

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING:

B. WING:

C. DATE SURVEY COMPLETED
01/24/2019

NAME OF PROVIDER OR SUPPLIER
NORTH PARK MEDICAL GROUP
8363 MEADOW ROAD
DALLAS, TX 75231

DATE OF SURVEY COMPLETED
01/24/2019

STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIC. IDENTIFYING INFORMATION)

6.019
Continued from page 4

6.019

COMPLETION DATE
02/08/19

STATE FORM
SDJ - Suite Form

STATE FORM
5199

STY511

Continuation sheet 3 of 11

Americans United for Life
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

STATEMENT OF DEFICIENCIES

PROVIDER/SUPPLIER IDENTIFICATION NUMBER:
A. BULOWA

MULTIPLE CONSTRUCTION

01/24/2019

WHO

STATEMENT OF DEFICIENCIES

NAME OF PROVIDER OR SUPPLIER
NORTH PARK MEDICAL GROUP

STREET ADDRESS, CITY, STATE, ZIP CODE
8363 MEADOW ROAD
DALLAS, TX 75231

ID PREFIX TAG
6 019

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG
6 019

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETED DATE
02/01/19

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Texas Health and Human Services Commission
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
ID: 140012

NAME OF PROVIDER OR SUPPLIER: NORTH PARK MEDICAL GROUP
STREET ADDRESS, CITY, STATE, ZIP CODE: 3363 MEADOW ROAD, DALLAS, TX 75231

DATE SURVEY COMPLETED: 01/24/2019
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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STATE FORM

NAME OF PROVIDER OR SUPPLIER: NORTH PARK MEDICAL GROUP

STREET ADDRESS, CITY, STATE, ZIP CODE: 1363 MEADOW ROAD, DALLAS, TX 75231

NAME OF PROVIDER OR SUPPLIER: NORTH PARK MEDICAL GROUP

STREET ADDRESS, CITY, STATE, ZIP CODE: 1363 MEADOW ROAD, DALLAS, TX 75231

STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

6019

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

140012

B. WING

DATE SURVEY COMPLETED: 01/24/2019

140012

B. WING

DATE SURVEY COMPLETED: 01/24/2019
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES

PROVIDER: SUPPERNIA!

NO PROVIDER IDENTIFICATION NUMBER: 140012

MULTIPLE CONSTRUCTION BUILDING:

DATE SURVEY COMPLETED: 01/24/2019

NAME OF PROVIDER: DR SUPPERNIA NORTH PARK MEDICAL GROUP

STREET ADDRESS, CITY, STATE, ZIP CODE: 8363 MEADOW ROAD DALLAS, TX 75221

SUMMARY STATEMENT OF DEFICIENCIES: EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION

COMPLETE DATE

6 019 Continued From page 8

S 019

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)

02/06/19
Texas Health-and Human-Services-Commission

STATEMENT OF DEFICIENCIES (X1.) PROVIDER: SUPPLIER (X2)

MULTIPLE CONSTRUCTION (X3) DATE

STATEMENT OF DEFICIENCIES (X1.) PROVIDER: SUPPLIER (X2)

NAME OF PROVIDER OR SUPPLIER
STREET ADDRESS: CITY, STATE, ZIP CODE

NORTH PARK MEDICAL GROUP
8363 MEADOW ROAD
DALLAS, TX 75231

PREFIX (EACH CORRECTION MUST BE PRECEDED BY A BUILDING, COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)

TAG CROSS-REFERENCED TO THE APPROPRIATE DATE (DEFICIENCY)

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Note: The image contains a partially redacted page, obscuring specific details.
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(x1) PROVIDER/supplier/CILA IDENTIFICATION NUMBER:
140015

(x3) MULTIPLE CONSTRUCTION
A. BUILDING: __________________________
B. WING: __________________________

(x3) DATE SURVEY COMPLETED
01/14/2019

NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD

2140 BABCOCK ROAD, STE 200
SAN ANTONIO, TX 78229

(x4) ID PREFIX TAG
SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

TAC 139.1 Initial Comments

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(a) Purpose. The purpose of this chapter is to
implement the Texas Abortion Facility Reporting
and Licensing Act, Health and Safety Code,
Chapter 245, which provides the Health and
Human Services Commission with the authority
to establish rules governing the licensing and
regulation of abortion facilities and to establish
annual reporting requirements for each abortion
performed. This chapter also implements the
Woman's Right to Know Act, Health and Safety
Code, Chapter 171.

(b) Scope and applicability.

(1) Licensing requirements.

(A) A person may not establish or operate an
abortion facility in Texas without a license issued
under this chapter unless the person is exempt
from licensing requirements.

(B) The following need not be licensed under
this chapter:

(i) a hospital licensed under Health and
Safety Code, Chapter 241;

(ii) an ambulatory surgical center licensed

(x2) ID PREFIX TAG
PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(x4) COMPLETE DATE

2/19/2015

(3) STATE FORM
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(4) TITLE

(5) DATE

(6) STATE FOR
Texas Health and Human Services Commission

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NAME OF PROVIDER OR SUPPLIER

PLANNED PARENTHOOD

STREET ADDRESS, CITY, STATE, ZIP CODE

2140 BABCOCK ROAD, STE 200
SAN ANTONIO, TX 78229

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<td>(ii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.</td>
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</tbody>
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(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).

An onsite licensure survey was conducted using the Texas Administrative Code Title 25, Chapter 139 Abortion Facility Licensing Regulations. An entrance conference was held with the Facility Administrator on 01/14/19. The purpose and process of the survey was discussed, and an opportunity was given for questions.

An exit conference was held the afternoon of 01/14/19 with the Facility Administrator and other members of management onsite. Preliminary findings of the survey were discussed, and an opportunity given for questions and discussion.

Recommend continued licensure based on an approved plan of correction.
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**NAME OF PROVIDER OR SUPPLIER**

PLANNED PARENTHOOD

2140 BABCOCK ROAD, STE 200
SAN ANTONIO, TX 78229

**STREET ADDRESS, CITY, STATE, ZIP CODE**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

140015

A. BUILDING: 

B. WING: 

**DATE SURVEY COMPLETED**

01/14/2019
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AMS - State Form
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CJA IDENTIFICATION NUMBER:

140015

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:  

B. WING:  

(X3) DATE SURVEY COMPLETED

01/14/2019

NAME OF PROVIDER OR SUPPLIER

PLANNED PARENTHOOD

STREET ADDRESS, CITY, STATE, ZIP CODE

2140 BABCOCK ROAD, STE 200

SAN ANTONIO, TX 78229
Texas Health and Human Services Commission

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**NAME OF PROVIDER OR SUPPLIER:** PLANNED PARENTHOOD

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 2140 BABCOCK ROAD, STE 200
SAN ANTONIO, TX 78229

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**NAME OF PROVIDER OR SUPPLIER**: Planned Parenthood

**STREET ADDRESS, CITY, STATE, ZIP CODE**: 2140 Babcock Road, STE 200, San Antonio, TX 78219

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
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<td>6001</td>
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**SOD - State Form**

**STATE FORM**
Texas Health and Human Services Commission

STATEMENT OF DEFIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CJA IDENTIFICATION NUMBER: 140015

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: ______________
B. WING ______________

(X3) DATE SURVEY COMPLETED: 01/14/2019

NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD
STREET ADDRESS, CITY, STATE, ZIP CODE
2140 BABCOCK ROAD, STE 200
SAN ANTONIO, TX 78229

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<th>(X4) ID PREFIX TAG</th>
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/LICEXIDENTIFICATION NUMBER: 140015

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: __________________________

B. WING: __________________________

(X3) DATE SURVEY COMPLETED: 01/14/2019

NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD

STREET ADDRESS, CITY, STATE, ZIP CODE: 2140 BABCOCK ROAD, STE 200

SAN ANTONIO, TX 78229

American's United for Life
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NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD
STREET ADDRESS, CITY, STATE, ZIP CODE: 2140 BABCOCK ROAD, STE 200, SAN ANTONIO, TX 78229

DATE SURVEY COMPLETED: 01/14/2019
**Texas Health and Human Services Commission**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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<tr>
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**NAME OF PROVIDER OR SUPPLIER**

**PLANNED PARENTHOOD CENTER FOR CHOICE-STA**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

12614 SOUTHWEST FREEWAY, SUITE B

STAFFORD, TX 77477

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**SUMMARY STATEMENT OF DEFICIENCIES**

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<tr>
<th>ID</th>
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<td>Initial Comments</td>
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**Initial Comments**

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.

(a) Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman's Right to Know Act, Health and Safety Code, Chapter 171.

(b) Scope and applicability.

(1) Licensing requirements.

   (A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

   (B) The following need not be licensed under this chapter:

      (i) a hospital licensed under Health and Safety Code, Chapter 241;

      (ii) an ambulatory surgical center licensed...
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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<tbody>
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<td>6 000</td>
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<td></td>
<td>Continued From page 1 under Health and Safety Code, Chapter 243; or (iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.</td>
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<td>6 007</td>
<td>TAC 139.8</td>
<td>Quality Assurance</td>
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</table>

(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).

An entrance conference was held with the facility Administrator 1-14-19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.

Continued licensure is recommended, with an approved plan of correction.

An exit conference was held with the facility Administrator the afternoon of 1-15-19. Preliminary findings of the survey were discussed, and an opportunity given for questions.
<table>
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**NAME OF PROVIDER OR SUPPLIER:** PLANNED PARENTHOOD CENTER FOR CHOICE-STA

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 12514 SOUTHWEST FREEWAY, SUITE B STAFFORD, TX 77477

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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:** 140014

**MULTIPLE CONSTRUCTION:**

A. BUILDING: _______

B. WING: _______

**DATE SURVEY COMPLETED:** 01/15/2019
## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**

140014

**Multiple Construction**

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<tr>
<td>B. Wing:</td>
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</table>

**Date Survey Completed:**

01/15/2019

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**Name of Provider or Supplier:**

Planned Parenthood Center for Choice-STA

**Street Address, City, State, Zip Code:**

12614 Southwest Freeway, Suite B
Stafford, TX 77477

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### Summary Statement of Deficiencies

(Tac each deficiency must be preceded by full regulatory or LSC identifying information)

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<tr>
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<td>6033</td>
<td>TAC 139.48 Physical and Environmental Requirements</td>
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</table>

The physical and environmental requirements for a licensed abortion facility are as follows.

1. A facility shall:
   
   (A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times;
   
   (B) equip each procedure room so that procedures can be performed in a manner that assures the physical safety of all individuals in the area;
   
   (C) have a separate recovery room if moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia are administered at the facility;
   
   (D) have a written protocol for emergency evacuation for fire and other disasters tailored to the facility's geographic location. Each staff member employed by or under contract with the facility shall be able to demonstrate their role or responsibility to implement the facility's emergency evacuation protocol required by this subparagraph;
   
   (E) store hazardous cleaning solutions and compounds in a secure manner and label substances;
   
   (F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings.

**Provider's Plan of Correction**

(Each corrective action should be cross-referenced to the appropriate deficiency)

<table>
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<tr>
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<td>Locks have been installed by the facility department on cabinets in exam rooms to secure cleaning products.</td>
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</table>

**Complete Date:**

02-01-09
If other food is provided by the facility, it shall be subject to the requirements of Chapter 228 of this title (relating to Retail Food);

(G) provide clean hand washing facilities for patients and staff including running water, and soap;

(H) have two functioning sinks and a functioning toilet; and

(I) have equipment available to sterilize instruments, equipment, and supplies in accordance with §139.49(d) of this title (relating to Infection Control Standards) before use in the facility.

(2) The equipment for vacuum aspiration shall be electrically safe and designed to prevent reverse pump action in facilities that provide vacuum aspiration.

(3) Projects involving alterations of and additions to existing buildings shall be programmed and phased so that on-site construction shall minimize disruptions of existing functions. Access, exit ways, and fire protection shall be maintained so that the safety of the occupants shall not be jeopardized during construction.

This Requirement is not met as evidenced by:

Based on a tour of the facility, the facility failed to store hazardous cleaning solutions and compounds in a secure manner.

Findings were:

During a tour of the facility on 1-14-19, exam...

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(G) provide clean hand washing facilities for patients and staff including running water, and soap;

(H) have two functioning sinks and a functioning toilet; and

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<tr>
<td>6 033</td>
<td>Continued From page 7</td>
<td>rooms #4 and #6 contained unsecured cleaning solutions and compounds to include Lysol spray, Clorox sanitizing wipes, bleach wipes, Sani-cloths and Virex spray. The above was confirmed in an interview with the Clinic Administrator on the afternoon of 1-15-19.</td>
<td>01/15/2019</td>
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| 6 041 | TAC 139.56 Emergency Services | (a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:  
1. Have active admitting privileges at a hospital that provides obstetrical or gynecological health care services and is located not further than 30 miles from the abortion facility;  
2. Provide the pregnant woman with:  
   A. A telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced 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  
   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 would be treated. | 01/23-19 |

Staff #5 had current ACLS certification, which supersedes BLS certification, on file. Staff has obtained BLS certification since the survey.

Staff #3 has obtained BLS certification since the survey.
(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).

(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.

This Requirement is not met as evidenced by:

Based on a review of documentation and an interview with staff, the facility failed to ensure that all personnel providing direct patient care were certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements.

Findings were:

A review of personnel records for 6 clinic staff was conducted. Of the 6 staff, 5 of the staff (staff #1, #2, #3, #5 & #6) provided direct patient care. Of these 5 personnel records, 2 of the 5 (staff #3 & #5) contained no documentation of current CPR/BLS certification. In an interview with staff #6, staff #6 confirmed that no documentation of current CPR/BLS could be located.

The above was confirmed in an interview with the Clinic Administrator on the afternoon of 1-15-19.
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<td>01-23-19</td>
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<td>6042</td>
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<td>TAC 139.57 Discharge and Follow-up Referrals</td>
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<td></td>
<td>Even though patients were provided a list of complications that warrant the patient contacting the facility and a telephone number to reach the facility, patients will now sign acknowledgment of the information provided and a copy will be kept in the patient's record. The Administrator has added a signature line for patients to sign on the document. A copy of the information, which includes the medication abortion follow up appointment, a list of complications, and a phone number to reach the facility, provided to patients prior to the 1-15-19 survey is attached.</td>
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<td>(a) A licensed abortion facility shall develop and implement written discharge instructions which shall include:</td>
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<td>(1) a list of complications (developed by the facility in conjunction with a physician who practices in the facility) that warrant the patient contacting the facility, which shall include, but not be limited to:</td>
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<td>(A) pain;</td>
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<td>(B) fever; and</td>
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<td>(C) bleeding;</td>
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<td>(2) a statement of the facility's plan to respond to the patient in the event the patient experiences any of the complications listed in the discharge instructions to include:</td>
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<td>(A) a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced 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;</td>
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<td>(B) the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated:</td>
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Texas Health and Human Services Commission
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140014

MULTIPLE CONSTRUCTION
A. BUILDING: __________
B. WING

NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD CENTER FOR CHOICE-STA

STREET ADDRESS, CITY, STATE, ZIP CODE
12514 SOUTHWEST FREEWAY, SUITE B
STAFFORD, TX 77477

SURVEY COMPLETED 01/15/2019

NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD CENTER FOR CHOICE-STA

STREET ADDRESS, CITY, STATE, ZIP CODE
12514 SOUTHWEST FREEWAY, SUITE B
STAFFORD, TX 77477

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

6042 Continued From page 9

6042 TAC 139.57 Discharge and Follow-up Referrals

(a) A licensed abortion facility shall develop and implement written discharge instructions which shall include:

(1) a list of complications (developed by the facility in conjunction with a physician who practices in the facility) that warrant the patient contacting the facility, which shall include, but not be limited to:

(A) pain;

(B) fever; and

(C) bleeding;

(2) a statement of the facility's plan to respond to the patient in the event the patient experiences any of the complications listed in the discharge instructions to include:

(A) a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced 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;

(B) the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated:
<table>
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<th>ID</th>
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<tr>
<td>6042</td>
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</table>

Continued From page 10

(C) assurance that the responding individual shall be a physician, advanced practice registered nurse, physician assistant, registered nurse, or licensed vocational nurse; and

(D) information that the patient may also contact the emergency medical service or present for care at the emergency room of a hospital in addition to contacting the facility; and

(3) information concerning the need for a post-abortion examination.

(b) A facility shall provide a patient with a copy of the written discharge instructions described in subsection (a) of this section.

(c) The facility shall develop and implement written policies and procedures for:

(1) examination or referral of all patients who report complications, as identified in the list required by subsection (a)(1) of this section, to the facility after an abortion procedure. The written policy and procedure shall require:

(A) the facility to maintain a written system of documentation of patients who report post-abortion complications within 14 days of the procedure date;

(B) documentation of the facility's action following a patient's reporting of post-abortion complications to be placed in the patient's record; and

(C) the patients' records to be maintained for adults for seven years and for minors five years past the age the patient reaches majority; and

Patients were provided with the three hospitals nearest to their home. The facility created a database of all hospitals in Texas that provide OB/GYN services. Using this database, the patient's zip code is used to determine the three nearest hospitals.

Based on guidance from surveyors, the nearest hospital to the patient will be determined by searching the patient's exact address and the keyword "hospital" in a search engine. Patients will now be provided with only one hospital nearest her.

Patient will sign acknowledgment of the exact hospital provided and a copy will be kept in the patient's record.

The updated process has been reviewed with the staff by the Administrator and implemented by the facility.
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:

140014

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 
B. WING: 

003) DATE SURVEY COMPLETED:

01/15/2019

NAME OF PROVIDER OR SUPPLIER

PLANNED PARENTHOOD CENTER FOR CHOICE-STA

STREET ADDRESS, CITY, STATE, ZIP CODE

12614 SOUTHWEST FREEWAY, SUITE R

STAFFORD, TX 77477

(X4) ID PREFIX TAG

6042 Continued From page 11

(2) periodic review of the record keeping system
for post-abortion complications to identify
problems and potential problems and to make
changes in order to resolve the problems.

This Requirement is not met as evidenced by:
Based on a review of documentation and an
interview with staff, the abortion facility failed to
develop and implement written discharge
instructions which shall include:

(1) a list of complications (developed by the
facility in conjunction with a physician who
practices in the facility) that warrant the patient
contacting the facility, which shall include, but not
be limited to:

(A) pain;

(B) fever; and

(C) bleeding;

(A) a telephone number by which the patient
may reach the physician, or other healthcare
personnel employed by the physician or by the
facility at which the abortion was performed or
induced 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;

(B) a telephone number by which the patient
may reach the physician, or other healthcare
6 042 Continued From page 12

personnel employed by the physician or by the facility at which the abortion was performed or induced 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;

Findings were:

A total of 9 clinical records were reviewed. Of the 9 records reviewed, none contained documentation that the patient had been provided with the following:

* a list of complications (developed by the facility in conjunction with a physician who practices in the facility) that warrant the patient contacting the facility, which shall include, but not be limited to pain, fever and bleeding

* a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced 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

* a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from
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<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tr>
<td>6 042</td>
<td>Continued from page 13</td>
<td>the performance or induction of the abortion or ask health-related questions regarding the abortion. In an interview with staff #6, staff #6 stated that all patients were provided with the list of complications as well as a telephone number, but that no documentation of such was kept for the patient's file. Staff #6 also stated that their Information Technology department had provided a function whereby the staff member could enter the patient's home zip code and that a list of the names and addresses of the 3 hospitals nearest the patient's home would be generated. Staff #6 confirmed that the name and telephone number of the hospital specifically nearest the patient's home was not provided. The above was confirmed in an interview with the Clinic Administrator on the afternoon of 1-15-19.</td>
<td>6 042</td>
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<tr>
<td>6 045</td>
<td>TAC 139.50 Other State and Federal Compliance Requirements</td>
<td>(a) A licensed abortion facility shall be in compliance with all state and federal laws pertaining to handling of drugs. (b) A licensed abortion facility that provides laboratory services shall meet the Clinical Laboratory Improvement Amendments of 1988, 42 United States Code, §253a, Certification of Laboratories (CLIA 1988). CLIA 1988 applies to all facilities with laboratories that examine human specimens for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings. (c) A licensed abortion facility shall ensure that its</td>
<td>6 045</td>
<td>[6 045] Every patient who has a medication abortion is scheduled for follow up ultrasound appointment. The appointments are made in the electronic medical record system and provided to the patient at the time of the mifepristone on her discharge. Supporting documentation submitted for TAG [6 042] also shows follow up appointment information.</td>
<td>01-23-19</td>
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<tr>
<td>ID PREFIX TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
<td>ID PREFIX TAG</td>
<td>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
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<td>6 045</td>
<td>Continued From page 14 physicians comply with the Medical Practice Act, Occupations Code, Chapters 151 - 160 and 162 - 165, while functioning in his or her capacity at or for the facility.</td>
<td>6 045</td>
<td>[6 045 cont.] The Administrator will add a patient signature line to the existing information for the patient to sign acknowledgment of her receipt of this follow up appointment and a copy will be kept in the patient's record. The updated process has been reviewed with the staff by the Administrator and implemented by the facility.</td>
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<td>(d)</td>
<td>A licensed abortion facility utilizing the services of a physician assistant(s) shall ensure that its physician assistants comply with the Physician Assistant Licensing Act, Occupations Code, Chapter 204, while functioning in his or her capacity at or for the facility.</td>
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<td>(e)</td>
<td>A licensed abortion facility utilizing the services of a registered nurse shall ensure that its registered nurses comply with the Nursing Practice Act, Occupations Code, Chapters 301 and 304, while functioning in his or her capacity at or for the facility.</td>
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<td>(f)</td>
<td>A licensed abortion facility utilizing the services of a licensed vocational nurse(s) shall ensure that its vocational nurse(s) comply with the Nursing Practice Act, Occupations Code, Chapters 301 and 304, while functioning in his or her capacity at or for the facility.</td>
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<td>(g)</td>
<td>A licensed abortion facility that provides pharmacy services shall obtain a license as a pharmacy if required by the Texas Pharmacy Act, Occupations Code, Chapters 551 - 569.</td>
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<td>(h)</td>
<td>A licensed abortion facility shall comply with the following federal Occupational Safety and Health Administration requirements:</td>
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<td>(1)</td>
<td>29 Code of Federal Regulations, Subpart E, §1910.38, concerning emergency action plan and §1910.39, concerning fire prevention plans;</td>
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/LICA IDENTIFICATION NUMBER:

16014

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: --------------------

B. WING: ---------------------

(X3) DATE SURVEY COMPLETED:

01/15/2019

NAME OF PROVIDER OR SUPPLIER:

PLANNED PARENTHOOD CENTER FOR CHOICE-STA

STREET ADDRESS, CITY, STATE, ZIP CODE:

12614 SOUTHWEST FREEWAY, SUITE B, STAFFORD, TX 77477

(X4) ID PREFIX TAG:

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION):

6 045 Continued From page 15

(2) 29 Code of Federal Regulations, Subpart I, §1910.132, concerning general requirements for personal protective equipment;

(3) 29 Code of Federal Regulations, Subpart I, §1910.133, concerning eye and face protection;


(5) 29 Code of Federal Regulations, Subpart K, §1910.151, concerning medical services and first aid;


(7) 29 Code of Federal Regulations, Subpart Z, §1910.1030, concerning bloodborne pathogens; and


(i) A licensed abortion facility shall not use adulterated or misbranded drugs or devices in violation of the Health and Safety Code, §431.021. Adulterated drugs and devices are described in Health and Safety Code, §431.111. Misbranded drugs or devices are described in Health and Safety Code, §431.112.

(j) A licensed abortion facility shall not commit a false, misleading, or deceptive act or practice as that term is defined in the Deceptive Trade Practices-Consumer Protection Act, Business

Americans United for Life
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**Provider/Supplier Identification Number:**
104014

**Multiple Construction**

**A. Building:**

**B. Wing:**

**Date Survey Completed:**
01/15/2019

**Name of Provider or Supplier:**
PLANNED PARENTHOOD CENTER FOR CHOICE-STA

**Address:**
12614 SOUTHWEST FREEWAY, SUITE B
STAFFORD, TX 77477

**Prefix Tag:**
6

**ID Tag:**
045

**Summary Statement of Deficiencies**

1. Continued From page 16

   and Commerce Code, §17.46.

   (k) A licensed abortion facility shall comply with the requirements of the Family Code, §33.002, relating to a Consent Form.

   (l) A licensed abortion facility shall comply with the requirements of Health and Safety Code, Chapter 171, the Woman's Right to Know Act.

   (m) A licensed abortion facility shall comply with the requirements of Occupations Code, Chapter 102, Solicitation of Patients.

   This Requirement is not met as evidenced by:

   Based on a review of clinical records and an interview with staff, the facility failed to comply with the requirements of Health and Safety Code, Chapter 171, the Woman's Right to Know Act.

   Texas Health & Safety Code Section 171.063 states:

   "Sec. 171.063. DISTRIBUTION OF ABORTION-INDUCING DRUG. (a) A person may not knowingly give, sell, dispense, administer, provide, or prescribe an abortion-inducing drug to a pregnant woman for the purpose of inducing an abortion in the pregnant woman or enabling another person to induce an abortion in the pregnant woman unless:

   (1) the person who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug is a physician; and

   (2) except as otherwise provided by Subsection (b), the provision, prescription, or administration of the abortion-inducing drug satisfies the
Continued From page 17

protocol tested and authorized by the United States Food and Drug Administration as outlined in the final printed label of the abortion-inducing drug.

(b) A person may provide, prescribe, or administer the abortion-inducing drug in the dosage amount prescribed by the clinical management guidelines defined by the American Congress of Obstetricians and Gynecologists Practice Bulletin as those guidelines existed on January 1, 2013.

(c) Before the physician gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug, the physician must examine the pregnant woman and document, in the woman's medical record, the gestational age and intraterine location of the pregnancy.

(d) The physician who gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug shall provide the pregnant woman with:

1. a copy of the final printed label of that abortion-inducing drug; and

2. 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 at which the abortion was performed with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the administration or use of the drug or ask health-related questions regarding the administration or use of the drug.

(e) The physician who gives, sells, dispenses,
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:
140014

(X2) MULTIPLE CONSTRUCTION
A. BUILDING:

B. WING:

(X3) DATE SURVEY COMPLETED
01/15/2019

NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD CENTER FOR CHOICE-STA

STREET ADDRESS, CITY, STATE, ZIP CODE
12614 SOUTHWEST FREeway, SUITE B
STAFFORD, TX 77477

(X4) ID PREFIX TAG
6045

(X5) COMPLETE DATE

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<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
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<td>6045</td>
<td>Continued From page 18 administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, must schedule a follow-up visit for the woman to occur not more than 14 days after the administration or use of the drug. At the follow-up visit, the physician must: (1) confirm that the pregnancy is completely terminated; and (2) assess the degree of bleeding. (f) The physician who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, shall make a reasonable effort to ensure that the woman returns for the scheduled follow-up visit under Subsection (e). The physician or the physician's agent shall document a brief description of any effort made to comply with this subsection, including the date, time, and name of the person making the effort, in the woman's medical record. (g) If a physician gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug to a pregnant woman for the purpose of inducing an abortion as authorized by this section and the physician knows that the woman experiences a serious adverse event, as defined by the MedWatch Reporting System, during or after the administration or use of the drug, the physician shall report the event to the United States Food and Drug Administration through the MedWatch Reporting System not later than the third day after the date the physician learns that the event occurred. Findings were:</td>
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6 045 Continued From page 19

The clinical records for 9 patients that had received abortion-inducing drugs were reviewed. None of the 9 records contained documentation of a follow-up appointment made within 14 days of administration of the medication.

In an interview with staff #6, staff #6 confirmed that the clinical record contained no documentation of the patient's follow-up appointment.

The above was confirmed in an interview with the Clinic Administrator on the afternoon of 1-15-19.
ILLUSTRATION — HOW TO TAKE YOUR PILLS

**Taking your pills**

- Today at the health center you took mifepristone at __________.
- One pill

**24 – 48 hours after taking mifepristone**

- Take pills for nausea as prescribed.
- WAIT 30 min.
- Take 4 pills
  - Place 4 pills in cheek,
  - 2 pills on each side
- MISOPROSTOL
- Then swallow what's left of pills

**24 – 48 hours after taking mifepristone**

- If more pain medicine is needed:
- Tylenol 3

**Start your BIRTH CONTROL after Misoprostol**

- Download app "Spot On" on your Smartphone

**IN THE FOLLOWING DAYS**

- If you have cramps, take pain medicine if needed
  - Tylenol 3 or Ibuprofen
- CRAMPS SHOULD GO AWAY
  - BLEEDING SHOULD SLOW DOWN

**You should feel back to normal**

- FOLLOW UP APPOINTMENT:
  - Date: _______
  - Time: _______

---

Americans United for Life

PPFA/CAPS

HOUSTON ASC - #150061; Stafford #140041

AB252E 9/18
Some women bleed a little
Some women bleed more than a period
Some clots may be as big as a lemon

Some women bleed a little
Some women bleed more than a period
Some clots may be as big as a lemon

YOU MAY ALSO HAVE SOME SIDE EFFECTS
Nausea
Vomiting
Diarrhea
Dizziness

IF ANY OF THESE LAST MORE THAN
24 hours

CALL US

FEVER AND CHILLS ARE NORMAL on the day you take MISOPROSTOL

IF YOU ARE SOAKING more than 2 MAXIPADS per hour FOR MORE THAN 2 HOURS in a row
CALL US

IF YOU HAVE SEVERE CRAMPS and PAIN PILLS don’t help
CALL US

CALL US

IF YOU FEEL SICK OR ARE IN A LOT OF PAIN
AFTER THE MISOPROSTOL DAY
CALL US AT:

Houston: 713.831.3550
EVENING: 713.831.6538
Toll Free: 1.800.831.6538
TAC 139.1 Initial Comments

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.

(a) Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman’s Right to Know Act, Health and Safety Code, Chapter 171.

(b) Scope and applicability.

(1) Licensing requirements.

(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

(B) The following need not be licensed under this chapter:

(i) a hospital licensed under Health and Safety Code, Chapter 241;

(ii) an ambulatory surgical center licensed
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<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<td>under Health and Safety Code, Chapter 243; or</td>
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<td>(iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.</td>
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<td>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).</td>
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<td></td>
<td>An entrance conference was held with the facility Administrator in the morning of 01/21/19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</td>
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<td>Continued licensure is recommended, with an approved plan of correction.</td>
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<td>An exit conference was held with the facility Administrator and other administrative staff on the afternoon of 01/22/19. Preliminary findings of the survey were discussed, and an opportunity given for questions.</td>
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<td>SUMMARY STATEMENT OF DEFICIENCIES</td>
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NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF GREATER TEXAS SURG

STREET ADDRESS, CITY, STATE, ZIP CODE: 700 W HWY 6, SUITE A, WACO, TX 76712

DATE SURVEY COMPLETED: 01/22/2019
TAC 139.1 Initial Comments

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.

(a) Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman's Right to Know Act, Health and Safety Code, Chapter 171.

(b) Scope and applicability.

(1) Licensing requirements.

(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

(B) The following need not be licensed under this chapter:

(i) a hospital licensed under Health and Safety Code, Chapter 241;

(ii) an ambulatory surgical center licensed...
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<td>under Health and Safety Code, Chapter 243; or</td>
<td>(a) Written policies. A licensed abortion facility shall develop, implement, and enforce infection control policies and procedures to minimize the transmission of post-procedure infections. These policies shall include, but not be limited to, the prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (S. Pneumoniae).</td>
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<tr>
<td>6034</td>
<td>TAC 139.49 Infection Control Standards</td>
<td>(ii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.</td>
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The Vice President of Quality, Risk Management & Training (1) revised the autoclave cleaning instructions to be consistent with the manufacturer’s instructions for the Tuttnauer EZ11 Plus and (2) updated the cleaning log to allow staff to document that maintenance of the Tuttnauer EZ11 Plus follows the manufacturer’s instructions. Each month the Health Center Manager will verify and document that routine maintenance was provided as per the manufacturer’s instructions.
Continued From page 2

spp.); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies.

(b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and S. spp.

(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.

(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.

(i) Universal/standard precautions apply to:

(-a-) blood;

(-b-) body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood;

(-c-) nonintact skin; and

(-d-) mucous membranes.
(1) Universal/standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in facilities.

(2) A licensed abortion facility shall establish procedures for monitoring compliance with universal/standard precautions described in subparagraph (A) of this paragraph.

(2) Health care workers infected with the HIV or HBV. A licensed abortion facility shall adopt, implement, and enforce a written policy to ensure compliance of the facility and all of the health care workers within the facility with the Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of HIV and HBV by infected health care workers.

(3) Educational course work and training. A licensed abortion facility shall require its health care workers to complete educational course work or training in infection control and barrier precautions, including basic concepts of disease transmission, scientifically accepted principles and practices for infection control and engineering and work practice controls. To fulfill the requirements of this paragraph, course work and training may include formal education courses or in-house training or workshops provided by the facility. The course work and training shall include, but not be limited to:

(A) HIV infection prevention; and

(B) HBV, HCV, TB, and S. spp. infection prevention based on universal/standard precautions as defined in paragraph (1) of this
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<td>subsection;</td>
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<td>(C) bidirectional aspect of disease transmission; and</td>
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<td>(D) epidemic control.</td>
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<td></td>
<td>(c) Cleaning and laundry policies and procedures.</td>
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<td>(1) A licensed abortion facility shall develop, implement, and enforce written policies and procedures on cleaning the procedure room(s).</td>
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<td>(2) A licensed abortion facility shall develop, implement, and enforce written policies and procedures for the handling, processing, storing, and transporting of clean and dirty laundry.</td>
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<td>(3) A licensed abortion facility may provide cleaning and laundry services directly or by contract in accordance with Occupational Safety and Health Administration’s Standards, 29 Code of Federal Regulations, Subpart Z. Bloodborne Pathogens.</td>
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<td>(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for the decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing and sterilization of critical items (reusable items), as well as those for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.</td>
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<td>(1) Supervision. The decontamination,</td>
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**6 034** Continued From page 5

Disinfection, and sterilization of all supplies and equipment shall be under the supervision of a person qualified by education, training, or experience.

(2) Quantity of sterile surgical instruments. The facility shall ensure that surgical instruments are sufficient in number to permit sterilization of the instrument(s) used for each procedure and adequate to perform conventional cervical dilatation and curettage if this procedure is available at the facility.

(3) Inspection of surgical instruments.

(A) All instruments shall undergo inspection before being packaged for reuse or storage. Routine inspection of instruments shall be made to assure clean locks, crevices, and serrations.

(B) Inspection procedures shall be thorough and include visual and manual inspection for condition and function.

   (i) Cutting edges shall be checked for sharpness; tips shall be properly aligned, and box locks shall be clean and free from buildup of soap, detergent, dried blood, or tissue.

   (ii) There shall be no evident cracks or fissures in the box locks, and the hinges shall work freely.

   (iii) Ratchets shall hold and be routinely tested.

   (iv) There shall be no corrosion or pitting of the finish.
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| 6034 | Continued From page 6 | (C) Instruments needing maintenance shall be taken out of service and repaired by someone qualified to repair surgical instruments.  
(D) To protect the instrument and its protective finish, impact markers or electric engravers shall not be used for instrument identification. Instrument identification shall be accomplished by the instrument manufacturer, employing methods which shall not damage the instrument or its protective finish.  
(4) Items to be disinfected and sterilized.  
(A) Critical items.  
(i) Critical items include all surgical instruments and objects that are introduced directly into the bloodstream or into other normally sterile areas of the body and shall be sterilized in accordance with this subsection.  
(ii) All items that come in contact with the sterile field during the operative procedure shall be sterile.  
(B) Semicritical items.  
(i) Semicritical items include items that come in contact with nonintact skin or mucous membranes. Semicritical items shall be free of microorganisms, except bacterial spores. Semicritical items may include respiratory therapy equipment, anesthesia equipment, bronchoscopes, and thermometers.  
(ii) High-level disinfection shall be used for semicritical items. | 6034 | | | | |
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<td>(C) Noncritical items.</td>
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<td>(i) Noncritical items include items that come in contact with intact skin.</td>
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<td>(ii) Intermediate-level or low-level disinfection shall be used for noncritical items.</td>
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<td>(5) Equipment and sterilization procedures. Effective sterilization of instruments depends on performing correct methods of cleaning, packaging, arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subsection to provide effective sterilization measures.</td>
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<tr>
<td>(A) Equipment. A licensed abortion facility shall provide sterilization equipment adequate to meet the requirements of this paragraph for sterilization of critical items. Equipment shall be maintained and operated to perform, with accuracy, the sterilization of critical items.</td>
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<td>(B) Environmental requirements. Where cleaning, preparation, and sterilization functions are performed in the same room or unit, the physical facilities, equipment, and the written policies and procedures for their use shall be such as to effectively separate soiled or contaminated supplies and equipment from the clean or sterilized supplies and equipment.</td>
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<td>(i) A facility shall have a sink for hand washing. This sink shall not be used for cleaning instruments or disposal of liquid waste.</td>
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<td>(ii) A facility shall have a separate sink for cleaning instruments and disposal of liquid waste.</td>
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Hand washing shall only be performed at this sink after it has been disinfected.

(C) Preparation for sterilization.

(i) All items to be sterilized shall be prepared to reduce the bioburden. All items shall be thoroughly cleaned, decontaminated and prepared in a clean, controlled environment. Cleaning is the removal of all adherent visible soil from the surfaces, crevices, joints, and lumens of instruments. Decontamination is the physical/chemical process that renders an inanimate object safe for further handling.

(ii) One of the following methods of cleaning and decontamination shall be used as appropriate.


(II) Ultrasonic cleaning. Ultrasonic cleaning of instruments cleans by cavitation and reduces the need for hand scrubbing. When grossly soiled items are placed in the ultrasonic cleaner the water shall be changed more than once a shift. If using this method for cleaning, chambers shall be covered to prevent potential hazards to personnel from aerosolization of the contents.

(III) Washer-sterilizers. Washer-sterilizers clean by using rotating spray arms to create water jets that clean by impingement and appropriate soap and disinfectant. These machines shall reach a temperature of 140 degrees Celsius (285 degrees Fahrenheit).

(IV) Washer-decontaminator machines.
Continued from page 9

Washer-decontaminator machines clean by numerous water jets and a high pH of detergent even if instruments are grossly soiled. The thorough cleaning is followed by a neutralizing rinse to quickly restore the pH to neutral.

(iii) All articles to be sterilized shall be arranged so all surfaces shall be directly exposed to the sterilizing agent for the prescribed time and temperature.

(D) Packaging.

(i) All wrapped articles to be sterilized shall be packaged in materials recommended for the specific type of sterilizer and material to be sterilized, and to provide an effective barrier to microorganisms. Acceptable packaging includes peel pouches, perforated metal trays, or rigid trays. Mulin packs shall be limited in size to 12 inches by 12 inches by 20 inches with a maximum weight of 12 pounds. Wrapped instrument trays shall not exceed 17 pounds.

(ii) All items shall be labeled for each sterilizer load as to the date and time of sterilization, the sterilizing load number, and the autoclave.

(E) External chemical indicators.

(i) External chemical indicators, also known as sterilization process indicators, shall be used on each package to be sterilized, including items being flash sterilized to indicate that items have been exposed to the sterilization process.

(ii) The indicator results shall be interpreted according to the manufacturer's written instructions and indicator reaction specifications.
Continued From page 10

(F) Biological indicators.

(i) The efficacy of the sterilizing process shall be monitored with reliable biological indicators appropriate for the type of sterilizer used (e.g., Bacillus stearothermophilus for steam sterilizers).

(ii) Biological indicators shall be included in at least one run each day of use for steam sterilizers.

(iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.

(iv) If a test is positive, the sterilizer shall immediately be taken out of service. A malfunctioning sterilizer shall not be put back into use until it has been serviced and successfully tested according to the manufacturer’s recommendations.

(v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator.

(G) Sterilizers.

(i) Steam sterilizers (saturated steam under pressure) shall be utilized for sterilization of heat and moisture stable items. Steam sterilizers shall be used according to manufacturer’s written instructions.

(ii) Other sterilizers shall be used in accordance with the manufacturer’s instructions.
(H) Maintenance of sterility.

(i) Items that are properly packaged and sterilized shall remain sterile indefinitely unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of being compromised.

(ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations.

(iii) All packages shall be inspected before use. If a package is torn, wet, discolored, has a broken seal, or is damaged, the item may not be used. The item shall be returned to sterile processing for reprocessing.

(I) Commercially packaged items. Commercially packaged items are considered sterile according to the manufacturer's instructions.

(J) Storage of sterilized items. The loss of sterility is event related, not time related. The facility shall ensure proper storage and handling of items in a manner that does not compromise the packaging of the product.

(i) Sterilized items shall be transported so as to maintain cleanliness and sterility and to prevent physical damage.

(ii) Sterilized items shall be stored in well-ventilated, limited access areas with controlled temperature and humidity.
6034 Continued From page 12

(iii) Sterilized items shall be positioned so that the packaging is not crushed, bent, compressed, or punctured so that their sterility is not compromised.

(iv) Storage of supplies shall be in areas that are designated for storage.

(K) Disinfection.

(i) The manufacturer’s written instructions for the use of disinfectants shall be followed.

(ii) An expiration date, determined according to manufacturer’s written recommendations, shall be marked on the container of disinfection solution currently in use.

(iii) Disinfectant solutions shall be kept covered and used in well-ventilated areas.

(L) Performance records.

(i) Performance records for all sterilizers shall be maintained for each cycle. These records shall be retained and available for review for a minimum of two years.

(ii) Each sterilizer shall be monitored during operation for pressure, temperature, and time at desired temperature and pressure. A record shall be maintained either manually or machine generated and shall include:

(I) the sterilizer identification;

(II) sterilization date and time;

(III) load number;
Continued From page 13

(IV) duration and temperature of exposure phase (if not provided on sterilizer recording charts);

(V) identification of operator(s);

(VI) results of biological tests and dates performed; and

(VII) time-temperature recording charts from each sterilizer (if not provided on sterilizer recording charts).

(M) Preventive maintenance. Preventive maintenance of all sterilizers shall be performed according to individual policy on a scheduled basis by qualified personnel, using the sterilizer manufacturer's service manual as a reference. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least two years and shall be available for review to the facility within two hours of request by the department.

This Requirement is not met as evidenced by: Based on a review of documentation and interview the facility failed to ensure that steam sterilizers were used according to manufacturer's written instructions.

Finding included:

The facility utilized the Tuttnauer EZ11 Plus for sterilization at the facility. According to the Operation and Maintenance Manual for this autoclave stated the following in part, "12.1. Preventive and Scheduled Maintenance The maintenance operations described in this...
**Continued From page 14**

chapter need to be followed as indicated to keep the device in good working condition. This maintenance schedule is the responsibility of the equipment owner and not covered under the warranty. The majority of instructions that follow can easily be carried out by the operating personnel and do not require a service technician. Should the need arise or the instructions in this section indicate, technical assistance or a service technician can be requested by either calling your dealer or Tuttnauer USA.

12.1.1. Daily
   - Clean the door gasket and outside rim of the chamber with a mild detergent, water and a soft cloth or sponge. The gasket should be clean and smooth. Be sure to clean the inside and outside of the gasket flap.

12.1.2. Weekly by the operator
   - Once per week or after 20 cycles, clean and descale the chamber, copper tubes and the reservoir using Chamber Brite (Trademark). Follow these instructions:
     Cleaning Table Top Autoclaves with Chamber Brite (Trademark)..."

Review of the facility based Cleaning and Safety Check Log on 05/20/19 revealed the following regarding routine maintenance of the autoclave:
* This form indicated that weekly maintenance included "autoclave drained and cleaned int/ext (per mfr)". According to the manufacturer recommendations the autoclave door gasket and rim of the chamber should be cleaned daily.
* This form also indicated the bi-weekly the autoclave "cleaning/maintenance flush (per mfr)"

According to manufacturer recommendations the autoclave should be cleaned with Chamber Brite..."
6 034 Continued From page 15

Once per week or every 20 cycles.

In an interview on 05/20/19 with staff member #4 (who performs sterilization at the facility) was asked what routine cleaning was performed on the autoclave. This staff member replied the machine was cleaned weekly “wiped down with a clean rag”. The staff member was asked how often the machine was cleaned with Clean Brite. She replied, “every two weeks”. This schedule for routine maintenance does not match the manufacturer’s recommendations.

The above finding were confirmed in an interview on 05/20/19 with staff member #6.
### Statement of Deficiencies and Plan of Correction

**Texas Department of State Health Services**

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<th>Statement of Deficiencies and Plan of Correction</th>
<th>(X1) Provider/Supplier/CLIA Identification Number: 140018</th>
<th>(X2) Multiple Construction A. Building: ___________</th>
<th>(X3) Date Survey Completed: 10/08/2019</th>
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**Name of Provider or Supplier:** Planned Parenthood of Greater Texas Surgical Health

**Address:**

**9041 Research BLVD #250**

**Austin, TX 78758**

**Summary Statement of Deficiencies**

- **Tag:** 6 000
- **ID Tag:** TAC 139.1 Initial Comments

**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.

**Purpose:** The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman's Right to Know Act, Health and Safety Code, Chapter 171.

**Scope and applicability:**

- **(A) Licensing requirements.**
  - A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.
  - The following need not be licensed under this chapter:
    - A hospital licensed under Health and Safety Code, Chapter 241;
    - An ambulatory surgical center licensed...
Continued From page 1

under Health and Safety Code, Chapter 243; or

(iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.

(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).
An entrance conference was held with the facility's Administrator on the morning of 10/8/19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.

Continued licensure is recommended, with an approved plan of correction.

An exit conference was held with the facility's Administrator on the afternoon of 10/8/2019. Preliminary findings of the survey were discussed, and an opportunity given for questions.

TAC 139.56 Emergency Services

(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:

(1) have active admitting privileges at a hospital that provides obstetrical or gynecological health
6 041 Continued From page 2

care services and is located not further than 30 miles from the abortion facility;

(2) provide the pregnant woman with:

(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced 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

(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 would be treated.

(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).

(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.

This Requirement is not met as evidenced by: Based on a review of documentation and interview it was determined the facility failed to:

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1. Ensure the name and telephone number of the nearest hospital to the home of the patient was provided in the event emergency treatment is needed upon discharge from the facility.

2. Ensure personnel providing direct patient care are certified in basic life support.

Clinical records for 4 of 7 patient (patient #1, 3, 5, 6) were not provided with the name and telephone number of the nearest hospital to the home of the patient in the event emergency treatment is needed.

* Patient #1 lived in Belton, Texas but was provided hospital information for a hospital in Georgetown, Texas
* Patient #3 lived in Hurst, Texas but was provided with hospital information for a hospital in Round Rock, Texas.
* Patient #5 lived in Brownwood, Texas but was notified with hospital information for a hospital in Austin, Texas.
* Patient #6 lived in Dale, Texas but was provided with hospital information for a hospital in Smithville, Texas.

A review of documentation revealed 1 of 4 (Staff #3) direct care staff was not certified in basic life support.

* Staff #3 was certified in Advance Cardiac Life Support, but the certification was obtained from an online course, which did not include a return demonstration of skill.

Review of the Health & Safety Institute and the National Safety Council website found at http://news.hsi.com/onlineonlycpr reveals that, "No major nationally recognized training program in the United States endorses certification without..."
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<td>6041</td>
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<td>Continued From page 4 practice and evaluation of hands-on skills. According to the Occupational Safety and Health Administration (OSHA) online training alone does not meet OSHA first aid and CPR training requirements.&quot; Further guidance can be found at <a href="https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&amp;p_id=28541">https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&amp;p_id=28541</a>.</td>
<td>6041</td>
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<td>The above information was confirmed in an interview with Staff # 1.</td>
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
SUBURBAN WOMENS CLINIC

STREET ADDRESS, CITY, STATE, ZIP CODE
3101 RICHMOND #250
HOUSTON, TX 77098

STATE FORM

6 000 TAC §39.1 Initial Comments

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.

(a) Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman's Right to Know Act, Health and Safety Code, Chapter 171.

(b) Scope and applicability.

(1) Licensing requirements.

(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

(B) The following need not be licensed under this chapter:

(i) a hospital licensed under Health and Safety Code, Chapter 241;

(ii) an ambulatory surgical center licensed
Continued From page 1

under Health and Safety Code, Chapter 243; or

(ii) the office of a physician licensed by the
Texas Medical Board and authorized to practice
medicine in the State of Texas, unless the office
is used for the purpose of performing more than
50 abortions in any 12-month period.

(2) Reporting requirements. All licensed abortion
facilities and facilities and persons exempt from
licensing shall comply with §139.4 of this title
(relating to Annual Reporting Requirements for All
Abortions Performed).

An entrance conference was held with the facility
administrative staff on the morning of 01/07/19.
The purpose and process of the licensure
resurvey were discussed, and an opportunity
given for questions.

Continued licensure is recommended, with an
approved plan of correction.

An exit conference was held with the facility
administrative staff on the afternoon of 01/09/19.
PREliminary findings of the survey were
discussed, and an opportunity given for
questions.

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**NAME OF PROVIDER OR SUPPLIER**
SUBURBAN WOMENS CLINIC

**STREET ADDRESS, CITY, STATE, ZIP CODE**
3101 RICHMOND #250
HOUSTON, TX 77098

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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Texas Health and Human Services Commission

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NAME OF PROVIDER OR SUPPLIER: SUBURBAN WOMENS CLINIC

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<td>TAC 139.49 Infection Control Standards</td>
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(a) Written policies. A licensed abortion facility shall develop, implement, and enforce infection control policies and procedures to minimize the transmission of post-procedure infections. These policies shall include, but not be limited to, the prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (S. spp.); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies.

(b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and S. spp.

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.

(ii) Universal/standard precautions synthesize the major points of universal precautions with the

The Medical Director will make sure that every employee has a job description in his/her record including the RN.
6034 Continued From page 7

points of body substance precautions and apply
them to all patients receiving care in facilities,
regardless of their diagnosis or presumed
infection status.

(i) Universal/standard precautions apply to:

(a) blood;

(b) body fluids, secretions, and excretions

(b) excretions except sweat

(c) nonintact skin;

(d) mucous membranes.

(ii) Universal/standard precautions are
designed to reduce the risk of transmission of
microorganisms from both recognized and
unrecognized sources of infection in facilities.

(b) A licensed abortion facility shall establish
procedures for monitoring compliance with
universal/standard precautions described in
subparagraph (A) of this paragraph.

(3) Educational course work and training. A
licensed abortion facility shall require all health
care workers to complete educational course.

(2) Health care workers infected with the HIV or
HBV. A licensed abortion facility shall adopt,
implement, and enforce a written policy to ensure
compliance and all of the health
care workers within the facility, with the Health
and Safety Code, Chapter 85, Subchapter I,
concerning the prevention of the transmission of
HIV and HBV by infected health care workers.

(3) Educational course work and training. A
licensed abortion facility shall require all health
care workers to complete educational course.

(4) A licensed abortion facility shall establish
procedures for monitoring compliance with
universal/standard precautions described in
subparagraph (A) of this paragraph.

(3) Health care workers infected with the HIV or
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concerning the prevention of the transmission of
HIV and HBV by infected health care workers.

(4) A licensed abortion facility shall establish
procedures for monitoring compliance with
universal/standard precautions described in
subparagraph (A) of this paragraph.
work or training in infection control and barrier precautions, including basic concepts of disease transmission, scientifically accepted principles and practices for infection control and engineering and work practice controls. To fulfill the requirements of this paragraph, course work and training may include formal education courses or in-house training or workshops provided by the facility. The course work and training shall include, but not be limited to:

(A) HIV infection prevention; and

(B) HBV, HCV, TB, and S. spp. infection prevention based on universal/standard precautions as defined in paragraph (1) of this subsection;

(C) bidirectional aspect of disease transmission; and

(D) epidemic control.

c. Cleaning and laundry policies and procedures.

(1) A licensed abortion facility shall develop, implement, and enforce written policies and procedures on cleaning the procedure room(s).

(2) A licensed abortion facility shall develop, implement, and enforce written policies and procedures for the handling, processing, storing, and transporting of clean and dirty laundry.

(3) A licensed abortion facility may provide cleaning and laundry services directly or by contract in accordance with Occupational Safety and Health Administration's Standards, 29 Code of Federal Regulations, Subpart Z, Bloodborne...
Pathogens.

(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for the decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing and sterilization of critical items (reusable items), as well as those for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.

(1) Supervision. The decontamination, disinfection, and sterilization of all supplies and equipment shall be under the supervision of a person qualified by education, training, or experience.

(2) Quantity of sterile surgical instruments. The facility shall ensure that surgical instruments are sufficient in number to permit sterilization of the instrument(s) used for each procedure and adequate to perform conventional cervical dilatation and curettage if this procedure is available at the facility.

(3) Inspection of surgical instruments.

(A) All instruments shall undergo inspection before being packaged for reuse or storage. Routine inspection of instruments shall be made to assure clean locks, crevices, and serrations.

(B) Inspection procedures shall be thorough and include visual and manual inspection for condition and function.
(i) Cutting edge shall be checked for sharpness; tips shall be properly aligned, and box locks shall be clean and free from buildup of soap, detergent, dried blood, or tissue.

(ii) There shall be no evident cracks or fissures in the box locks, and the hinges shall work freely.

(iii) Ratchets shall hold and be routinely tested.

(iv) There shall be no corrosion or pitting of the finish.

(C) Instruments needing maintenance shall be taken out of service and repaired by someone qualified to repair surgical instruments.

(D) To protect the instrument and its protective finish, impact markers or electric engravers shall not be used for instrument identification. Instrument identification shall be accomplished by the instrument manufacturer, employing methods which shall not damage the instrument or its protective finish.

(4) Items to be disinfected and sterilized.

(A) Critical items.

(i) Critical items include all surgical instruments and objects that are introduced directly into the bloodstream or into other normally sterile areas of the body and shall be sterilized in accordance with this subsection.

(ii) All items that come in contact with the
Continued From page 11

sterile field during the operative procedure shall
be sterile.

(B) Semicritical items.

(i) Semicritical items include items that come
in contact with nonintact skin or mucous
membranes. Semicritical items shall be free of
microorganisms, except bacterial spores.
Semicritical items may include respiratory therapy
equipment, anesthesia equipment,
bronchoscopes, and thermometers.

(ii) High-level disinfection shall be used for
semicritical items.

(C) Noncritical items.

(i) Noncritical items include items that come
in contact with intact skin.

(ii) Intermediate-level or low-level disinfection
shall be used for noncritical items.

(d) Equipment and sterilization procedures.
Effective sterilization of instruments depends on
performing correct methods of cleaning,
packaging, arrangement of items in the sterilizer,
and storage. The following procedures shall be
included in the written policies as required in this
subsection to provide effective sterilization
measures.

(A) Equipment. A licensed abortion facility shall
provide sterilization equipment adequate to meet
the requirements of this paragraph for sterilization
of critical items. Equipment shall be maintained
and operated to perform, with accuracy, the
sterilization of critical items.
(B) Environmental requirements. Where cleaning, preparation, and sterilization functions are performed in the same room or unit, the physical facilities, equipment, and the written policies and procedures for their use shall be such as to effectively separate soiled or contaminated supplies and equipment from the clean or sterilized supplies and equipment.

(i) A facility shall have a sink for hand washing. This sink shall not be used for cleaning instruments or disposal of liquid waste.

(ii) A facility shall have a separate sink for cleaning instruments and disposal of liquid waste. Hand washing shall only be performed at this sink after it has been disinfected.

(C) Preparation for sterilization.

(i) All items to be sterilized shall be prepared to reduce the bioburden. All items shall be thoroughly cleaned, decontaminated and prepared in a clean, controlled environment. Cleaning is the removal of all adherent visible soil from the surfaces, crevices, joints, and lumens of instruments. Decontamination is the physical/chemical process that renders an inanimate object safe for further handling.

(ii) One of the following methods of cleaning and decontamination shall be used as appropriate.


(II) Ultrasonic cleaning. Ultrasonic cleaning
of instruments cleans by cavitation and reduces the need for hand scrubbing. When grossly soiled items are placed in the ultrasonic cleaner the water shall be changed more than once a shift. If using this method for cleaning, chambers shall be covered to prevent potential hazards to personnel from aerosolization of the contents.

(iii) Washer-sterilizers. Washer-sterilizers clean by using rotating spray arms to create water jets that clean by impingement and appropriate soap and disinfectant. These machines shall reach a temperature of 140 degrees Celsius (285 degrees Fahrenheit).

(iv) Washer-decontaminator machines. Washer-decontaminator machines clean by numerous water jets and a high pH of detergent even if instruments are grossly soiled. The thorough cleaning is followed by a neutralizing rinse to quickly restore the pH to neutral.

(iii) All articles to be sterilized shall be arranged so all surfaces shall be directly exposed to the sterilizing agent for the prescribed time and temperature.

(D) Packaging.

(i) All wrapped articles to be sterilized shall be packaged in materials recommended for the specific type of sterilizer and material to be sterilized, and to provide an effective barrier to microorganisms. Acceptable packaging includes peel pouches, perforated metal trays, or rigid trays. Muslin packs shall be limited in size to 12 inches by 12 inches by 20 inches with a maximum weight of 12 pounds. Wrapped instrument trays shall not exceed 17 pounds.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(008028)

MULTIPLE CONSTRUCTION

A. BUILDING: __________
B. WING: __________

01/22/2019

31/08/2019

NAME OF PROVIDER OR SUPPLIER

SUBURBAN WOMENS CLINIC

STREET ADDRESS, CITY, STATE, ZIP CODE

3101 RICHMOND #250
HOUSTON, TX 77098

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

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6 034 Continued From page 14

 provider's plan of correction

(i) All items shall be labeled for each sterilizer load as to the date and time of sterilization, the sterilizing load number, and the autoclave.

(ii) All items shall be labeled for each sterilizer load as to the date and time of sterilization, the sterilizing load number, and the autoclave.

(E) External chemical indicators.

(i) External chemical indicators, also known as sterilization process indicators, shall be used on each package to be sterilized, including items being flash sterilized to indicate that items have been exposed to the sterilization process.

(ii) The indicator results shall be interpreted according to the manufacturer's written instructions and indicator reaction specifications.

(F) Biological indicators.

(i) The efficacy of the sterilizing process shall be monitored with reliable biological indicators appropriate for the type of sterilizer used (e.g., Bacillus stearothermophilus for steam sterilizers).

(ii) Biological indicators shall be included in at least one run each day of use for steam sterilizers.

(iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.

(iv) If a test is positive, the sterilizer shall immediately be taken out of service. A malfunctioning sterilizer shall not be put back into use until it has been serviced and successfully tested according to the manufacturer's recommendations.
Continued From page 15

(v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator.

(G) Sterilizers.

(i) Steam sterilizers (saturated steam under pressure) shall be utilized for sterilization of heat and moisture stable items. Steam sterilizers shall be used according to manufacturer's written instructions.

(ii) Other sterilizers shall be used in accordance with the manufacturer's instructions.

(H) Maintenance of sterility.

(i) Items that are properly packaged and sterilized shall remain sterile indefinitely unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of being compromised.

(ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations.

(iii) All packages shall be inspected before use. If a package is torn, wet, discolored, has a broken seal, or is damaged, the item may not be used. The item shall be returned to sterile processing for reprocessing.

(i) Commercially packaged items. Commercially packaged items are considered sterile according to the manufacturer's
### Statement of Deficiencies and Plan of Correction

#### Provider/Supplier Identification Number:

008028

#### Multiple Construction

- A. Building: 
- B. Wing: 

#### Date Survey Completed:

01/08/2019

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<td>(J) Storage of sterilized items. The loss of sterility is event related, not time related. The facility shall ensure proper storage and handling of items in a manner that does not compromise the packaging of the product.</td>
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<td>(i) Sterilized items shall be transported so as to maintain cleanliness and sterility and to prevent physical damage.</td>
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<td>(ii) Sterilized items shall be stored in well-ventilated, limited access areas with controlled temperature and humidity.</td>
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<td>(iii) Sterilized items shall be positioned so that the packaging is not crushed, bent, compressed, or punctured so that their sterility is not compromised.</td>
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<td>(iv) Storage of supplies shall be in areas that are designated for storage.</td>
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<td>(K) Disinfection.</td>
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<td>(i) The manufacturer’s written instructions for the use of disinfectants shall be followed.</td>
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<td>(ii) An expiration date, determined according to manufacturer’s written recommendations, shall be marked on the container of disinfection solution currently in use.</td>
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<td>(iii) Disinfectant solutions shall be kept covered and used in well-ventilated areas.</td>
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<td>(L) Performance records.</td>
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## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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**Date Survey Completed:** 01/08/2019

**Name of Provider or Supplier:** Suburban Women's Clinic

**Street Address, City, State, Zip Code:** 3101 Richmond #250, Houston, TX 77098

**Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information):**

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(i) Performance records for all sterilizers shall be maintained for each cycle. These records shall be retained and available for review for a minimum of two years.

(ii) Each sterilizer shall be monitored during operation for pressure, temperature, and time at desired temperature and pressure. A record shall be maintained either manually or machine generated and shall include:

(1) the sterilizer identification;

(2) sterilization date and time;

(3) load number;

(4) duration and temperature of exposure phase (if not provided on sterilizer recording charts);

(5) identification of operator(s);

(6) results of biological tests and dates performed; and

(7) time-temperature recording charts from each sterilizer (if not provided on sterilizer recording charts).

(M) Preventive maintenance. Preventive maintenance of all sterilizers shall be performed according to individual policy on a scheduled basis by qualified personnel, using the sterilizer manufacturer's service manual as a reference. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least two years and shall be available for review to the facility within two hours.
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<td>Continued From page 18&lt;br&gt;This Requirement is not met as evidenced by:&lt;br&gt;Based on a review of documentation and interview, the facility failed to ensure that the log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load. Finding included:&lt;br&gt;Review of the Autoclave log contained documentation of the load number, however the contents of the loads were not identified.&lt;br&gt;The above was confirmed in an interview with staff member #1 on 01/08/19.</td>
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<td>6038</td>
<td>TAC 139.53 Medical and Clinical Services&lt;br&gt;(a) Surgical abortion.&lt;br&gt;(1) The medical consultant shall be responsible for implementing and supervising the medical and clinical policies of the facility.&lt;br&gt;(2) All medical and clinical services of the facility, with the exception of the abortion procedure, shall be provided under the direction of a physician or registered nurse who assumes responsibility for the clinical employees' performance in the facility.&lt;br&gt;(3) A licensed abortion facility shall ensure that a surgical consent form is signed by the patient prior to the procedure being started, that the patient is informed of the risks and the benefits of the procedure, and that the patient recognizes the</td>
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</table>

I, The Medical Director obtains all informed consent from all patients and will continue to do so in accordance with TAC 139.53. There are two consent forms in each patient's file. One of them is actually The Texas Health and Safety which states 'voluntary and informed consent' consistent with TAC 139.53.
alternatives to abortion. Informed consent shall be in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title (relating to Procedures Requiring Full Disclosure of Specific Risks and Hazards-list A), §601.4 of this title (relating to Disclosure and Consent Form), and Health and Safety Code, §171.011 (relating to Informed Consent) and §171.012 (relating to Voluntary Informed Consent).

(4) A licensed abortion facility shall ensure that the attending physician, advanced practice registered nurse, or physician assistant has obtained and documented a preoperative history, physical exam, and laboratory studies, including verification of pregnancy.

(5) A licensed abortion facility shall ensure that:
   (A) the attending physician examines each patient immediately prior to surgery to evaluate the risk to the procedure;
   (B) the person administering the anesthetic agent(s) examines the patient immediately prior to surgery to evaluate the risk of anesthesia.

(6) The administration of anesthesia shall be in accordance with §139.59 of this title (relating to Anesthesia Services).

(7) An abortion shall be performed only by a physician.

(8) A physician, advanced practice registered nurse, or physician assistant shall be in the facility whenever there is a patient in the procedure room.

(9) The attending physician shall examine the patient immediately prior to surgery to evaluate the risk to the procedure.

The Medical Director will continue to put down the time of administration of Mifepristone. The only inadvertent miss is not the Director's conscious effort.
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:
008028

MULTIPLE CONSTRUCTION
A. BUILDING: ________________________
B. WING: ____________________________

DATE SURVEY COMPLETED: 01/08/2019

NAME OF PROVIDER OR SUPPLIER
SUBURBAN WOMENS CLINIC
STREET ADDRESS, CITY, STATE, ZIP CODE
3101 RICHMOND #250
HOUSTON, TX 77008

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

6038 Continued From page 20

room or recovery room. While a patient is in the procedure room or recovery room she shall not be left unattended.

(9) The recovery room(s) at the facility shall be supervised by a physician, advanced practice registered nurse, physician assistant, or registered nurse. This supervisor shall be available for recovery room staff within a recommended 10 minutes with a maximum required 15 minutes while any patient is in the recovery room.

(10) A physician shall be available for the facility while any patient is in the recovery room within a recommended 10 minutes and a maximum required 15 minutes.

(11) The facility shall ensure that a patient is fully reactive and her vital signs are stable before discharging the patient from the facility upon written order by the attending physician.

(12) All fetal tissue shall be examined grossly at the time of the procedure. In the absence of visible fetal parts or placenta, the tissue may be examined by magnification for the detection of villi. If this examination is inconclusive, the tissue shall be sent to a pathology lab. The results of the tissue examination shall be recorded in the patient's clinical record.

(13) A facility shall meet the requirements set forth by the department in §§1.131 - 1.137 of this title (relating to Definition, Treatment, and Disposition of Special Waste from Health Care-Related Facilities).

(b) Medical abortion.
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**Provider/Supplier/CLIA Identification Number:** D08208

#### Multiple Construction

- **Building:**
- **Wing:**

**Date Survey Completed:** 01/08/2019

### NAME OF PROVIDER OR SUPPLIER

**Suburban Women's Clinic**

**Street Address, City, State, Zip Code:**
3101 Richmond #250
Houston, TX 77005

### SUMMARY STATEMENT OF DEFICIENCIES

**ID Prefix Tag:** 038

1. The medical consultant shall be responsible for implementing and supervising the medical and clinical policies of the facility.

2. All medical and clinical services of the facility, with the exception of the abortion procedure, shall be provided under the direction of a physician or registered nurse who assumes responsibility for the clinical employees' performance in the facility.

3. A licensed abortion facility shall ensure:
   - (A) the physician(s) providing medical abortion is able to accurately date a pregnancy;
   - (B) the physician(s) is able to determine that the pregnancy is not an ectopic gestation;
   - (C) the physician(s) is able to provide surgical intervention or provide for the patient to receive a surgical abortion if necessary; and
   - (D) patients have access to medical facilities equipped to provide blood transfusion and patient resuscitation, if necessary.

4. A licensed abortion facility shall ensure follow-up examination and services are provided to patients requesting medical abortion.

5. A licensed abortion facility shall ensure that the attending physician, advanced practice registered nurse, or physician assistant has obtained and documented a pre-procedure history, physical exam, and laboratory studies, including verification of pregnancy.
6038 Continued From page 22

(A) written consent is obtained from the patient prior to the commencement of the abortion procedure;

(B) the patient is informed of the risks and benefits of the procedure;

(C) the patient is informed of the possibility that a surgical abortion may be required;

(D) the patient is informed of the alternatives to abortion; and

(E) informed consent is in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title, §601.4 of this title, and Health and Safety Code, §171.011 and §171.012.

(7) A licensed abortion facility shall provide the patient with written discharge instructions including a direct referral to a physician who shall accept the patient for surgical abortion.

(c) Requirements of a physician. A physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that:

(1) is located not further than 30 miles from the location at which the abortion is performed or induced; and

(2) provides obstetrical or gynecological health care services.
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CJA IDENTIFICATION NUMBER:

008028

MULTIPLE CONSTRUCTION

A. BUILDING:

B. WING:

STATE FORM ID

PREFIX

TAG:

6038

SUMMARY STATEMENT OF DEFICIENCIES:

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

6038

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

Continued From page 23

This Requirement is not met as evidenced by:

The facility failed to ensure that Informed consent shall be in accordance with rules adopted by the Texas Health and Safety Code, §171.011 (relating to Informed Consent Required).

Findings included:

The Texas Health and Safety Code, §171.011 (relating to Informed Consent Required) stated in part,

"Sec. 171.012. VOLUNTARY AND INFORMED CONSENT. (a) Consent to an abortion is voluntary and informed only if...."

(1) the physician who is to perform the abortion informs the pregnant woman on whom the abortion is to be performed of;

(4) before any sedative or anesthesia is administered to the pregnant woman and at least 24 hours before the abortion or at least two hours before the abortion if the pregnant woman waives this requirement by certifying that she currently lives 100 miles or more from the nearest abortion provider that is a facility licensed under Chapter 245 or a facility that performs more than 50 abortions in any 12-month period:

(A) the physician who is to perform the abortion or an agent of the physician who is also a sonographer certified by a national registry of medical sonographers performs a sonogram on the pregnant woman on whom the abortion is to be performed;

(B) the physician who is to perform the abortion displays the sonogram images in a quality consistent with current medical practice in a manner that the pregnant woman may view
Review of medical records revealed the following:

* One of six medication abortions (Patient #4) had an ultrasound completed on 05/31/18 at 09:04 AM. The "Medical Abortion" form for the patient indicated that RU486 was administered on 06/01/18, no time when the medication was administered was noted. With no time noted for when the medication was administered, it cannot be determined that the sonogram was performed 24 hours prior to administering the medication to initiate the process of the medical abortion.

The above findings were confirmed in an interview with the medical director on 01/07/19.

The Medical Director will make sure the Hospital number provided to each patient is consistent with the hospital zip code provided by The State even though some patients protest that another hospital is more convenient for them to get to.

1. The Medical Director will make sure every employee has current CPR consistent with TAC 139.56.
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| PROVIDER/SUPPLIER IDENTIFICATION NUMBER: 008028 |
| BUILDING: |

| NAME OF PROVIDER OR SUPPLIER: SUBURBAN WOMENS CLINIC |
| STREET ADDRESS, CITY, STATE, ZIP CODE: 3101 RICHMOND #250 HOUSTON, TX 77098 |

| SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) |
| PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |

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Continued From page 25

6041 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

(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 would be treated.

(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).

(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.

This Requirement is not met as evidenced by:
Based on a review of documentation and interview the facility failed to ensure that the physicians who practice at the facility provide the pregnant woman with: the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated. The facility also failed to ensure the personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional...
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: 008028

(X2) MULTIPLE CONSTRUCTION Identification Number:

A BUILDING: __________

BL WING: __________

(X3) DATE SURVEY COMPLETED: 01/08/2019

NAME OF PROVIDER OR SUPPLIER: SUBURBAN WOMENS CLINIC

STREET ADDRESS, CITY, STATE, ZIP CODE: 3101 RICHMOND #250 HOUSTON, TX 77098

(X4) ID PREFIX TAG: 6 041

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<td>Continued From page 26...licensure requirements, and if required in their job description or job responsibilities.</td>
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Findings included:

Review of medical records revealed the following:
- Medical Patient #1 and Surgical Patient #1 both had addresses in Houston, Texas. However, these 2 patients were provided the name and telephone number of hospitals that were not nearest to the home of the pregnant women, per a Google map search. Both patients had other hospitals located closer to their home based on their home addresses.
- Medical Patient #3's home address was Carthage, Texas, however, the facility provided the name and telephone number of a hospital located in Houston, Texas.
- Medical Patient #3's medical record had discharge instructions which did not include the name or phone number of nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated.

Facility based policy entitled, "Administrative Policies" stated in part,
- "1. PERSONNEL...
- * personnel will be CPR certified...

PERSONNEL POLICIES
- * All staff must be CPR certified/copy in file.

A review of personnel files revealed that 1 of 3 direct staff members at facility (#3) obtained cardiopulmonary resuscitation (CPR) through an online resource that contained a "basic skills evaluation" with no evidence of hands-on skills practice and in-person assessment and demonstration of CPR skills.
Review of the Health & Safety Institute and the National Safety Council website found at http://news.hsi.com/onlineonlycpr reveals that, "No major nationally recognized training program in the United States endorses certification without practice and evaluation of hands-on skills. According to the Occupational Safety and Health Administration (OSHA) online training alone does not meet OSHA first aid and CPR training requirements."

In an interview on 01/08/19 staff member #1 verified the above findings.
### Summary Statement of Deficiencies

**6000 TAC 139.1 Initial Comments**

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.

(a) Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman's Right to Know Act, Health and Safety Code, Chapter 171.

(b) Scope and applicability.

1. Licensing requirements.
   1. A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

2. The following need not be licensed under this chapter:
   1. a hospital licensed under Health and Safety Code, Chapter 241;
   2. an ambulatory surgical center licensed...
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:** 008444

**NAME OF PROVIDER OR SUPPLIER:** Suburban Women's Medical Center

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 17070 Red Oak Drive Suite 509 Houston, TX 77090

**SUMMARY STATEMENT OF DEFICIENCIES**

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<td>(iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.</td>
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<td>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed). An entrance conference was held with the facility nurse the morning of 1-7-19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions. Continued licensure is recommended, with an approved plan of correction. An exit conference was held with the facility nurse and medical assistant the afternoon of 1-8-19. Preliminary findings of the survey were discussed, and an opportunity given for questions.</td>
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DIRECTOR

17070 RED OAK DRIVE SUITE 509
HOUSTON, TX 77090
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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NAME OF PROVIDER OR SUPPLIER: SUBURBAN WOMENS MEDICAL CENTER
STREET ADDRESS, CITY, STATE, ZIP CODE: 17070 RED OAK DRIVE SUITE 509 HOUSTON, TX 77090

DATE OF SURVEY: 01/08/2019

DIRECTOR:
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

008444

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 
B. WING: 

(X3) DATE SURVEY COMPLETED

01/08/2019

NAME OF PROVIDER OR SUPPLIER

SUBURBAN WOMENS MEDICAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

17070 RED OAK DRIVE SUITE 509
HOUSTON, TX 77090

(X4) ID PREFIX TAG

(ID PREFIX TAG)

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

6 007 Continued From page 5

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

6 007
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

008444

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: ______________________

B. WING: ______________________

(X3) DATE SURVEY COMPLETED

01/08/2019

NAME OF PROVIDER OR SUPPLIER

SUBURBAN WOMENS MEDICAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

17070 RED OAK DRIVE SUITE 509
HOUSTON, TX 77090

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

6 007 Continued From page 6

6 007 PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X6) COMPLETE DATE

SCD - State Form STATE FORM

Americans United for Life
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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MULTIPLE CONSTRUCTION

A. BUILDING: ________

B. WING: ________

DATE SURVEY COMPLETED: 01/08/2019

NAME OF PROVIDER OR SUPPLIER

SUBURBAN WOMENS MEDICAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

17870 RED OAK DRIVE SUITE 509
HOUSTON, TX 77090

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SOD - State Form STATE FORM

[Signature] DIRECTOR

[Logo] Americans United for Life
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 008444

MULTIPLE CONSTRUCTION
A. BUILDING: ___________
B. WING: ________________

DATE SURVEY COMPLETED: 01/08/2019

NAME OF PROVIDER OR SUPPLIER: SUBURBAN WOMENS MEDICAL CENTER
STREET ADDRESS, CITY, STATE, ZIP CODE: 17070 RED OAK DRIVE SUITE 509, HOUSTON, TX, 77090

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-REFERENCE TO THE APPROPRIATE DEFICIENCY)

COMPLETE DATE

6 009 Continued From page 8

6 009
The physical and environmental requirements for a licensed abortion facility are as follows.

1. A facility shall:
   a. have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times;
   b. equip each procedure room so that procedures can be performed in a manner that assures the physical safety of all individuals in the area;
   c. have a separate recovery room if moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia are administered at the facility;
   d. have a written protocol for emergency evacuation for fire and other disasters tailored to the facility's geographic location. Each staff member employed by or under contract with the facility shall be able to demonstrate their role or responsibility to implement the facility's emergency evacuation protocol required by this subparagraph;
   e. store hazardous cleaning solutions and compounds in a secure manner and label substances;
   f. have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings.

1. The Medical Director in addition to maintaining equipments in safe working condition will make sure the Cosmetic appearance of all instruments and equipments is properly maintained to be consistent with TAC 139.48.
If other food is provided by the facility, it shall be subject to the requirements of Chapter 228 of this title (relating to Retail Food);

(G) provide clean hand washing facilities for patients and staff including running water, and soap;

(H) have two functioning sinks and a functioning toilet; and

(I) have equipment available to sterilize instruments, equipment, and supplies in accordance with §139.46(d) of this title (relating to Infection Control Standards) before use in the facility.

(2) The equipment for vacuum aspiration shall be electrically safe and designed to prevent reverse pump action in facilities that provide vacuum aspiration.

(3) Projects involving alterations of and additions to existing buildings shall be programmed and phased so that on-site construction shall minimize disruptions of existing functions. Access, exit ways, and fire protection shall be maintained so that the safety of the occupants shall not be jeopardized during construction.

This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure a safe and sanitary environment, properly maintained to protect the health and safety of patients and staff at all times.

Findings included:
During a tour of the facility on the afternoon of January 8, 2019, along with Clinic Nurse (Employee ID #2) and Medical Assistant (Employee ID #3) the following was observed:

In procedure room #1, a free standing chrome finished exam lamp was seen to have visible surface rust on the base of the unit.

In procedure room #2, a suction machine was seen to have visible surface rust on the bottom edges of the back and sides of suction equipment. An accumulation of dust and debris was also observed underneath and behind the suction machine.

In procedure room #3, a suction machine was seen to have visible surface rust on the bottom edges on the back and sides of the equipment along with an accumulation of visible dust on the back lower portion of the suction equipment.

Interview with the clinical nurse on January 8, 2019 at 3:30 p.m. confirmed the findings of the rust, dust and debris in the procedure rooms. Employee ID #2 stated that she had not noticed that before.

---

TAC 139.56 Emergency Services

(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:

(1) have active admitting privileges at a hospital that provides obstetrical or gynecological health
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<tr>
<td>6 041</td>
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<td>6 041</td>
<td></td>
<td>I, The Medical Director will obtain current CPR card hence forth. (The State has not required Physicians to carry or have CPR card)</td>
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Care services and is located not further than 30 miles from the abortion facility;

(2) provide the pregnant woman with:

(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced 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

(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 would be treated.

(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).

(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.

This Requirement is not met as evidenced by:

Based on a review of documentation and staff interview, the licensee failed to provide a patient with the name and telephone number of the
SUMMARY STATEMENT OF DEFICIENCIES

6 041

Continued From page 13

nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated. The facility also failed to ensure the personnel providing direct patient care were currently certified in basic life support as required in their job description or job responsibilities.

Findings included:

In 1 (patient # 11) out of 22 clinical records reviewed the patient's driver's license listed their place of residence to be in Milwaukee, Wisconsin and the facility provided the name and telephone number of Huntsville Memorial hospital in Huntsville, Texas as the hospital located nearest to her home of the patient. The information provided to the patient was not the nearest hospital to the home of the patient's residence.

The above was confirmed in an interview with the facility physician and administrator (Employee ID #1) on the afternoon of January 7, 2019.


Review of the Physician/Administrator (Employee ID #1) employee file documented an Adult/Child/Infant CPR card with a date issued October 7, 2016 and expiration date October 7, 2018. No current CPR card was documented in employee record.

Interview with Employee ID #1 on the morning
Continued From page 14

January 8, 2019 confirmed he did not have a current CPR. No additional documentation was received prior to exit.
<table>
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<tr>
<th>ID</th>
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<td>TAC 130.1</td>
<td>Initial Comments</td>
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(a) Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman's Right to Know Act, Health and Safety Code, Chapter 171.

(b) Scope and applicability.

1) Licensing requirements.

(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

(B) The following need not be licensed under this chapter:

(i) a hospital licensed under Health and Safety Code, Chapter 241;

(ii) an ambulatory surgical center licensed...
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140013

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: ______________________
B. WING: ______________________

(X3) DATE SURVEY COMPLETED: 04/23/2019

NAME OF PROVIDER OR SUPPLIER: WHOLE WOMAN'S HEALTH ALLIANCE
STREET ADDRESS, CITY, STATE, ZIP CODE: 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753

(X4) ID PREFIX TAG: 6 000

Summary Statement of Deficiencies

ID PREFIX TAG: 6 000

TAC 139.1 Initial Comments

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.

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(b) Scope and applicability.

(1) Licensing requirements.

(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

(B) The following need not be licensed under this chapter:

(i) a hospital licensed under Health and Safety Code, Chapter 241;

(ii) an ambulatory surgical center licensed.
Continued From page 1 under Health and Safety Code, Chapter 243; or

(iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.

(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed). An entrance conference was held with the facility Director of Clinical Services on the morning of 04/22/19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.

Continued licensure is recommended, with an approved plan of correction.

An exit conference was held with the facility Director of Clinical Services and Clinical Coordinator on the afternoon of 04/23/19. Preliminary findings of the survey were discussed, and an opportunity given for questions.

<table>
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<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
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<tbody>
<tr>
<td>6 000</td>
<td>6 000</td>
<td>Continued From page 1 under Health and Safety Code, Chapter 243; or (iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.</td>
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<tr>
<td>6 033</td>
<td>6 033</td>
<td>TAC 139.48 Physical and Environmental Requirements The physical and environmental requirements for a licensed abortion facility are as follows. (1) A facility shall: (A) have a safe and sanitary environment, properly constructed, equipped, and maintained</td>
<td></td>
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Continued From page 2

- To protect the health and safety of patients and staff at all times;

- Equip each procedure room so that procedures can be performed in a manner that assures the physical safety of all individuals in the area;

- Have a separate recovery room if moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia are administered at the facility;

- Have a written protocol for emergency evacuation for fire and other disasters tailored to the facility's geographic location. Each staff member employed by or under contract with the facility shall be able to demonstrate their role or responsibility to implement the facility's emergency evacuation protocol required by this subparagraph;

- Store hazardous cleaning solutions and compounds in a secure manner and label substances;

- Have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings. If other food is provided by the facility, it shall be subject to the requirements of Chapter 228 of this title (relating to Retail Food);

- Provide clean hand washing facilities for patients and staff including running water, and soap;

- Have two functioning sinks and a functioning toilet; and
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:** 140013

**(X2) MULTIPLE CONSTRUCTION**

A. BUILDING: 
B. WING: 

**(X3) DATE SURVEY COMPLETED:** 04/23/2019

---

**NAME OF PROVIDER OR SUPPLIER:** WHOLE WOMAN’S HEALTH ALLIANCE

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 8401 NORTH IH 35 SUITE 200, AUSTIN, TX 78753

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**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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1. I have equipment available to sterilize instruments, equipment, and supplies in accordance with §139.49(d) of this title (relating to Infection Control Standards) before use in the facility.

2. The equipment for vacuum aspiration shall be electrically safe and designed to prevent reverse pump action in facilities that provide vacuum aspiration.

3. Projects involving alterations of and additions to existing buildings shall be programmed and phased so that on-site construction shall minimize disruptions of existing functions. Access, exit ways, and fire protection shall be maintained so that the safety of the occupants shall not be jeopardized during construction.

This Requirement is not met as evidenced by:

Based on a tour of the facility, the facility failed to store hazardous cleaning solutions and compounds in a secure manner. Failure to do so increases the risk of harm to patients.

Findings were:

During a tour of the facility on 04/23/19, the unlocked laundry room contained items including Caviwipes, Lysol spray, laundry detergent, and Citrace deodorizer.

The above was confirmed in an interview with staff #12 on 04/23/19 during a tour of the facility.

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**(X5) COMPLETE DATE**

04/24/2019

---

The Clinic Manager is responsible for insuring the physical and environmental safety for all patients that come to WWHA.

The Clinic Manager installed a lock on the door of the laundry room on 04/24/2019 to ensure that patients are not able to access hazardous cleaning solutions. Staff was instructed on 4/24/2019 to ensure that they are initiating the lock after each access to any hazardous cleaning solutions.

In order to monitor continued compliance, the Clinic Manager will randomly observe that the staff is utilizing the lock after each access for 90 days to ensure that only staff has access to hazardous cleaning solutions.
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140013

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 
B. WING: 

(X3) DATE SURVEY COMPLETED: 04/23/2019

NAME OF PROVIDER OR SUPPLIER: WHOLE WOMAN'S HEALTH ALLIANCE
STREET ADDRESS, CITY, STATE, ZIP CODE: 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753

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<th>(X5) COMPLETE DATE</th>
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| 6 041         | TAC 139.56 Emergency Services

(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:

(1) have active admitting privileges at a hospital that provides obstetrical or gynecological health care services and is located not further than 30 miles from the abortion facility;

(2) provide the pregnant woman with:

(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced 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

(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 would be treated.

(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).

(c) Personnel providing direct patient care shall be currently certified in basic life support by the

Americans United for Life

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<td>6 041</td>
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<td>6 041</td>
<td>The Clinic Manager is responsible for providing each pregnant patient with the name and telephone number of the nearest hospital to the home of the pregnant patient at which an emergency arising from the abortion would be treated.</td>
<td>05/21/2019</td>
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American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.

This Requirement is not met as evidenced by: Based on a review of documentation and interview the facility failed to ensure that the physicians who practice at the facility provide the pregnant woman with: the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

The facility also failed to ensure that personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.

Findings included:

Review of medical records revealed the following:

* 2 of 10 medical records did not have documentation that the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated was provided to the patient.

* Surgical Patient #5 indicated on their information sheet that they lived in Uvalde, Texas. However on their discharge paperwork, they were provided with the name and phone number for a Val Verde Regional located on Del Rio, Texas.
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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<td>A. BUILDING: __________________</td>
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<td>B. WING ____________________</td>
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### NAME OF PROVIDER OR SUPPLIER

**WHOLE WOMAN’S HEALTH ALLIANCE**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

8401 NORTH IH 35 SUITE 200

AUSTIN, TX 78753

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| 6 041             | Continued From page 6

This would not be the name and telephone number of the nearest hospital to the home of the patient, which would be in Uvalde, Texas.  
* Medical Patient #1 listed their home address in Cameron, Texas. However on their discharge paperwork, they were provided with the name and phone number for a Medical Services Center. The phone number provided was for a family physician clinic, this would not be the name and telephone number of the nearest hospital to the home of the patient. The nearest hospital would be in Cameron, Texas. Also a physician office is not a hospital.  
* Medical Patient #3 listed their home address in San Antonio, Texas. However on their discharge paperwork, they were provided with the name and phone number for a free standing emergency center in Austin Texas, this would not be the name and telephone number of the nearest hospital to the home of the patient. The nearest hospital would be in San Antonio, Texas. Also a free standing emergency clinic is not a hospital.

The facility based job description for Medical Assistant stated in part,  
"Experience and General Requirements...  
* Certification in Basic Life Support".

Review of personnel files revealed the following:  
* Staff member #10’s CPR expired in February 2019.

In an interview on 04/23/19 staff member # 12 confirmed the above findings.

The Clinic Manager is responsible for ensuring all staff providing direct patient care will be currently certified in basic life support.

The staff member #10 was notified that they were out of compliance and given a deadline to complete course. The staff member was attending the CPR class at the time of the inspection. On 04/23/2019 staff member did complete the approved Basic Life Support CPR training successfully and a copy of completed training was placed in the staff personnel record.

In order to monitor continued compliance, the Clinic Manager will conduct monthly personnel chart audits to ensure that all staff Basic Life Support CPR training is current.
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<th>ID</th>
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An entrance conference was held with the Clinic Manager the morning of 3-19-18. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.

Continued licensure is recommended, with an approved plan of correction.

An exit conference was held with the Clinic Manager the afternoon of 3-20-18. Preliminary findings of the survey were discussed, and an opportunity given for questions.

REVIEWED
APR 10 2018
BY: Wendy Williams
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<th>Statement of Deficiencies and Plan of Correction</th>
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<tr>
<td>Name of Provider or Supplier: Whole Woman's Health of Fort Worth, LLC.</td>
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<tr>
<td>Street Address, City, State, Zip Code: 3256 Lackland Road, Fort Worth, TX 76118</td>
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<th>Provider's Plan of Correction</th>
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(Note: The text is partially redacted and the image is unclear, making it difficult to transcribe the entire content accurately.)
(c) The facility shall ensure that staff responsible for providing patient care, in accordance with training, are competent in providing the required care. The facility shall document in writing that all staff, in addition to patient care responsibilities, are competent in the following areas:

- Patient Care
- Medication Administration
- Infection Control
- Emergency Preparedness
- Patient Rights
- Public Health

Each deficient area must be corrected by full documentation in the facility's personnel files. The facility shall provide evidence of competency in each area by written documentation in the employee's personnel file. The facility shall maintain a record of the date and manner of training and the name of the individual who provided the training. The facility shall ensure that all staff are competent in providing the required care.

The facility shall ensure that all staff receive ongoing competency evaluations, including periodic evaluations of their performance. The facility shall maintain a record of the date and manner of training and the name of the individual who provided the training. The facility shall ensure that all staff are competent in providing the required care.

The facility shall ensure that all staff receive ongoing competency evaluations, including periodic evaluations of their performance. The facility shall maintain a record of the date and manner of training and the name of the individual who provided the training. The facility shall ensure that all staff are competent in providing the required care.
for sterilization of critical surgical instruments are trained by the facility to meet the requirements of §139.49(d) of this title (relating to Infection Control Standards) and demonstrate competency in performing the sterilization procedures at the facility.

This Requirement is not met as evidenced by:

Based on a review of personnel records and an interview with staff, the facility failed to ensure that staff responsible for sterilization of critical surgical instruments were trained by the facility to meet the requirements of §139.49(d) of this title (relating to Infection Control Standards) and demonstrate competency in performing the sterilization procedures at the facility.

Findings were:

During a review of personnel records, the personnel record for staff #13 (who is responsible for sterilization at the facility) contained no documentation that she had been trained in sterilization or demonstrated competency in performing the sterilization procedures at the facility. The personnel record contained an area marked "Setting up the Sterile Area" but no other training was documented. In an interview with staff #13, she stated that she had learned in medical assisting school how to pack instruments, but not how to use the specific sterilizer machine used at the facility. She stated that the clinic manager had taught her how to operate the machine used at the facility. No documentation of the above was found in the personnel file for staff #13.

The above was confirmed in an interview with the Clinic Manager on the afternoon of 3-20-18.

The Clinic Manager is responsible for ensuring the staff responsible for sterilization are trained to meet facility requirements.

All WWH staff are currently trained and have demonstrated competency in sterilization procedures. We take a proactive approach to staff training and compliance with competency in performing sterilization procedures, and no effective immediately, we will update our current competency checklist to specifically list autoclave model numbers.

A staff in service with all trained pathology staff will be conducted on 04/11/18 to review current autoclave model user manual and to update current training documentation.

To monitor continued compliance, the Clinic Manager will utilize the updated competency checklist when training new staff, and will review all clinic staff files monthly.
A 197 TAC 139.48(1)(A) Physical & Environmental Requirements

The physical and environmental requirements for a licensed abortion facility are as follows:
1. A facility shall:
   a. have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times.

This Requirement is not met as evidenced by:
Based on a tour of the facility and a review of documentation, the facility failed to maintain a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times.

Findings were:

An unlocked medication refrigerator was found in an unsecured laboratory area, adjacent to patient procedure and consultation rooms. The refrigerator contained medications such as Pitocin®, Methylgyn®, Ennerix-B® (Hepatitis B vaccine), Depo-Provera® and RhoGAM®.

External shipping boxes were found on the floor of the clean instrument/sterilization preparation area. A box of instrument wrapping cloth was being stored (open) on the floor.

A count of the Versed® single-dose vials (2 milliliters per vial) by the surveyor revealed a quantity of 63 vials. A review of the narcotic count for the same medication revealed that there

The Clinic Manager is responsible for ensuring the physical and environmental requirements are met.

Whole Woman's Health of Fort Worth maintains a safe and sanitary environment for our patients. The refrigerator in question was in a non-patient care area, with posted staff only signs. In order to further secure the area, a lock will be placed on the door to completely seal the laboratory area from patients.

An in-service will be held on 04/11/2018 with all staff to review ensuring that the above mentioned lock is secured when patients are in the building.
### A.197

**Continued From page 6**

The quantity on the narcotic count sheet had been performed by staff #11 and verified by staff #13. In an interview with staff #13, staff #11 was questioned about the discrepancy. Staff #11 stated that a vial of Versed® had been drawn into a syringe on 3-17-18 but that the patient had refused the medication and it had been wasted. Staff #11 stated that [staff #11] had failed to document the waste in the controlled medication log.

Facility policy titled “Medication Therapy Practices” states, in part: “Controlled Medications Opening Count
1) Each day, prior to drawing up or administering any medications, two staff will open the safe and count each drug on the Controlled Medication Log.

Logging Controlled Medications Administered
1. Each patient administered controlled medication will be logged in the Controlled Medications Log. The patient name and amount of medication administered will be recorded.

Controlled Medications Closing Count
1. Each day that Controlled Medications are administered, at the end of the day, two staff will open the safe and count each drug on the Controlled Medication Log.

6. The second staff person will verify the reported count.

The above was confirmed in an interview with the Clinic Manager on the afternoon of 3-20-18.
The physical and environmental requirements for a licensed abortion facility are as follows:

1. The facility shall:
2. Store hazardous cleaning solutions and compounds in a secure manner and label substances;
3. Have the capacity to provide patients with liquids. The facility may provide commercially packed food to patients in individual servings. If other food is provided by the facility, it shall be subject to the requirements of §§229.161-229.171 of this title (relating to Texas Food Establishments);

This Requirement is not met as evidenced by:

Based on a tour of the facility, the facility failed to store hazardous cleaning solutions and compounds in a secure manner.

Findings were:

During a tour of the facility on 3-19-18, hazardous cleaning solutions and compounds were found in patient care areas, unsecured, throughout the facility.

The above was confirmed in an interview with the Clinic Manager on the afternoon of 3-19-18.

Abortion-Inducing Drugs

The physician who gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug shall provide the pregnant woman with:

1. A copy of the final printed label of that
<table>
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<tr>
<th>(X1) ID: A.328</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>(X3) COMPLETE DATE</th>
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abortion-inducing drug; and

(2) 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 at which the abortion was performed
with access to the woman’s relevant medical
records, 24 hours a day to request assistance for
any complications that arise from the
administration or use of the drug or ask
health-related questions regarding the
administration or use of the drug.

(e) The physician who gives, sells, dispenses,
administers, provides, or prescribes the
abortion-inducing drug, or the physician’s agent,
must schedule a follow-up visit for the woman to
occur not more than 14 days after the
administration or use of the drug. At the
follow-up visit, the physician must:

(1) confirm that the pregnancy is completely
terminated; and

(2) assess the degree of bleeding.

(f) The physician who gives, sells, dispenses,
administers, provides, or prescribes the
abortion-inducing drug, or the physician’s agent,
shall make a reasonable effort to ensure that the
woman returns for the scheduled follow-up visit
under Subsection (e). The physician or the
physician’s agent shall document a brief
description of any effort made to comply with this
subsection, including the date, time, and name of
the person making the effort; in the woman’s
medical record;
This Requirement is not met as evidenced by; Based on a review of documentation, the physician who gave, sold, dispensed, administered, provided, or prescribed the abortion-inducing drug, or the physician's agent, did not make a reasonable effort to ensure that the woman returned for the scheduled follow-up visit under Subsection (e). The physician or the physician's agent did not document a brief description of any effort made to comply with this subsection, including the date, time, and name of the person making the effort, in the woman's medical record.

Findings were:

Clinical records were reviewed for 6 patients who had received a medical abortion procedure (medical procedure patients #1-#6). 1 of the 6 patients (medical procedure patient #2) did not return for her scheduled follow-up visit; but the clinical record contained no documentation of the attempts made to contact the patient when she did not return.

Facility policy titled "Policy for Management of Medical Abortion Follow Up" states, in part: "...A designated staff member under the direct supervision of the Clinic Manager will be responsible for monitoring that every patient who received Mifepristone returned for their follow up visit. (s)he will keep track of any patient who misses a follow up appointment and if a patient misses a follow up appointment she will be contacted by phone 3x's [three times]. Documentation of these contacts will be kept in the Mifepristone Follow up book and in the patients' medical record."

The above was confirmed in an interview with the
| ID: A.336 | |
| ID: A.356 | TAC-139.55(b)(c) Emergency Services. The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services). |
A 356 Continued From page 11

(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.

This Requirement is not met as evidenced by: Based on a review of documentation, the facility failed to ensure that all personnel providing direct patient care were certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements.

Findings were:

During a review of personnel records, the personnel record for staff #15 contained CPR (cardiopulmonary resuscitation) certification, issued by ProCPR® on 2-21-17. A statement on the card stated “This card certifies that the individual has successfully completed the National Cognitive Evaluation in accordance with ProTrainings Curriculum and the American Heart Association® guidelines.” The card gave no indication that staff #15 had performed a return skills demonstration to verify the hands-on skills associated with cardiopulmonary resuscitation. This presents a risk that staff may not be competent to respond in a medical emergency.

Review of the Health & Safety Institute and the National Safety Council website found at http://news.hsi.com/onlineonlycpr reveals that, "No major nationally recognized training program..."
### Statement of Deficiencies and Plan of Correction

**Texas Department of State Health Services**

**NAME OF PROVIDER OR SUPPLIER:** Whole Womans' Health of Fort Worth, LLC  
**STREET ADDRESS:** 3256 Lackland Road  
**CITY:** FORT WORTH  
**STATE:** TX  
**ZIP CODE:** 76116

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>Provider's Plan of Correction</th>
<th>Date Complete</th>
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<tbody>
<tr>
<td>A 356</td>
<td>Continued from page 12</td>
<td></td>
<td>In the United States endorses certification without practice and evaluation of hands-on skills. According to the Occupational Safety and Health Administration (OSHA) online training alone does not meet OSHA first aid and CPR training requirements. Further guidance can be found at <a href="https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&amp;p_id=28541">https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&amp;p_id=28541</a></td>
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<td>The above was confirmed in an interview with the Clinic Manager on the afternoon of 3-20-18.</td>
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### Texas Department of State Health Services

#### Statement of Deficiencies and Plan of Correction

**Building:** ________________

**Provider/Supplier/CLIA Identification Number:** 008036

**Date Survey Completed:** 11/07/2018

**Name of Provider or Supplier:** Whole Woman's Health of McAllen LP

**Street Address, City, State, Zip Code:** 802 South Main Street, McAllen, TX 78501

### Summary Statement of Deficiencies

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<td>TAC 139.1 Initial Comments</td>
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**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.

(a) Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman's Right to Know Act, Health and Safety Code, Chapter 171.

(b) Scope and applicability.

(1) Licensing requirements.

(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

(B) The following need not be licensed under this chapter:

(i) a hospital licensed under Health and Safety Code, Chapter 241;

(ii) an ambulatory surgical center licensed...
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<td>6 000</td>
<td>Continued From page 1</td>
<td>under Health and Safety Code, Chapter 243; or (iiii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period. (2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed). An entrance conference was held with the Facility Administrator on 11/07/18. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions. The survey will be conducted using the Texas Administrative Code Title 25, Chapter 139 Abortion Facility Licensing Regulations. An exit conference was held with the Facility Administrator on the afternoon of 11/07/18. Preliminary findings of the survey were discussed, and an opportunity given for questions. They were thanked for their time and cooperation with the survey. Continued licensure is recommended. No violations were cited.</td>
<td>6 000</td>
<td>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

X1 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

140008

X2 MULTIPLE CONSTRUCTION

A. BUILDING: ______________

B. WING ______________

X3 DATE SURVEY COMPLETED

01/09/2019

NAME OF PROVIDER OR SUPPLIER

WOMEN'S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE

8200 WEDNESBURY LANE, SUITE 21
HOUSTON, TX 77074

X4 ID PREFIX

TAC 139.1 Initial Comments

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.

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SOD - State Form LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

02/14/2019 08:59 DR. NOSAVILLE

Americans United for Life
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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<td>Continued From page 1 under Health and Safety Code, Chapter 243; or (iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period. (2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed). An entrance conference was held with the facility Medical Assistant on the morning of 01/19/19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions. Continued licensure is recommended, with an approved plan of correction. An exit conference was held with the facility Administrator and other administrative staff on the afternoon of 01/19/19. Preliminary findings of the survey were discussed, and an opportunity given for questions.</td>
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NAME OF PROVIDER OR SUPPLIER

WOMEN'S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE

8200 WEDNESBURY LAKE, SUITE 200
HOUSTON, TX 77074

DATE SURVEY COMPLETED

01/09/2019

FAX 281-974-1190

STATEMENT FORM
# Texas Health and Human Services Commission

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**NAME OF PROVIDER OR SUPPLIER**

**WOMEN'S CENTER HOUSTON**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

8200 WEDNESBURY LANE, SUITE 220
HOUSTON, TX 77074

**STATEMENT OF DEFICIENCIES**

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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

140068

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

B. WING:

(X3) DATE SURVEY COMPLETED

01/09/2019

NAME OF PROVIDER OR SUPPLIER

WOMEN'S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE

8200 WEDNESBURY LANE, SUITE 220
HOUSTON, TX 77074

(X4) ID PREFIX TAG

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
(X1) PROVIDER/SUPPLIER/CLA Identification Number:
140008

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: ____________________________
B. WING: ____________________________

(X3) DATE SURVEY COMPLETED
01/09/2019

NAME OF PROVIDER OR SUPPLIER
WOMEN'S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE
8200 WEDNESBURY LANE, SUITE 230
HOUSTON, TX 77074

(X4) ID PREFIX TAG
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**Texas Health and Human Services Commission**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER:**

**WOMEN'S CENTER HOUSTON**

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

8200 WEDNESBURY LANE, SUITE 200

HOUSTON, TX 77074

**IDENTIFICATION NUMBER:**

140009

**MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:**

A. BUILDING:

B. WINGS:

**DATE SURVEY COMPLETED:**

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**CORRECTION PLAN IDENTIFICATION NUMBER:**

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**PRINTED:**

01/22/2019

**FORM APPROVED:**

(To be filled in)

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01/09/2019

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WOMEN'S CEN ER HOUSTON

8200 WEDNESBURV LANE, SUITE 2 B
HOUSTON, nt 77074

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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CONNECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:
140008

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: __________________________
B. WING: __________________________

(X3) DATE SURVEY COMPLETED
01/09/2019

NAME OF PROVIDER OR SUPPLIER
WOMEN'S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE:
8200 WEDNESBURY LANE, SUITE 220
HOUSTON, TX 77074

(X4) ID PREFIX TAG
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SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LEG IDENTIFYING INFORMATION)

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CORRECTIVE ACTION STATEMENT
PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

COMPLETE DATE

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**STATEMENT OF DEFICIENCIES**

Summary: Statement of Deficiencies must be preceded by full regulatory orlicensure identifying information.

**PROVISOER'S PLAN OF CORRECTION**

Corrective Plan of Correction must be referenced to the appropriate deficiency.

**DATE SURVEY COMPLETED**

01/22/2019

**PRINTED DATE**

01/22/2019
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
140008

(X2) MULTIPLE CONSTRUCTION
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B. WING:

01/09/2019

NAME OF PROVIDER OR SUPPLIER
WOMEN'S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE
8200 WEDNESBURY LANE, SUITE 200
HOUSTON, TX 77074

(X4) COMPLETED DATE SURVEY
01/22/2019

NAME OF PROVIDER OR SUPPLIER
WOMEN'S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE
8200 WEDNESBURY LANE, SUITE 200
HOUSTON, TX 77074

(X4) COMPLETED DATE SURVEY
01/22/2019

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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CJA
IDENTIFICATION NUMBER:

140008

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: ____________________________

B. WING: ____________________________

(X3) DATE SURVEY COMPLETED

01/09/2019

NAME OF PROVIDER OR SUPPLIER

WOMEN’S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE

8200 WEDNESBURY LANE, SUITE 330
HOUSTON, TX 77074

(X4) MULTIPLE CONSTRUCTION

SUMMARY STATEMENT OF DEFICIENCIES
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PROVIDER’S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
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FORM APPROVED

PRINTED: 01/22/2019

Americans
United for Life

If continuation sheet 14 of 28
<table>
<thead>
<tr>
<th>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER'S NAME: WOMEN'S CENTER HOUSTON</td>
</tr>
<tr>
<td>ADDRESS: 2830 WENDESBURY LANE, SUITE 230</td>
</tr>
<tr>
<td>CITY, TX 77074</td>
</tr>
<tr>
<td>TAG: 140008</td>
</tr>
</tbody>
</table>

**SUMMARY STATEMENT OF DEFICIENCIES**

Each deficiency must be preceded by full regulatory or identifying information. The corrective action should be consistent with the appropriate deficiency category.

**DATE SURVEY COMPLETED:** 01/09/2019

**DATE CORRECTED:** 6/07/2019

**STATEMENT FORM 6.007 Continued from page 14**
### Texas Health and Human Services Commission

#### Statement of Deficiencies and Plan of Correction

<table>
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<tr>
<th>(X1) Provider/Supplier/ICJA Identification Number:</th>
<th>(X2) Multiple Construction A. Building:</th>
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<th>(X3) Date Survey Completed</th>
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</table>

#### Name of Provider or Supplier

**Women's Center Houston**

**Street Address, City, State, ZIP Code:**

8200 Wednesbury Lane, Suite 2A

HOUSTON, TX 77074

#### Summary Statement of Deficiencies

Each deficiency must be preceded by full regulatory or LSC identifying information.

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#### Provider's Plan of Correction

Each corrective action should be cross-referenced to the appropriate deficiency.

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Texas Health and Human Services Commission

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<tr>
<td>(X3) DATE SURVEY COMPLETED</td>
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NAME OF PROVIDER OR SUPPLIER: WOMEN'S CENTER HOUSTON
STREET ADDRESS, CITY, STATE, ZIP CODE: 6200 WEDNESBURY LANE, SUITE 200, HOUSTON, TX 77074

<table>
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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STATE FORM (FAX) 210741190 P.020/030
FORM APPROVED: 01/22/2019

Printed: 01/22/2019
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/LIA IDENTIFICATION NUMBER: 140008

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: ____________________________________________
B. WING: _____________________________________________

(X3) DATE SURVEY COMPLETED: 01/09/2019

NAME OF PROVIDER OR SUPPLIER: WOMEN'S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE: 8200 WEDNESBURY LANE, SUITE 230, HOUSTON, TX 77074

Americans United for Life

STATE FORM 6040
## Texas Health and Human Services Commission

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**NAME OF PROVIDER OR SUPPLIER**

WOMEN'S CENTER HOUSTON

**STREET ADDRESS, CITY, STATE, ZIP CODE**

8200 WEDNESBURY LANE, SUITE 200
HOUSTON, TX 77074

**(X4) ID PREFIX TAG**

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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(x1) PROVIDER/SUPPLIER/CLINIC
IDENTIFICATION NUMBER:

140006

(x2) MULTIPLE CONSTRUCTION
A. BUILDING:

(x3) DATE SURVEY COMPLETED

01/09/2019

NAME OF PROVIDER OR SUPPLIER

WOMEN’S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE

8200 WEDNESBURY LANE, SUITE 200
HOUSTON, TX. 77074

(x4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

6 040 Continued from page 20

ID

PREFIX

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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(x5) COMPLETE DATE

PRINTED: 01/22/2019
FORM APPROVED

Americans United for Life
If continuation sheet, 21 of 26
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<td>Continued From page 22</td>
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<td>6041</td>
<td>TAC 139.56 Emergency Services</td>
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</table>

(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:

1. have active admitting privileges at a hospital that provides obstetrical or gynecological health care services and is located not further than 30 miles from the abortion facility;

2. provide the pregnant woman with:

   A. a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced 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;
6 041 Continued From page 23

ask health-related questions regarding the abortion; and

(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 would be treated.

(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).

(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.

This Requirement is not met as evidenced by: Based on a review of documentation and interview the facility failed to ensure that the physicians who practice at the facility provide the pregnant woman with: the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

Findings included:

Review of medical records revealed the following:

- 6 of 6 medication abortions records did not have documentation that the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

The office administrator will provide a form with nearest hospital to home with hospital name, address, and phone number, which will be signed, and dated.

3-30-19
In an interview on 01/09/19 staff members #1 and 4 confirmed the above findings.

6 045 TAC 139.60 Other State and Federal Compliance Requirements

(e) A licensed abortion facility shall ensure that its physicians comply with the Medical Practice Act, Occupations Code, Chapters 151 - 160 and 162 - 165, while functioning in his or her capacity at or for the facility.

(d) A licensed abortion facility utilizing the services of a physician assistant(s) shall ensure that its physician assistants comply with the Physician Assistant Licensing Act, Occupations Code, Chapter 204, while functioning in his or her capacity at or for the facility.

(e) A licensed abortion facility utilizing the services of a registered nurse shall ensure that its registered nurses comply with the Nursing Practice Act, Occupations Code, Chapters 301 and 304, while functioning in his or her capacity.
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(1) PROVIDER/SUPPLIER/CIAL IDENTIFICATION NUMBER:

145008

(2) MULTIPLE CONSTRUCTION

A. BUILDING:

B. VING

01/09/2019

NAME OF PROVIDER OR SUPPLIER

WOMEN'S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE

8200 WEDNESBURY LANE, SUITE 230
HOUSTON, TX 77074

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)

(6) State Form

STATE FORM

500 - State Form

6045 Continued From page 25 at or for the facility.

(f) A licensed abortion facility utilizing the services of a licensed vocational nurse(s) shall ensure that its vocational nurse(s) comply with the Nursing Practice Act, Occupations Code, Chapters 301 and 304, while functioning in his or her capacity at or for the facility.

(g) A licensed abortion facility that provides pharmacy services shall obtain a license as a pharmacy if required by the Texas Pharmacy Act, Occupations Code, Chapters 551 - 569.

(h) A licensed abortion facility shall comply with the following federal Occupational Safety and Health Administration requirements:

1. 29 Code of Federal Regulations, Subpart E, §1910.38, concerning emergency action plan and §1910.39, concerning fire prevention plans;

2. 29 Code of Federal Regulations, Subpart I, §1910.132, concerning general requirements for personal protective equipment;

3. 29 Code of Federal Regulations, Subpart I, §1910.133, concerning eye and face protection;


5. 29 Code of Federal Regulations, Subpart K, §1910.151, concerning medical services and first aid;

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140008

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

B. WING:________

(X3) DATE SURVEY COMPLETED 01/09/2019

NAME OF PROVIDER OR SUPPLIER

WOMEN'S CENTER HOUSTON

STREET ADDRESS, CITY, STATE, ZIP CODE

8200 WEDNESBURY LANE, SUITE 230
HOUSTON, TX 77004

(X4) ID PREFIX TAG 6 045

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG 6 045 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETE DATE

Continued From page 26

(7) 29 Code of Federal Regulations, Subpart Z, §1910.1030, concerning bloodborne pathogens; and:


(i) A licensed abortion facility shall not use adulterated or misbranded drugs or devices in violation of the Health and Safety Code, §431.021. Adulterated drugs and devices are described in Health and Safety Code, §431.111. Misbranded drugs or devices are described in Health and Safety Code, §431.112.

(i) A licensed abortion facility shall not commit a false, misleading, or deceptive act or practice as that term is defined in the Deceptive Trade Practices-Consumer Protection Act, Business and Commerce Code, §17.46.

(k) A licensed abortion facility shall comply with the requirements of the Family Code, §33.002, relating to a Consent Form.

(l) A licensed abortion facility shall comply with the requirements of Health and Safety Code, Chapter 171, the Woman's Right to Know Act.

(m) A licensed abortion facility shall comply with the requirements of Occupations Code, Chapter 102, Solicitation of Patients.

This Requirement is not met as evidenced by:

Based on observations, record reviews and interview, the facility failed to ensure staff
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<tr>
<td>6045</td>
<td>Conducted physical counts and kept accurate records of the disposition of drugs listed in schedules II, III, IV and V of the Comprehensive Drug Abuse Prevention and Control Act. This deficient practice placed the facility at increased risk of experiencing drug diversions. Findings include: Observation conducted on 1/09/19 at 2:00 pm of the facility medication storage area revealed that scheduled medications were being stored in pharmacy stock bottles. Record review of the facility drug records for the time period of 1/2018 to 1/2019, revealed that facility staff were not conducting daily physical counts of scheduled medications. In an interview conducted on 1/09/19 at 2:20 pm, facility staff #1 confirmed that daily counts were not being conducted for scheduled drugs. She further stated that she did not know how many tablets were currently contained in the stock bottles.</td>
<td>6045</td>
<td>The office administrator will provide a daily medication distribution form, which will contain the date name of medication, dosage, quantity and total amount dispensed, will be monitored by Lab Director.</td>
<td>3-30-19</td>
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CASE NO. 1068112613

IN THE MATTER OF

REPRODUCTIVE SERVICES

EL PASO, TEXAS

BEFORE THE

DEPARTMENT OF

STATE HEALTH SERVICES

AUSTIN, TEXAS

AGREED ORDER

I. JURISDICTION

The Department of State Health Services (Department) is authorized to enforce Chapter 245 of the Texas Health and Safety Code (Act), and the Department Rules at 25 Texas Administrative Code (TAC) Chapter 139 (Rules) governing the licensing and regulation of abortion facilities in Texas.

II. RESPONDENT

Reproductive Services (Respondent), 730 East Yandell Drive, El Paso, TX 79902, is licensed by the Department as an Abortion Facility, license #007263, and is subject to the Act and Rules.

III. FACTS

On or about June 14, 2010, the Department conducted on-site complaint investigation of Respondent. The purpose of the investigation was to determine Respondent’s compliance with the Act and the Rules. As a result of the investigation, the Department concluded that Respondent failed to comply with 25 TAC §139.60.

In the Department’s June 2, 2011, Notice of Violation (Notice), the Department alleged that the “facility performed an abortion at a fetal age of 16 weeks or more on two patients.”

IV. NOTICE

In the Notice, the Department informed the Respondent of the Department’s intent to assess an Administrative Penalty in the amount of $1,300.00.

V. RESPONSE

Respondent replied to the Notice by making a written request for an Informal Conference.

VI. SETTLEMENT

A. INFORMAL CONFERENCE

An Informal Conference was held on July 20, 2011. Representatives of the facility appeared at this conference and provided evidence which established that the facility incorrectly reported that it had performed an abortion at a fetal age of 18 weeks or more on two patients. As a result, the Department is amending its Notice of Violation and reducing the amount of the Administrative
Penalty sought from $1,300 to $200. All of the terms of the settlement are contained in this Order. Representatives for the Department and Respondent determined that a settlement of these matters would be in the best interests of the parties.

B. ENFORCEMENT

The Department and Respondent have agreed to the following:

1. The Department hereby amends its June 2, 2011, Notice to allege a violation of the Rules as follows:

   The Facility incorrectly reported performing an abortion at a fetal age of 16 weeks or more on two patients.

2. The Department withdraws its proposed assessment of an Administrative Penalty in the amount of $1,300.00 against Respondent.

3. The Department hereby assesses an Administrative Penalty against Respondent, in the amount of $200.00, for Respondent's reporting violation.

4. The administrative penalty in the amount of $200.00 shall be remitted within 30 days from the date the Commissioner of the Department, or his designee, signs this Order. Respondent will remit the administrative penalty by a company check, money order or cashier's check made payable to the Department of State Health Services, and bearing the notation, "Deposit in Budget ZZ156; Fund #170." : Department of State Health Services, Enforcement Unit-Mail Code 2003, P.O. Box 149347, Austin, Texas 78714-9347.

5. Respondent shall comply with this Order and with all applicable laws, rules and regulations governing abortion providers.

VII. COMPLETE AGREEMENT

This Order is made pursuant to Chapter 2001 of the Texas Government Code, § 2001.056(2), and the procedural rules adopted by the Department. This Order represents the complete settlement of all allegations contained in the Notice, as described in sections "III. Facts," "IV. Notice" and "VI. Settlement" of this Order.

A. WAIVER OF APPEAL AND AGREEMENT REGARDING SIGNATURE

In exchange for the execution of this Order, Respondent waives the right to an administrative hearing and any judicial review of this Order. Respondent has no objection to this Order being signed by either the Commissioner of the Department or his designee.

B. NO WAIVER WITH REGARD TO OTHER VIOLATIONS

The Department does not waive the right to enforce this Order or to prosecute any other violations that Respondent may commit and may consider this Order in the processing of any other enforcement actions.

C. COMPLETE UNDERSTANDING
The Respondent acknowledges understanding the terms of this settlement agreement, enters into this settlement agreement freely, and agrees to the terms and conditions of this Order.

NOW THEREFORE, IT IS ORDERED that:

1. Respondent violated the Rules as set forth in Section VI. A of this Order;

2. The Department's proposal to impose an Administrative Penalty in the amount of $1,300.00 is amended as set forth in Paragraph 3 below;

3. The Department assesses an Administrative Penalty in the amount of $200.00 for the Respondent's violation of the Rules as described in Section VI. A of this Order;

4. Respondent shall remit the amount of $200.00, in accordance with Section VI. B. of this Order, not later than 30 days from the date the Commissioner of the Department, or his designee, signs this Order; and

5. Respondent shall henceforth comply with this Order and with all applicable laws, rules, and regulations. Failure to comply may result in additional enforcement action being taken by the Department against Respondent.

Ordered this 19th day of December, 2011.

Kathryn C. Perkins, RN, MBA  
Assistant Commissioner  
Division for Regulatory Services

Agreed As to Form:

Mark J. Hanna, Attorney  
Law Offices of Hanna & Anderton  

Date

Agreed As to Form and Substance:

[Redacted]

Reproductive Services  
License Number 007283  

November 3, 2011

Date
June 2, 2011

Certified Mail Number 7010 2780 0002 9830 3707
and First Class Mail Service

[Name redacted]
Reproductive Services
730 East Yandell Drive
El Paso, TX 79902

Re: Notice of Violation (NOV), Reproductive Services, Abortion Facility, License #007263, DSHS Docket No. A18780-519-2011

Dear [Name redacted],

The Department of State Health Services (Department) has reviewed documents and evidence related to an on-site complaint investigation of Reproductive Services (Respondent) conducted on or about June 14, 2010. As a result of the investigation, the Department found evidence of violations under the Texas Health and Safety Code (HSC) Chapter 245 (Act) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules) relating to the licensing and regulation of abortion facilities in Texas.

The Department proposes to assess an Administrative Penalty in the amount of $1,300.00 against the facility, in accordance with the following criteria:

- HSC §245.017: “The department may assess an administrative penalty against a person who violates this chapter or a rule adopted under this chapter...”

- 25 TAC §139.33(a)(1): “Administrative Penalties. The department may assess an administrative penalty against a person who violates the Act or this chapter.”

The proposed action is based upon the following allegation:

On or about June 14, 2010, the Department determined that the facility did not comply with the requirements of HSC Ch. 171; which states that an abortion of a fetus age 16 weeks or more may be performed only at a ambulatory surgical center or hospital licensed to perform the abortion. The facility performed an abortion at a fetal age of 16 weeks or more on two patients.

This is in violation of 25 TAC §139.60. The Department proposes an Administrative Penalty in the amount of $1,300.00.

An Equal Opportunity Employer and Provider
25 TAC §139.60. Other State and Federal Compliance Requirements (l) A licensed abortion facility shall comply with the requirements of Health and Safety Code, Chapter 171, the Woman’s Right to Know Act.

In accordance with Government Code §2001.054(c), you have the right to show compliance with all requirements of law before final action by the Department. In addition, you have the right to request a hearing under the contested case provisions of Texas Government Code Chapter 2001.

Within twenty (20) calendar days following receipt of this Notice, you may:

1) Accept the Department’s determination to impose Administrative Penalties totaling in the amount of $1,300.00. Remit the recommended penalty amount of $1,300.00 by cashier’s check, money order, or company check made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or

2) Submit a written request for an informal conference and (if necessary) a hearing, regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Hearings are conducted in accordance with the provisions of the Administrative Procedure Act, Texas Government Code, Chapter 2001, and the Department’s formal hearing procedures in 25 TAC §§1.21 – 1.34.

Please use the attached RESPONSE TO NOTICE to notify the Department of which option you have selected.

YOU MUST RESPOND TO THIS NOTICE NOT LATER THAN 20 CALENDAR DAYS AFTER YOU RECEIVE THIS NOTICE. If you do not respond to this notice,

- you will waive your right to a conference and to a hearing;
- the allegations contained in this notice will be deemed true; and
- the Department will impose an administrative penalty in the amount of $1,300.00 by default.
If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,

Valerie Agee, Enforcement Specialist
Division for Regulatory Services
Enforcement Unit

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Reproductive Services, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $1,300.00 for License #007263.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this letter.

OPTION 1 ☐  Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of $1,300.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 ☑  Respondent does not accept the proposed action in the Department's Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 ☐  Respondent does not accept the proposed action in the Department's Notice and requests a hearing before the State Office of Administrative Hearings.

PLEASE NOTE: If you select OPTION 2 or 3, fax or mail your response to:
Texas Department of State Health Services
Enforcement Unit – MC 7927
Attn: Valerie Agee
P.O. Box 149347
Austin, TX 78714-9347
Fax: 512-834-6625

[Space for Respondent's Printed Name]

[June 8, 2011]

[License Number]
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Reproductive Services, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $1,300.00 for License #007263.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this letter.

OPTION 1 □ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $1,300.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

PLEASE NOTE: If you select OPTION 2 or 3, fax or mail your response to:
Texas Department of State Health Services
Enforcement Unit – MC 7927
Attn: Valerie Agee
P.O. Box 149347
Austin, TX 78714-9347
Fax: 512-834-6625

__________________________
SIGNATURE

__________________________
DATE

__________________________
Respondent’s Printed Name

__________________________
License Number

Americans United for Life
September 14, 2011

Certified Mail Number 7010 1870 0001 3528 7066
and First Class Mail Service

[Name], Administrator
Whole Woman’s Health of Fort Worth, LLC
1717 South Main Street
Ft Worth, TX 76110

Re: Notice of Violation (NOV), Whole Woman’s Health of Fort Worth, LLC,
Abortion Facility, License #140000, Case #1068115225, DSHS Docket No. A18950-519-2011

Dear [Name],

The Department of State Health Services (Department) has reviewed documents and evidence related to on-site complaint investigation of Whole Women’s Health of Fort Worth, LLC (Respondent) conducted on or about March 15, 2011. As a result of the investigation, the Department found evidence of violations under the Texas Health and Safety Code (HSC) Chapter 245 (Act) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules) relating to the licensing and regulation of abortion facilities in Texas.

The Department proposes to assess an Administrative Penalty in the amount of $1,500.00 against the facility, in accordance with the following criteria:

- HSC §245.017: “The department may assess an administrative penalty against a person who violates this chapter or a rule adopted under this chapter...”
- 25 TAC §139.33(a)(1): “Administrative Penalties. The department may assess an administrative penalty against a person who violates the Act or this chapter.”

The proposed action is based upon the following allegation:

On or about March 15, 2011, the Department determined that the facility failed to ensure all patient records are protected against unofficial use; to wit:

The confidential clinical record of Patients #1, 2 and 3 were found in a trash can outside of the facility. The information included identifying information.
This is in violation of 25 TAC §139.55(b)(2). The Department proposes an Administrative Penalty in the amount of $1,500.00 for this violation.

- 25 TAC §139.55 Clinical (b) A licensed abortion facility shall establish and maintain a clinical record for each patient. (2) All information regarding the care and services shall be centralized in the record and be protected against loss or damage and unofficial use.

In accordance with Government Code §2001.054(c), you have the right to show compliance with all requirements of law before final action by the Department. In addition, you have the right to request a hearing under the contested case provisions of Texas Government Code Chapter 2001. Hearings are held in accordance with the contested case provisions of Texas Government Code Chapter 2001 and 25 TAC §§1.21 – 1.27.

**Within twenty (20) calendar days following receipt of this Notice, you may:**

1) Accept the Department’s determination to impose Administrative Penalties totaling in the amount of $1,500.00. Remit the recommended penalty amount of $1,500.00 by cashier’s check, money order, or company check made payable to the Department of State Health Services, with a notation of:  *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or

2) Submit a written request for an informal conference and (if necessary) a hearing, regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached **RESPONSE TO NOTICE** to notify the Department of which option you have selected.

**YOU MUST RESPOND TO THIS NOTICE NOT LATER THAN 20 CALENDER DAYS AFTER YOU RECEIVE THIS NOTICE.** If you do not respond to this notice,  
- you will waive your right to a conference and to a hearing;  
- the allegations contained in this notice will be deemed true; and  
- the Department will impose an administrative penalty in the amount of $1,500.00 by default.
Notice of Violation
Whole Women’s Health of Fort Worth, LLC
Page 3

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,

Valerie Agee, Enforcement Specialist
Division for Regulatory Services
Enforcement Unit

Enclosure

lh/va
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Whole Women’s Health of Fort Worth, LLC., Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $1,500.00 for License #140000.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this letter.

OPTION 1 □ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $1,500.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

PLEASE NOTE: If you select OPTION 2 or 3, fax or mail your response to:
Texas Department of State Health Services
Enforcement Unit – MC 7927
Attn: Valerie Agee
P.O. Box 149347
Austin, TX 78714-9347
Fax: 512-834-6625

_________________________________ ____________________
SIGNATURE DATE

Respondent’s Printed Name License Number
CASE NO. 1068130695

IN THE MATTER OF §

ALL WOMEN’S MEDICAL CENTER §

SAN ANTONIO, TEXAS §

BEFORE THE §

DEPARTMENT OF

STATE HEALTH SERVICES

AUSTIN, TEXAS

AGREED ORDER FOR PAYMENT

I. JURISDICTION

The Department of State Health Services (Department), is authorized to enforce Health and Safety Code (HSC) Chapter 245 (Act), and 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules) governing the licensing and regulation of abortion facilities in Texas.

II. RESPONDENT

All Women’s Medical Center (Respondent), 8600 Wurzbach, Suite 1206, San Antonio, TX 78240, is licensed by the Department as an Abortion Facility, license #008033, and is subject to the Act and Rules.

III. FACTS

On or about November 02, 2011, the Department conducted an annual relicensing survey of the Respondent. The purpose of the annual relicensing survey was to determine Respondent’s compliance with the Act and the Rules. As a result of the relicensing survey, the Department concluded that Respondent failed to comply with 25 TAC §139.31(b)(7)(B).

The violation is more specifically described in the Department’s January 31, 2013, Notice of Violation (Notice) which is adopted and incorporated in this Agreed Order (Order).

IV. NOTICE

In the Notice, Respondent was informed of the Department’s intent to assess an Administrative Penalty in the amount of $500.00.

V. RESPONSE

Respondent replied to the Notice by sending the Department a check in the amount of $500.00, posted by the Department on February 12, 2013, (Remittance No. M150344000P). Respondent signed a Response document, which is adopted and incorporated by reference into this Order, admitting to the conduct and violation outlined in the Notice, accepting the assessment of an administrative penalty, agreeing to the issuance of an Order for an administrative penalty, and waiving the right to a hearing and/or an appeal.
VI. ACCEPTANCE OF SANCTION

This Order is made pursuant to Chapter 2001 of the Texas Government Code §2001.056(2), and the procedural rules adopted by the Department. This Order memorializes Respondent's acceptance of and monetary payment of the $500.00 Administrative Penalty for the violation contained in the Notice as described in "III. Facts" and "IV. Notice" of this Order.

A. WAIVER OF APPEAL

In exchange for Respondent's payment of the penalty, and the execution of this Order, Respondent waives the right to a hearing or an appeal regarding the Department findings, assessment of the proposed administrative penalty and the Department's disposition of this case through the Department's issuance of an Order.

B. NO WAIVER WITH REGARD TO OTHER VIOLATIONS

The Department does not waive the right to enforce this Order or to prosecute any other violations that Respondent may commit and may consider this Order in the processing of any other enforcement actions provided.

NOW THEREFORE, IT IS ORDERED that Respondent violated the Department Rule as set forth in section "III. Facts" of this Order and that Respondent has paid an Administrative Penalty in the amount of $500.00, which has been posted by the Department on February 12, 2013. Respondent shall henceforth comply with all applicable laws, rules and regulations. Failure to comply shall result in additional enforcement action.

Ordered this 4th day of March, 2013.

Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services
January 31, 2013

Certified Mail Number 7010 2780 0002 9830 3714
and First Class Mail Service

[Redacted] Administrator
All Women’s Medical Center
8600 Wurzbach, Suite #1206
San Antonio, TX 78240

Re: Notice of Violation (NOV), All Women’s Medical Center, Abortion Facility,
License #008033, Case #1068130695

Dear [Redacted],

The Department of State Health Services (Department) has reviewed documents and evidence related to an annual relicensing survey of All Women’s Medical Center (Respondent) conducted on or about November 2, 2011. As a result of the relicensing survey, the Department found evidence of violations under the Texas Health and Safety Code (HSC) Chapter 245 (Act) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules) relating to the licensing and regulation of abortion facilities in Texas.

The Department proposes to assess an Administrative Penalty in the amount of $500.00 against the facility, in accordance with the following criteria:

- HSC §245.017: “The department may assess an administrative penalty against a person who violates this chapter or a rule adopted under this chapter...”

- 25 TAC §139.33(a)(1): “Administrative Penalties. The department may assess an administrative penalty against a person who violates the Act or this chapter.”

The proposed action is based upon the following allegation:

The Facility failed to return a plan of correction to the Department within 14 days of the receipt of the Statement of Deficiencies. As of May 21, 2012, an acceptable and signed plan of correction for the deficiency cited at the December 22, 2011, relicensing survey had not been received by the Department.

This conduct is in violation of 25 TAC §139.31(b)(7)(B). The Department proposes an Administrative Penalty in the amount of $500.00 for this violation.
• 25 TAC §139.31 On-site Inspections and Complaint Investigations of a Licensed Abortion Facility

(7) If the department representative finds there are deficiencies, the facility and the department shall comply with the following procedure.

(B) The facility administrator or person in charge shall sign the written statement of deficiencies and return it to the department with its plan of correction(s) for each deficiency within 14 calendar days of its receipt of the statement of deficiencies. The signature does not indicate the person's agreement with deficiencies stated on the form.

PLEASE NOTE: In accordance with section 2001.054(c) of the Texas Government Code, you have the opportunity, upon written request, to show compliance with all requirements of law at an informal conference with the department before institution of state agency proceedings at the State Office of Administrative Hearings (SOAH). In addition, or in the alternative, you have a right to a hearing on the occurrence of the violation(s), the amount(s) of the penalty, or both. These hearings are conducted at SOAH under authority of and pursuant to the applicable provision of the Health and Safety Code as well as 25 TAC §§1.21 – 1.27; and in accordance with the Administrative Procedure Act (APA), Chapter 2001 of the Texas Government Code; as well as the SOAH Rules of Procedure set out in Title 1, Chapter 155, of the Texas Administrative Code.

Within twenty (20) calendar days following receipt of this Notice, you may:

1) Accept the Department’s determination to impose Administrative Penalties in the amount of $500.00. Remit the recommended penalty amount of $500.00 by cashier’s check, money order, or company check made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or

2) Submit a written request for an informal conference and (if necessary) a hearing, regarding the occurrence of the alleged violation, the amount of the penalties, or both; or,

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violation, the amount of the penalty, or both.
Notice of Violation
Reproductive Services
Page 3

Please use the attached RESPONSE TO NOTICE form to notify the Department of which option you have selected.

**YOU MUST RESPOND TO THIS NOTICE NOT LATER THAN 20 CALENDAR DAYS AFTER YOU RECEIVE THIS NOTICE.** If you do not respond to this notice,

- you will waive your right to a conference and to a hearing;
- the allegations contained in this notice will be deemed true; and
- the Department will impose an administrative penalty in the amount of $500.00 by default.

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 4505.

Sincerely,

Adrian Watson, Enforcement Specialist
Division for Regulatory Services
Enforcement Unit

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, All Women’s Medical Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $500.00 for License #008033.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this letter.

OPTION 1 ☑ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $500.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

PLEASE NOTE: If you select OPTION 2 or 3, fax or mail your response to: Texas Department of State Health Services Enforcement Unit – MC 7927 Attn: Adrian Watson P.O. Box 149347 Austin, TX 78714-9347 Fax: 512-834-6625

SIGNATURE

Respondent’s Printed Name

DATE

008033

License Number

2/6/13
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, All Women's Medical Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $500.00 for License #008033.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this letter.

OPTION 1 [ ] Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of $500.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 [ ] Respondent does not accept the proposed action in the Department's Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 [ ] Respondent does not accept the proposed action in the Department's Notice and requests a hearing before the State Office of Administrative Hearings.

PLEASE NOTE: If you select OPTION 2 or 3, fax or mail your response to:
Texas Department of State Health Services
Enforcement Unit – MC 7927
Attn: Adrian Watson
P.O. Box 149347
Austin, TX 78714-9347
Fax: 512-834-6625

__________________________________________
SIGNATURE

Respondent's Printed Name

__________________________________________
DATE

License Number

Americans United for Life
January 31, 2013

Certified Mail Number 7010 2780 0002 9830 3714
and First Class Mail Service

[Name], Administrator
All Women’s Medical Center
8600 Wurzbach, Suite #1206
San Antonio, TX 78240

Re: Notice of Violation (NOV), All Women’s Medical Center, Abortion Facility,
License #008033, Case #1068130695

Dear [Name]:

The Department of State Health Services (Department) has reviewed documents and
evidence related to an annual relicensing survey of All Women’s Medical Center
(Respondent) conducted on or about November 2, 2011. As a result of the relicensing
survey, the Department found evidence of violations under the Texas Health and Safety
Code (HSC) Chapter 245 (Act) and Title 25 of the Texas Administrative Code (TAC)
Chapter 139 (Rules) relating to the licensing and regulation of abortion facilities in
Texas.

The Department proposes to assess an Administrative Penalty in the amount of
$500.00 against the facility, in accordance with the following criteria:

- HSC §245.017: “The department may assess an administrative penalty against
a person who violates this chapter or a rule adopted under this chapter...”

- 25 TAC §139.33(a)(1): “Administrative Penalties. The department may assess
an administrative penalty against a person who violates the Act or this chapter.”

The proposed action is based upon the following allegation:

The Facility failed to return a plan of correction to the Department within 14 days of the
receipt of the Statement of Deficiencies. As of May 21, 2012, an acceptable and signed
plan of correction for the deficiency cited at the December 22, 2011, relicensing survey
had not been received by the Department.

This conduct is in violation of 25 TAC §139.31(b)(7)(B). The Department proposes an
Administrative Penalty in the amount of $500.00 for this violation.
25 TAC §139.31 On-site Inspections and Complaint Investigations of a Licensed Abortion Facility

(b) Inspection procedures.

(7) If the department representative finds there are deficiencies, the facility and the department shall comply with the following procedure.

(B) The facility administrator or person in charge shall sign the written statement of deficiencies and return it to the department with its plan of correction(s) for each deficiency within 14 calendar days of its receipt of the statement of deficiencies. The signature does not indicate the person's agreement with deficiencies stated on the form.

PLEASE NOTE: In accordance with section 2001.054(c) of the Texas Government Code, you have the opportunity, upon written request, to show compliance with all requirements of law at an informal conference with the department before institution of state agency proceedings at the State Office of Administrative Hearings (SOAH). In addition, or in the alternative, you have a right to a hearing on the occurrence of the violation(s), the amount(s) of the penalty, or both. These hearings are conducted at SOAH under authority of and pursuant to the applicable provision of the Health and Safety Code as well as 25 TAC §§1.21 – 1.27; and in accordance with the Administrative Procedure Act (APA), Chapter 2001 of the Texas Government Code; as well as the SOAH Rules of Procedure set out in Title 1, Chapter 155, of the Texas Administrative Code.

Within twenty (20) calendar days following receipt of this Notice, you may:

1) Accept the Department’s determination to impose Administrative Penalties in the amount of $500.00. Remit the recommended penalty amount of $500.00 by cashier’s check, money order, or company check made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or

2) Submit a written request for an informal conference and (if necessary) a hearing, regarding the occurrence of the alleged violation, the amount of the penalties, or both; or,

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violation, the amount of the penalty, or both.
Notice of Violation
All Women’s Medical Center
Page 3

Please use the attached RESPONSE TO NOTICE form to notify the Department of which option you have selected.

YOU MUST RESPOND TO THIS NOTICE NOT LATER THAN 20 CALENDAR DAYS AFTER YOU RECEIVE THIS NOTICE. If you do not respond to this notice,

- you will waive your right to a conference and to a hearing;
- the allegations contained in this notice will be deemed true; and
- the Department will impose an administrative penalty in the amount of $500.00 by default.

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 4505.

Sincerely,

Adrian Watson, Enforcement Specialist
Division for Regulatory Services
Enforcement Unit

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, All Women’s Medical Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $500.00 for License #008033.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this letter.

OPTION 1 □ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $500.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

PLEASE NOTE: If you select OPTION 2 or 3, fax or mail your response to:
Texas Department of State Health Services
Enforcement Unit – MC 7927
Attn: Adrian Watson
P.O. Box 149347
Austin, TX 78714-9347
Fax: 512-834-6625

SIGNATURE ______________________ DATE ______________________
Respondent’s Printed Name           License Number

Americans United for Life
CASE NO. 1068130700

IN THE MATTER OF

REPRODUCTIVE SERVICES

HARLINGEN, TEXAS

BEFORE THE

§
§
§
§
§
§

DEPARTMENT OF
STATE HEALTH SERVICES

AUSTIN, TEXAS

AGREED ORDER

I. JURISDICTION

The Department of State Health Services (Department) is authorized to enforce Chapter 245 of the Texas Health and Safety Code (Act), and the Department Rules at 25 Texas Administrative Code (TAC) Chapter 139 (Rules) governing the licensing and regulation of abortion facilities in Texas.

II. RESPONDENT

Reproductive Services (Respondent), 613 Sesame Drive, Harlingen, TX 78550, is licensed by the Department as an Abortion Facility, license #0000870, and is subject to the Act and Rules.

III. FACTS

On or about December 22, 2011, the Department conducted on-site inspection/complaint investigation of Respondent. The purpose of the investigation was to determine Respondent’s compliance with the Act and the Rules. As a result of the on-site inspection/complaint investigation, the Department concluded that Respondent failed to comply with 25 TAC §139.31.

In the Department’s January 31, 2013, Notice of Violation (Notice), the Department alleged that the Facility failed to return a plan of correction to the Department within 14 days of its receipt of the Statement of Deficiencies regarding the operations at the Facility. As of October 12, 2012, an acceptable plan of correction for the deficiency cited at the December 22, 2011, investigation has not been received by the Department.

IV. NOTICE

In the Notice, the Department informed the Respondent of the Department’s intent to assess an Administrative Penalty in the amount of $1,100.00.

V. RESPONSE

Respondent replied to the Notice by making a written request for an Informal Conference.
VI. SETTLEMENT

A. INFORMAL CONFERENCE

An Informal Conference was held on March 20, 2013. Representatives of the facility appeared at this conference and provided evidence which established that the facility **fixed an acceptable plan of correction to the Department on March 20, 2013**. As a result, the Department is amending its Notice of Violation and reducing the amount of the Administrative Penalty sought from $1,100.00 to $550.00. All of the terms of the settlement are contained in this Order. Representatives for the Department and Respondent determined that a settlement of these matters would be in the best interests of the parties.

B. ENFORCEMENT

The Department and Respondent have agreed to the following:

1. The Department withdraws its proposed assessment of an Administrative Penalty in the amount of $1,100.00 against Respondent.

2. The Department hereby assesses an Administrative Penalty against Respondent, in the amount of $550.00.

3. The administrative penalty in the amount of $550.00 shall be remitted within 30 days from the date the Commissioner of the Department, or his designee, signs this Order. Respondent will remit the administrative penalty by a company check, money order or cashier's check made payable to the Department of State Health Services, and bearing the notation, **"Deposit in Budget ZZ156; Fund #170."**: Department of State Health Services, Enforcement Unit-Mail Code 2003, P.O. Box 149347, Austin, Texas 78714-9347.

4. Respondent shall comply with this Order and with all applicable laws, rules and regulations governing abortion providers.

VII. COMPLETE AGREEMENT

This Order is made pursuant to Chapter 2001 of the Texas Government Code, § 2001.056(2), and the procedural rules adopted by the Department. This Order represents the complete settlement of all allegations contained in the Notice, as described in sections "III. Facts," "IV. Notice" and "VI. Settlement" of this Order.

A. WAIVER OF APPEAL AND AGREEMENT REGARDING SIGNATURE

In exchange for the execution of this Order, Respondent waives the right to an administrative hearing and any judicial review of this Order. Respondent has no objection to this Order being signed by either the Commissioner of the Department or his designee.

B. NO WAIVER WITH REGARD TO OTHER VIOLATIONS

The Department does not waive the right to enforce this Order or to prosecute any other violations that Respondent may commit and may consider this Order in the processing of any other enforcement actions.
C. COMPLETE UNDERSTANDING

The Respondent acknowledges understanding the terms of this settlement agreement, enters into this settlement agreement freely, and agrees to the terms and conditions of this Order.

NOW THEREFORE, IT IS ORDERED that:

1. Respondent violated the Rules as set forth in Section III of this Order;

2. The Department's proposal to impose an Administrative Penalty in the amount of $1,100.00 is amended as set forth in Paragraph 3 below;

3. The Department assesses an Administrative Penalty in the amount of $550.00 for the Respondent's violation of the Rules as described in Section VI. A of this Order;

4. Respondent shall remit the amount of $550.00, in accordance with Section VI. B. of this Order, not later than 30 days from the date the Commissioner of the Department, or his designee, signs this Order; and

5. Respondent shall henceforth comply with this Order and with all applicable laws, rules, and regulations. Failure to comply may result in additional enforcement action being taken by the Department against Respondent.

Ordered this 29th day of July, 2013.

Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services

Agreed As to Form and Substance:

[Redacted]
Administrator
Reproductive Services
License Number 008700
6-14-2013
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Reproductive Services, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $1,100.00 for License #008700.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this letter.

OPTION 1 □ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $1,100.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

PLEASE NOTE: If you select OPTION 2 or 3, fax or mail your response to:
Texas Department of State Health Services
Enforcement Unit – MC 7927
Attn: Adrian Watson
P.O. Box 149347
Austin, TX 78714-9347
Fax: 512-834-6625

SIGNATURE

Respondent’s Printed Name

DATE

License Number

Americans United for Life
January 31, 2013

Certified Mail Number 7010 2780 0002 9830 3721
and First Class Mail Service

[Redacted] Administrator
Reproductive Services
613 Sesame Drive
Harlingen, TX 78550

Re: Notice of Violation (NOV), Reproductive Services, Abortion Facility,
License number 008700, Case number 1068130700

Dear [Redacted],

The Department of State Health Services (Department) has reviewed documents and
evidence related to an on-site inspection/complaint investigation of Reproductive
Services (Respondent) conducted on or about December 22, 2011. As a result of the
inspection/investigation, the Department found evidence of violations under the Texas
Health and Safety Code (HSC) Chapter 245 (Act) and Title 25 of the Texas
Administrative Code (TAC) Chapter 139 (Rules) relating to the licensing and regulation
of abortion facilities in Texas.

The Department proposes to assess an Administrative Penalty in the amount of
$1,100.00 against the facility, in accordance with the following criteria:

- HSC §245.017: "The department may assess an administrative penalty against
  a person who violates this chapter or a rule adopted under this chapter..."

- 25 TAC §139.33(a)(1): "Administrative Penalties. The department may assess
  an administrative penalty against a person who violates the Act or this chapter."

The proposed action is based upon the following allegation:

The Facility failed to return a plan of correction to the Department within 14 days of its
receipt of the Statement of Deficiencies regarding the operations at the Facility. As of
October 12, 2012, an acceptable plan of correction for the deficiency cited on the
December 22, 2011, relicensing survey has not been received by the Department. This
conduct is in violation of 25 TAC §139.31(b)(7)(B). The Department proposes an
Administrative Penalty of $100 per month for each of the 11 months past the deadline,
for a total amount of $1,100.00 for this violation.

An Equal Opportunity Employer and Provider
25 TAC §139.31 On-site Inspections and Complaint Investigations of a Licensed Abortion Facility;

(b) Inspection procedures.

(7) If the department representative finds there are deficiencies, the facility and the department shall comply with the following procedure.

(B) The facility administrator or person in charge shall sign the written statement of deficiencies and return it to the department with its plan of correction(s) for each deficiency within 14 calendar days of its receipt of the statement of deficiencies. The signature does not indicate the person's agreement with deficiencies stated on the form.

In accordance with section 2001.054(c) of the Texas Government Code, you have the opportunity, upon written request, to show compliance with all requirements of law at an informal conference with the department before institution of state agency proceedings at the State Office of Administrative Hearings (SOAH). In addition, or in the alternative, you have a right to a hearing on the occurrence of the violation(s), the amount(s) of the penalty, or both. These hearings are conducted at SOAH under authority of and pursuant to the applicable provision of the Health and Safety Code as well as 25 TAC §§1.21 – 1.27; and in accordance with the Administrative Procedure Act (APA), Chapter 2001 of the Texas Government Code; as well as the SOAH Rules of Procedure set out in Title 1, Chapter 155, of the Texas Administrative Code.

Within twenty (20) calendar days following receipt of this Notice, you may:

1) Accept the Department's determination to impose Administrative Penalties totaling $1,100.00. Remit the recommended penalty amount of $1,100.00 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or

2) Submit a written request for an informal conference and (if necessary) a hearing regarding the occurrence of the alleged violation, the amount of the penalty, or both; or,

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violation, the amount of the penalty, or both.
Notice of Violation
Reproductive Services
Page 3

Please use the attached RESPONSE TO NOTICE form to notify the Department of which option you have selected.

YOU MUST RESPOND TO THIS NOTICE NOT LATER THAN 20 CALENDER DAYS AFTER YOU RECEIVE THIS NOTICE. If you do not respond to this notice,

- you will waive your right to a conference and to a hearing;
- the allegations contained in this notice will be deemed true; and
- the Department will impose an administrative penalty in the amount of $1,100.00 by default.

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 4505.

Sincerely,

[Signature]
Adrian Watson, Enforcement Specialist
Division for Regulatory Services
Enforcement Unit

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Reproductive Services, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $1,100.00 for License #008700.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this letter.

OPTION 1 □ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $1,100.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

PLEASE NOTE: If you select OPTION 2 or 3, fax or mail your response to:
Texas Department of State Health Services
Enforcement Unit – MC 7927
Attn: Adrian Watson
P.O. Box 149347
Austin, TX 78714-9347
Fax: 512-834-6625

SIGNATURE

RESPONDENT’S PRINTED NAME

DATE
2-4-2013

LICENSE NUMBER
008700
ORDER ACCEPTING LICENSE SURRENDER

I. JURISDICTION

The Department of State Health Services (Department) licenses and regulates Abortion Facilities in Texas in accordance with Health and Safety Code (HSC) Chapter 245 (Act) and Title 25 of the Texas Administrative Code, Chapter 139 (Rules).

II. RESPONDENT

Abortion Access Affiliates Concerned Women's Center (Respondent) is licensed by the Department as an Abortion Facility located at 7324 Southwest Freeway Suite 978, Houston, Texas 77074 (Facility) under license #007287, and is subject to the Act and Rules.

III. FACTS

On or about December 13, 2013, Department staff conducted a re-licensure survey of the Facility to evaluate Respondent's compliance with the Act and the Rules. As a result of the survey, the Department sent the Respondent a Notice of Violation, dated June 5, 2014 alleging the Respondent failed to provide services and treatment in a manner consistent with the statutes and rules relating to an abortion facility. Afterwards, on October 6, 2014, the Department received Respondent's abortion facility license #007287 by U.S. mail. According to Respondent, its licensed Facility closed effective September 30, 2014.

IV. ACCEPTANCE

The Department accepts the surrender by Abortion Access Affiliates Concerned Women’s Center, License #007287, of its license as an abortion facility, and considers such surrender as being in lieu of further enforcement action.
NOW THEREFORE, IT IS ORDERED that License #007287 is cancelled.

Ordered this 11th day of October, 2014.

[Signature]
Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services
June 5, 2014

Certified Mail Number: 7010 2780 0002 9830 3974
and First Class Mail Service

[Redacted]
Abortion Access Affiliates
Concerned Women’s Center
7324 Southwest Fwy #1010A
Houston, Texas 77074

Re: Notice of Violation (Notice), Abortion Access Affiliates Concerned Women’s Center, Abortion Facility, License #007287, Case #1068141955

Dear [Redacted]:

The Department of State Health Services (Department) has reviewed documents and evidence related to a re-licensure survey of Abortion Access Affiliates Concerned Women’s Center (Facility or Respondent) conducted on or about December 13, 2013.

As a result of that review, the Department proposes to impose an administrative penalty in the amount of $3,250.00 against the Facility pursuant to its authority under Chapter 245 of the Texas Health and Safety Code (HSC) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules).

The proposed action is based upon the following allegations (names of persons identified by initials or numbers will be provided upon request if permitted by law):

1. The Facility failed to provide the name and telephone number of the nearest hospital, to wit:

   A review of medical records revealed that Patient’s #1, 2, 3, 13, and 14 were not provided the name and telephone number of the nearest hospital, in violation of 25 TAC §139.56(a)(2)(B), which states that the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

   An administrative penalty in the amount of $3,250.00 ($650.00 per patient) is proposed for this rule violation.
In accordance with Health and Safety Code Sections 245.017 and 245.018, you have the right to show compliance with all requirements of law prior to final action by the Department. Within 20 calendar days following the day you receive this notice, you may:

1) Accept the Department’s determination to impose an Administrative Penalty in the amount of $3,250.00. Remit the recommended penalty amount of $3,250.00 by cashier’s check, money order, or company check made payable to the Department of State Health Services, with a notation of: Deposit in Budget #156, Fund #170, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or

2) Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached RESPONSE TO NOTICE form to notify the Department of which option you have selected.

FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE DEPARTMENT WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,

[Signature]

Dianne Estrada, MBA
Program Specialist
Enforcement Unit
Division for Regulatory Services

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Abortion Access Affiliates Concerned Women’s Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $3,250.00 for License #007287.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 □ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $3,250.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to: Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

SIGNATURE _______________________________________________ DATE ________________________

Respondent’s Printed Name 007287 License Number

Americans United for Life
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Abortion Access Affiliates Concerned Women’s Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $3,250.00 for License #007287.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 □ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $3,250.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 ☑ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to: Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

[Redacted]

[Redacted]

Respondent’s Printed Name

DATE 6-9-14

License Number 007287
CASE NO. 1068141955

IN THE MATTER OF §
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§
§
ABORTION ACCESS AFFILIATES
CONCERNED WOMEN’S CENTER
§
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HOUSTON, TEXAS
§
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§
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BEFORE THE
§
§
DEPARTMENT OF
STATE HEALTH SERVICES
§
§
AUSTIN, TEXAS
§
§

AMENDED ORDER ACCEPTING LICENSE SURRENDER

I. JURISDICTION

The Department of State Health Services (Department) licenses and regulates Abortion Facilities in Texas in accordance with Health and Safety Code (HSC) Chapter 245 (Act) and Title 25 of the Texas Administrative Code, Chapter 139 (Rules).

II. RESPONDENT

Abortion Access Affiliates Concerned Women’s Center (Respondent) is licensed by the Department as an Abortion Facility located at 7324 Southwest Freeway Suite 978, Houston, Texas 77074 (Facility) under license #007287, and is subject to the Act and Rules.

III. FACTS

According to Respondent, its licensed Facility closed effective September 30, 2014. On October 6, 2014, the Department received Respondent’s abortion facility license #007187 by U.S. mail.

IV. ACCEPTANCE

The Department accepts the surrender by Abortion Access Affiliates Concerned Women’s Center, License #007287, of its license as an abortion facility.
NOW THEREFORE, IT IS ORDERED that License #007287 is canceled.

Ordered this 13th day of November, 2014.

Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services
CASE NO. 1068141955

IN THE MATTER OF

ABORTION ACCESS AFFILIATES
CONCERNED WOMEN'S CENTER

HOUSTON, TEXAS

BEFORE THE

DEPARTMENT OF
STATE HEALTH SERVICES

AUSTIN, TEXAS

ORDER ACCEPTING LICENSE SURRENDER

I. JURISDICTION

The Department of State Health Services (Department) licenses and regulates Abortion Facilities in Texas in accordance with Health and Safety Code (HSC) Chapter 245 (Act) and Title 25 of the Texas Administrative Code, Chapter 139 (Rules).

II. RESPONDENT

Abortion Access Affiliates Concerned Women's Center (Respondent) is licensed by the Department as an Abortion Facility located at 7324 Southwest Freeway Suite 978, Houston, Texas 77074 (Facility) under license #007287, and is subject to the Act and Rules.

III. FACTS

On or about December 13, 2013, Department staff conducted a re-licensure survey of the Facility to evaluate Respondent's compliance with the Act and the Rules. As a result of the survey, the Department sent the Respondent a Notice of Violation, dated June 5, 2014 alleging the Respondent failed to provide services and treatment in a manner consistent with the statutes and rules relating to an abortion facility. Afterwards, on October 6, 2014, the Department received Respondent's abortion facility license #007287 by U.S. mail. According to Respondent, its licensed Facility closed effective September 30, 2014.

IV. ACCEPTANCE

The Department accepts the surrender by Abortion Access Affiliates Concerned Women's Center, License #007287, of its license as an abortion facility, and considers such surrender as being in lieu of further enforcement action.
NOW THEREFORE, IT IS ORDERED that License #007287 is cancelled.

Ordered this 11th day of October, 2014.

Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services
June 5, 2014

Certified Mail Number: 7010 2780 0002 9830 3974
and First Class Mail Service

To: [Redacted]

Abortion Access Affiliates
Concerned Women’s Center
7324 Southwest Fwy #1010A
Houston, Texas 77074

Re: Notice of Violation (Notice), Abortion Access Affiliates Concerned Women’s Center,
Abortion Facility, License #007287, Case #1068141955

Dear [Redacted]

The Department of State Health Services (Department) has reviewed documents and evidence related to a re-licensure survey of Abortion Access Affiliates Concerned Women’s Center (Facility or Respondent) conducted on or about December 13, 2013.

As a result of that review, the Department proposes to impose an administrative penalty in the amount of $3,250.00 against the Facility pursuant to its authority under Chapter 245 of the Texas Health and Safety Code (HSC) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules).

The proposed action is based upon the following allegations (names of persons identified by initials or numbers will be provided upon request if permitted by law):

1. The Facility failed to provide the name and telephone number of the nearest hospital, to wit:

   A review of medical records revealed that Patient’s #1, 2, 3, 13, and 14 were not provided the name and telephone number of the nearest hospital, in violation of 25 TAC §139.56(a)(2)(B), which states that the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

   An administrative penalty in the amount of $3,250.00 ($650.00 per patient) is proposed for this rule violation.
Notice of Violation
Abortion Access Affiliates
Concerned Women’s Center
Page 2

In accordance with Health and Safety Code Sections 245.017 and 245.018, you have the right to show compliance with all requirements of law prior to final action by the Department. **Within 20 calendar days following the day you receive this notice, you may:**

1) Accept the Department’s determination to impose an Administrative Penalty in the amount of $3,250.00. Remit the recommended penalty amount of $3,250.00 by cashier’s check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #156, Fund #170,* and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or

2) Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached RESPONSE TO NOTICE form to notify the Department of which option you have selected.

**FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE DEPARTMENT WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.**

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,

[Signature]

Dianne Estrada, MBA
Program Specialist
Enforcement Unit
Division for Regulatory Services

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Abortion Access Affiliates Concerned Women’s Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $3,250.00 for License #007287.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 ☐ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $3,250.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 ☐ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 ☐ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to: Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

SIGNATURE

Respondent’s Printed Name

DATE

License Number

Americans
United for Life
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Abortion Access Affiliates Concerned Women's Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $3,250.00 for License #007287.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 □ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $3,250.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to:
Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

SIGNATURE

DATE 6-9-14

Respondent’s Printed Name

License Number 007287

Americans United for Life
February 19, 2014

Certified Mail Number 7011 1150 0000 6299 0772
and First Class Mail Service

A Affordable Women’s Medical Center, LLC d/b/a
A Affordable Women’s Medical Center
7007 North Fwy., Suite 225
Houston, TX 77076

Re: Notice of Violation (Notice), A Affordable Women’s Medical Center, Abortion Facility, License #008248, Case #1068141961

Dear [Redacted]

The Department of State Health Services (Department) has reviewed documents and evidence related to the on-site surveys of A Affordable Women’s Medical Center (Facility or Respondent) conducted on or about December 11, 2013, and February 7, 2014. As a result of the surveys, the Department found evidence of violations under the Texas Health and Safety Code (HSC) Chapters 245 (the Texas Abortion Facility Reporting and Licensing Act) and 171 (the Woman’s Right to Know Act) (together, Chapters 245 and 171 are referred to as the Health and Safety Code or “HSC”) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules) relating to the licensing and regulation of abortion facilities in Texas.

The Department proposes to revoke the Facility’s license #008248 for each of the seven violations listed below, as authorized by HSC §§ 245.012(a) and (b), 171.005, and 171.0031, and rules found at 25 TAC §§ 139.60(l), 139.32(b)(3), (4), (5), (6), (7), and (14) and 139.53(c). In addition, the Department proposes to assess the Facility a $1,000 administrative penalty for each of the 268 violations pursuant to HSC §§ 171.005, 171.0031, 245.017 and 25 TAC 139.33. The Department also seeks to recover its reasonable costs and expenses as allowed by HSC § 245.022 and 25 TAC § 139.33(a)(5).

The Department’s proposed Revocation is based on the following violations:

1. The Facility’s employee’s acts, those of [Redacted] M.D. in performing 66 abortions without having active admitting privileges at any hospital, are acts that are...
immediate jeopardy to the health and safety of patients, and thus are in violation of 25 TAC § 139.32(b)(3).

2. The Facility, through its Medical Director, violated 25 TAC § 139.32(b)(4) and (5) by submitting a plan of correction that was unacceptable because it did not provide a means of bringing the Facility into compliance by any specific date and failed to timely comply with minimum standards for licensure within the dates designated within the plan of correction.

3. The Facility allowed its Medical Director and employee [redacted] M.D., the only physician who performs abortions at the Facility, to violate HSC § 171.0031 by performing 99 abortions from January 1, 2014, through February 7, 2014, when he did not have admitting privileges of the kind described below, as required by 25 TAC § 139.53(c), which provides that a physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that:

   (1) is located not further than 30 miles from the location at which the abortion is performed or induced; and

   (2) provides obstetrical or gynecological health care services.

4. One or more employees of the Facility, and the Facility itself aided, abetted, or permitted the commission of an illegal act in violation of 25 TAC § 139.32(b)(6) in that the Facility’s Medical Director performed 268 abortions from November 6, 2013, through February 7, 2014, at the Facility without having active admitting privileges, and thereby violated HSC § 171.0031.

5. The Facility through its Medical Director and only physician who performs abortions there violated § 171.0031 of the Code by performing 268 abortions from November 6, 2013, through February 7, 2014, when he did not have admitting privileges of the kind described above, thus violating 25 TAC § 139.32(b)(7).

6. The Facility failed to comply with 25 TAC § 139.60(l), in that it allowed the performance of 268 abortions from November 6, 2013, through February 7, 2014, by its Medical Director, employee, and sole physician, [redacted] who performed the abortions there, he did not have admitting privileges at any hospital, in violation of HSC § 171.0031, which requires each physician who performs abortions to have active admitting privileges at a hospital located within 30 miles of the facility.

7. The Facility aided, abetted, or permitted the commission of an illegal act, in that its Medical Director performed 268 abortions without having active admitting privileges at a hospital which offers obstetrical or gynecological services and is located not further than 30 miles from the Facility. This conduct was in violation of Texas Health and Safety Code § 171.0031 in violation of 25 TAC § 139.32(b)(14).
Administrative Penalties

Additionally, for each of the violations contained in violations 1 – 7 set forth above, the Department proposes to assess an Administrative Penalty of $1,000 per violation, as provided by HSC § 245.017, for a total of $268,000.00.

PLEASE NOTE: In accordance with section 2001.054(c) of the Texas Government Code, you have the opportunity, upon written request, to show compliance with all requirements of law at an informal conference with the Department before institution of state agency proceedings at the State Office of Administrative Hearings (SOAH). In addition, or in the alternative, you have a right to a hearing on the occurrence of the violation(s), the proposed sanction, or both. These hearings are conducted at SOAH under authority of and pursuant to the applicable provision of the Health and Safety Code as well as 25 TAC §§1.21 – 1.27; and in accordance with the Administrative Procedure Act (APA), Chapter 2001 of the Texas Government Code; as well as the SOAH Rules of Procedure set out in Title 1, Chapter 155, of the Texas Administrative Code.

Within twenty (20) calendar days after you receive this Notice, you may:

1) Accept the Department’s determination to impose Revocation of license number 008248, and;

   Mail your license to:
   Texas Department of State Health Services (DSHS)
   Regulatory Licensing Unit – Mail Code 2835
   P.O. Box 149347, Austin, Texas 78714-9347; and

   Accept the Department’s determination to impose Administrative Penalties totaling $268,000.00 and remit the penalty amount of $268,000.00 by cashier’s check, money order, or company check made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170.

   Mail the penalty payment with this form to:
   Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347, and return the enclosed Response to Notice of Violation form, with the first box checked. Please be sure to sign and date the form; or

2) Submit a written request for an informal conference regarding the occurrence of the alleged violations, the proposed revocation and penalty, or all, which will be held at the office of the Department of State Health Services, Exchange Building, 8407 Wall Street, Suite S-331, Austin, TX 78754; or

3) Attend and present your defenses at the contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the proposed revocation and penalty, or all.
Please use the attached **RESPONSE TO NOTICE** on pages 5 and 6 below to notify the Department of which option you have selected.

**YOU MUST RESPOND TO THIS NOTICE WITHIN 20 CALENDER DAYS AFTER THE DATE YOU RECEIVE THIS NOTICE. IF YOU DO NOT RESPOND TO THIS NOTICE BY THE DEADLINE:**

- YOUR OPPORTUNITY TO REQUEST A CONFERENCE WILL BE DEEMED WAIVED;
- THE DEPARTMENT WILL SET THIS CASE FOR HEARING BEFORE THE STATE OFFICE OF ADMINISTRATIVE HEARINGS PURSUANT TO HSC § 245.012(b) IF THIS CASE IS NOT RESOLVED.

If you have any questions regarding this proposal, please contact the undersigned at (512) 834-6665 ext. 4505.

Sincerely,

Alan Morris  
Enforcement Unit Manager  
Division for Regulatory Services

**cc:** 5090 Richmond, Suite 117  
Houston, Texas 77056  
Certified Mail Number 7011 1150 0000 6299 0789  
and First Class Mail Service

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, A Affordable Women's Medical Center, LLC d/b/a as A Affordable Women's Medical Center, a licensed abortion facility (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing Revocation for License #008248 and an administrative penalty of $268,000.00.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this letter.

OPTION 1 □  Respondent accepts the proposed revocation in the Department's Notice. Mail your license to: Texas Department of State Health Services (DSHS) Regulatory Licensing Unit — Mail Code 2835 P.O. Box 149347, Austin, Texas 78714-9347, and Respondent accepts the Department's determination to impose Administrative Penalties totaling $268,000.00 and remit the penalty amount of $268,000.00 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty payment with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347, and return the enclosed Response to Notice of Violation form, with the first box checked. Please be sure to sign and date the form; or

OPTION 2 □  Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference.

OPTION 3 □  Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings at 300 W. 15th Street, 4th Floor, Austin, Texas.

PLEASE NOTE: If you select OPTION 2 or 3, fax or mail your response to:
Texas Department of State Health Services
Enforcement Unit – MC 7927
Attn: Sandra Sema
P.O. Box 149347
Austin, TX 78714-9347
Fax: 512-834-6625

__________________________________________  ________________
SIGNATURE                                      DATE

__________________________________________  ________________
RESPONDENTS PRINTED NAME                     LICENSE NUMBER
IN THE MATTER OF

A AFFORDABLE WOMEN’S MEDICAL CENTER

HOUSTON, TEXAS

BEFORE THE

DEPARTMENT OF

STATE HEALTH SERVICES

AUSTIN, TEXAS

IMMEDIATE REVOCATION ORDER

I.

The Texas Department of State Health Services (Department) has jurisdiction to regulate abortion facilities under Chapters 171 (the Woman’s Right to Know Act) and 245 of the Texas Health and Safety Code (the Texas Abortion Facility Reporting and Licensing Act). Section 171.005 mandates that the department shall enforce Chapter 171. Section 245.012(c) of the Texas Abortion Facility Reporting and Licensing Act allows the Department to issue immediately an order revoking an abortion facility’s license when the Department has reasonable cause to believe that the health and safety of persons are threatened.

II.

A Affordable Women’s Medical Center (Facility), located at 7007 North Freeway, Suite 225, Houston, Texas 77076, and with offices at 5090 Richmond, Suite 117, Houston, Texas, 77056, is licensed by the Department as an abortion facility, license #008248, and is subject to Chapters 171 and 245 of the Texas Health and Safety Code and the Rules located at 25 Texas Administrative Code (TAC) chapter 139. Rule 139.60 requires a licensed abortion facility to comply with Health and Safety Code Chapter 171. The Department rule at 25 TAC 139.32(m) authorizes immediate revocation of a facility’s license when a facility’s actions pose immediate jeopardy to the health and safety of person(s) at the facility.

Rule 139.32(b) provides that the department may revoke a facility’s license for any of the following reasons:

3) the facility or its employees commits an act which causes immediate jeopardy to the health and safety of a patient;

4) the facility is cited for deficiencies and fails to submit an acceptable plan of correction in accordance with this chapter;

5) the facility has been cited for deficiencies and fails to timely comply with minimum standards for licensure within the dates designated in the plan of correction;

6) the facility or any of its employees has aided, abetted, or permitted the commission of a illegal act;
(7) the facility or any of its employees fails to comply with any provisions of the Code or this chapter;

(14) the facility has aided, abetted, or permitted the commission of an illegal act.

III.

On December 11, 2013, the Department conducted an on-site inspection of the Facility. That inspection revealed that [redacted] the only physician who performs abortions at the Facility, was performing abortions there without having active admitting privileges at a hospital which offers obstetrical or gynecological services and is located not further than 30 miles from the Facility. [redacted] who is also the Facility’s owner and Medical Director, admitted doing so. This conduct was in violation of Texas Health and Safety Code §171.0031(a)(1).

On February 7, 2014, the Department conducted a second on-site inspection of the Facility. The inspection and subsequent review revealed that [redacted] had not stopped performing abortions at the Facility. It was determined that [redacted] had performed 268 abortions between November 1, 2013, and February 7, 2014. The Facility has, therefore, committed the following violations and acts that pose immediate jeopardy to the health and safety of persons at the facility, for which the Department may immediately revoke the Facility’s license:

A. The Facility employee’s acts, a physician performing 268 abortions without having active admitting privileges at any hospital, are acts that pose immediate jeopardy to the health and safety of patients, and thus are in violation of 25 TAC §139.32(b)(3).

B. The Facility, through its Medical Director, violated Rule 139.32(b)(4) and (5) by submitting a plan of correction that was unacceptable because it did not provide a means of bringing the Facility into compliance by any specific date.

C. The Facility allowed its Medical Director and employee [redacted] the only physician who performs abortions at the Facility, to violate HSC § 171.0031 by performing 99 abortions from January 1, 2014, through February 7, 2014, when he did not have admitting privileges of the kind described below, as required by Rule 139.53(c), which provides that a physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that:

   (1) is located not further than 30 miles from the location at which the abortion is performed or induced; and

   (2) provides obstetrical or gynecological health care services.

D. The Facility aided, abetted, or permitted the commission of an illegal act in violation of 25 TAC 139.32(b)(6) by allowing its Medical Director and employee [redacted] who is also the only physician who performs abortions at the Facility, to perform 268
aborted from November 1, 2013, through February 7, 2014, without having active admitting privileges, and thereby failed to ensure that each physician who performs abortions at the Facility has active admitting privileges at a hospital which offers obstetrical or gynecological services and is located not further than 30 miles from the Facility, as required by HSC §171.0031.

E. The Facility through its Medical Director and only physician who performs abortions there violated §171.0031 of the Code by performing 268 abortions when he did not have admitting privileges of the kind described above, thus violating 25 TAC §139.32(b)(7). Its employee’s violation of that section of this Chapter caused the Facility to violate 25 TAC §139.32(b)(7).

F. The Facility failed to comply with 25 TAC §139.60(l), in that, through its Medical Director, employee, and sole physician who performed abortions there, it allowed the performance of 268 abortions from November 1, 2013, through February 7, 2014, while the physician doing so did not have admitting privileges at any hospital, in violation of HSC §171.0031, which requires each physician who performs abortions to have active admitting privileges at a hospital located within 30 miles of the facility.

G. The Facility, through its Medical Director, who is also the only physician who performs abortions at the Facility, performed 268 abortions without having active admitting privileges, and thereby failed to ensure that each physician who performs abortions at the Facility has active admitting privileges at a hospital which offers obstetrical or gynecological services and is located not further than 30 miles from the Facility. This conduct was in violation of Texas Health and Safety Code §171.0031(a)(1) and, because it committed an illegal act in violating the Code, the Facility violated 25 TAC 139.32(b)(14).

IV.

A facsimile copy of this Immediate Revocation Order has been faxed and hand-delivered to the chief executive officer of the Facility by a Department representative, with copies sent by Certified Mail, return receipt requested and First Class Mail, on the date signed.

V.

Pursuant to the Texas Health and Safety Code § 245.012 and Department Rule § 139.32(m), this Revocation Order is effective immediately on notice to the license holder. The Department shall conduct a hearing within 14 days. The hearing and any appeal are governed by the Department’s rules for a contested case hearing and Chapter 2001 Government Code. A notice of hearing is attached to this Order, stating the time and place of the hearing. Failure to appear at the time and place designated for the hearing will result in the factual allegations contained in this Immediate Revocation Order, being deemed true, and the Department’s action will be final.

VI.
Based on the on-site inspection and subsequent activities as described in Section III., herein, the undersigned Assistant Commissioner for Regulatory Services finds that the Facility has violated the Department’s Rules 139.32(b)(3),(4),(5),(6),(7) and (14) of 25 Texas Administrative Code (TAC) chapter 139, and that its actions in so doing pose immediate jeopardy to the health and safety of person(s) at the Facility. This Order is effective immediately upon the date of signature.

NOW THEREFORE, IT IS ORDERED, that:

Abortion Facility License # 008248, issued to A Affordable Women’s Medical Center is immediately revoked.

Done at Austin, Travis County, Texas on this 14th day of February, 2014.

Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services
CASE NO. 1068143307

IN THE MATTER OF

HOUSTON WOMEN’S CLINIC, INC.

HOUSTON, TEXAS

BEFORE THE

DEPARTMENT OF
STATE HEALTH SERVICES

AUSTIN, TEXAS

AGREED ORDER FOR PAYMENT

I. JURISDICTION

The Department of State Health Services (Department) is authorized to enforce the Health and Safety Code (HSC), Chapter 245 (Act), and Title 25 of the Texas Administrative Code (TAC), Chapter 139 (Rules), relating to the licensing and regulation of Abortion Facilities in Texas.

II. RESPONDENT

Houston Women’s Clinic, Inc., 4820 San Jacinto Street, Houston, TX 777004 is licensed by the Department as an Abortion Facility, License No. 007326, and is subject to the Act and Rules.

III. FACTS

On or about February 20, 2014, the Department conducted a re-licensure survey of the Respondent. The purpose of the survey was to determine Respondent’s compliance with the Act and the Rules. As a result of the survey the Department alleged that Respondent failed to comply with 25 TAC §139.56(a)(2)(B).

The violation is more specifically described in the Department’s July 2, 2014, Notice of Violation (Notice) which is adopted and incorporated in this Agreed Order (Order).

IV. NOTICE

In the Notice, Respondent was informed of the Department’s intent to impose an Administrative Penalty in the amount of $3,900.00.

V. RESPONSE

Respondent replied to the Notice by sending the Department a check in the amount of $3,900.00 posted by the Department on July 18, 2014, (Remittance No.M6417220D1).

VI. SETTLEMENT

Respondent’s payment of the penalty represents a complete settlement of all issues regarding the violation described in “III. Facts” and “IV. Notice” of this Order.
VII. COMPLETE SETTLEMENT

The terms contained herein are the complete settlement of all issues regarding the violation described in the Notice.

A. WAIVER OF APPEAL

In exchange for Respondent's payment of the penalty, and the execution of this Order, Respondent waives the right to a hearing or an appeal regarding the Department findings, assessment of the proposed administrative penalty and the Department's disposition of this case through the Department's issuance of an Order.

B. NO WAIVER WITH REGARD TO OTHER VIOLATIONS

The Department does not waive the right to enforce this Order or to prosecute any other violations that Respondent may commit and may consider this Order in the processing of any other enforcement actions provided.

NOW THEREFORE, IT IS ORDERED that Respondent paid an Administrative Penalty in the amount of $3,900.00, which the Department posted on July 18, 2014. Respondent shall henceforth comply with all applicable laws, rules and regulations. Failure to comply shall result in additional enforcement action.

Ordered this 1st day of August, 2014.

[Signature]
Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services
TExAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

July 2, 2014

Certified Mail Number: 7011 2970 0004 0211 8814
and First Class Mail Service

[Redacted] Registered Agent
Houston Women’s Clinic, Inc.
4800 Interfirst Plaza 1100 Louisiana
Houston, TX 77002

Certified Mail Number: 7011 2970 0004 0211 8821
and First Class Mail Service

Houston Women’s Clinic, Inc.
4820 San Jacinto St
Houston, TX 77004

Re:     Notice of Violation (Notice), Houston Women’s Clinic, Inc., Abortion Facility, License 
#007326, Case #1068143307

The Department of State Health Services (Department) has reviewed documents and evidence related 
to a re-licensure survey of Houston Women’s Clinic, Inc. (Facility or Respondent) conducted on or 
about February 20, 2014.

As a result of that review, the Department proposes to impose an administrative penalty in the amount 
of $3,900 against the Facility pursuant to its authority under Chapter 245 of the Texas Health and 
Safety Code (HSC) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules).

The proposed action is based upon the following allegations (names of persons identified by initials or 
numbers will be provided upon request if permitted by law):

1. The Facility failed to provide 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, to wit:

A review of medical records revealed on or about February 20, 2014 the Facility failed to 
provide six women, who had an abortion procedure and were discharged, with verbal or 
written information of the telephone number and name of a hospital nearest to their home 
where they could call or go for treatment if an emergency relating to their abortion procedure 
should occur, in violation of 25 TAC §139.56(a)(2)(b), which states the facility shall ensure 
that the physicians who practice at the facility shall provide the pregnant woman with the
name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

An administrative penalty in the amount of $3,900 ($650 per patient) is proposed for this rule violation.

In accordance with Health and Safety Code Section 245.018, you have the right to show compliance with all requirements of law prior to final action by the Department. **Within 20 calendar days following the day you receive this notice, you may:**

1) Accept the Department’s determination to impose an Administrative Penalty in the amount of $3,900. Remit the recommended penalty amount of $3,900 by cashier’s check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or

2) Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached **RESPONSE TO NOTICE** form to notify the Department of which option you have selected.

**FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE DEPARTMENT WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.**

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,

[Signature]

Dianne Estrada, MBA
Program Specialist
Enforcement Unit
Division for Regulatory Services

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Houston Women’s Clinic, Inc., Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $3,900 for License #007326.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 ☐ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $3,900 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 ☐ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 ☐ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to:
Texas Department of State Health Services, Enforcement Unit – MC 7927, Attu: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

_________________________  ______________________
SIGNATURE                  DATE
Respondent’s Printed Name  License Number
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Houston Women's Clinic, Inc., Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $3,900 for License #007326.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 ☑ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $3,900 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 ☐ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 ☐ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to:
Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada, P.O. Box 146242, Austin, TX 78714-9347 or fax it to: 512-834-6625.

[Signature]
Respondent's Printed Name

[Date]

[License Number]
CASE NO. 1068144095

IN THE MATTER OF

SUBURBAN WOMEN’S MEDICAL CENTER

HOUSTON, TEXAS

BEFORE THE

DEPARTMENT OF

STATE HEALTH SERVICES

AUSTIN, TEXAS

AGREED ORDER

I. JURISDICTION

The Department of State Health Services (Department) is authorized to enforce the Health and Safety Code (HSC), Chapter 245 (Act), and Title 25 of the Texas Administrative Code (TAC), Chapter 139 (Rules), relating to the licensing and regulation of Abortion Facilities.

II. RESPONDENT

Suburban Women’s Medical Center (Respondent), holds a license for the Abortion Facility located at 17070 Red Oak Drive Suite 505, Houston, TX 77090 (Facility) under license #008444, and is subject to the Act and Rules.

III. FACTS

On or about April 2, 2014, Department staff conducted a re-licensure survey of the Facility for the Department to evaluate Respondent’s compliance with the Act and the Rules. As a result of the survey, the Department obtained evidence and, with this Agreed Order (Order), finds, that Respondent violated 25 TAC §§139.56(a)(2)(B), as more specifically described in the Department’s July 15, 2014, Notice of Violation (Notice) which is attached and incorporated by reference into this Order.

IV. NOTICE

In the Notice, Respondent was informed of the Department’s intent to impose an Administrative Penalty in the amount of $1,300.

V. RESPONSE

Respondent replied to the Notice by making a written request for an Informal Conference.

VI. SETTLEMENT

A. INFORMAL CONFERENCE

An Informal Conference was held on October 15, 2014. The terms of the settlement are contained in this Order.
B. ENFORCEMENT

The Department and Respondent have agreed to the following:

1. The Department determined that the Respondent violated the Rules as set forth in Section III of this Order.

2. The Department proposed an assessment of an Administrative Penalty in the amount of $1,300 against the Respondent for violation of the Rules.

3. The Department assesses and the Respondent accepts an administrative penalty of $1,300 for Respondent's violations of the Rules as described in Section III of this Order.

4. Respondent's payment of $1,300 is due within 30 days after full and final execution of the Order by the Department. Respondent shall remit a cashier's check, money order, or company check made payable to the Department of State Health Services that bears the notation, Deposit in Budget #ZZ156, Fund #170. Respondent shall mail the penalty payment to: Cash Receipts Branch, MC 2003, Department of State Health Services, P.O. Box 149347, Austin, Texas 78714-9347.

5. Respondent shall comply with this Order and with all applicable laws, rules, and regulations governing Abortion Facilities.

VII. COMPLETE AGREEMENT

This Order is made pursuant to Government Code, §2001.056(2), and the procedural rules adopted by the Department. This Order represents the complete settlement of all allegations contained in the Notice, as described in Sections "III. Facts," "IV. Notice" and "VI. Settlement B. Enforcement" of this Order.

A. WAIVER OF APPEAL AND AGREEMENT REGARDING SIGNATURE

In exchange for the execution of this Order, Respondent waives the right to a hearing or an appeal regarding the Department findings, assessment of the proposed administrative penalty and the Department's disposition of this case through the Department's issuance of an Order. Respondent has no objection to this Order being signed by either the Commissioner of the Department or his designee.

B. NO WAIVER WITH REGARD TO OTHER VIOLATIONS

The Department does not waive the right to enforce this Order or to prosecute any other violations that Respondent may commit. The Department may consider this Order in the processing of any other enforcement actions.
C. COMPLETE UNDERSTANDING

The Respondent understands the terms of this settlement agreement, enters into the settlement agreement freely, and agrees to the terms and conditions of this Order.

NOW THEREFORE, IT IS ORDERED that:

1. Respondent violated the Rules as set forth in Section III of this Order;

2. The Department’s proposal to impose an Administrative Penalty in the amount of $1,300 is set forth in Paragraph 3 below;

3. The Department assesses, and Respondent agrees to pay, an Administrative Penalty in the amount of $1,300 for the Respondent’s violation of the Rules as described in Section III of this Order;

4. Respondent shall remit the amount of $1,300 not later than 30 days from the date the Commissioner of the Department, or his designee, signs this Order, in accordance with Section VI.B. of this Order; and,

5. Respondent shall comply with this Order and with all applicable laws, rules, and regulations. Failure to comply may result in additional enforcement action.

Ordered this 16th day of December, 2014.

Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services

Agreed as to Form and Substance:

[Redacted: Signature, Printed Name, and Title of Respondent's Authorized Representative]

Suburban Women's Medical Center
License Number: 008444

11/18/2014
July 15, 2014

Re: Notice of Violation (Notice), Suburban Women’s Medical Center, Abortion Facility, License #008444, Case #1068144095

Dear [Name]

The Department of State Health Services (Department) has reviewed documents and evidence related to a re-licensure survey of Suburban Women’s Medical Center (Facility or Respondent) conducted on or about April 2, 2014.

As a result of that review, the Department proposes to impose an administrative penalty in the amount of $1,300 against the Facility pursuant to its authority under Chapter 245 of the Texas Health and Safety Code (HSC) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules).

The proposed action is based upon the following allegations (names of persons identified by initials or numbers will be provided upon request if permitted by law):

1. The Facility failed to provide 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, to wit:

   A review of records revealed the Facility failed to provide the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated for two patients, in violation of 25 TAC §139.56(a)(2)(B), which states the facility shall ensure that the physicians who practice at the facility provide the pregnant woman with the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.
An administrative penalty in the amount of $1,300 ($650 per patient) is proposed for this rule violation.

In accordance with Health and Safety Code Section 245.017, you have the right show compliance with all requirements of law prior to final action by the Department. **Within 20 calendar days following the day you receive this notice, you may:**

1) Accept the Department’s determination to impose an Administrative Penalty in the amount of $1,300. Remit the recommended penalty amount of $1,300 by cashier’s check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or

2) Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached **RESPONSE TO NOTICE** form to notify the Department of which option you have selected.

**FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE DEPARTMENT WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.**

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,

[Signature]

Dianne Estrada, MBA
Program Specialist
Enforcement Unit
Division for Regulatory Services

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Suburban Women’s Medical Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $1,300 for License #008444.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 □ Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of $1,300 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to: Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

SIGNATURE ____________________________ DATE ________

Respondent’s Printed Name 008444

License Number
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

I, Suburban Women's Medical Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $1,300 for License #008444.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 □ Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of $1,300 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department's Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department's Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to:
Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

SIGNATURE

Respondent's Printed Name

DATE

08/20/14

License Number

008444

Respondent's Printed Name

Americans United for Life
IN THE MATTER OF

REPRODUCTIVE SERVICES, INC.

EL PASO, TEXAS

BEFORE THE

DEPARTMENT OF
STATE HEALTH SERVICES

AUSTIN, TEXAS

AGREED ORDER

I. JURISDICTION

The Department of State Health Services (Department) is authorized to enforce the Health and Safety Code (HSC), Chapter 245, and Title 25 of the Texas Administrative Code (TAC), Chapter 139 (Rules), relating to the licensing and regulation of Abortion Facilities.

II. RESPONDENT

Reproductive Services, Inc. (Respondent), holds a license for the Abortion Facility located at 1511 E. Missouri Ave., El Paso, TX 79902 (Facility) under license #140009, and is subject to the HSC and Rules.

III. FACTS

On or about December 8-9, 2015 and May 24-25, 2016, Department staff conducted an initial licensure survey and a follow-up licensure survey of the Facility for the Department to evaluate Respondent's compliance with the HSC and the Rules. In response to statements of deficiencies issued by the Department after the surveys, Respondent submitted plans of correction on or about December 23, 2015, and June 13, 2016, respectively. On October 10, 2016, the Department issued a Notice of Violation (Notice) which is attached and incorporated by reference into this Order.

IV. NOTICE

In the Notice, Respondent was informed of the Department’s intent to assess an administrative penalty in the amount of $11,650.00

V. RESPONSE

Respondent replied to the Notice by making a written request for an Informal Conference.
VI. SETTLEMENT

A. INFORMAL CONFERENCE

An Informal Conference to resolve the allegations was held on January 18, 2017. The terms of the settlement are contained in this Order.

B. ENFORCEMENT

The Department and Respondent have agreed to the following:

1. The Department alleged that Respondent violated the Rules as set forth in Section III of this Order.

2. Respondent denied each of these allegations. The occurrence of any violation is in dispute, and this Order shall not constitute an admission of any violation.

3. The Department amends the proposed assessment of an administrative penalty of $11,650.00 against Respondent as follows: The Department assesses and Respondent agrees to pay an administrative penalty of $1,165.00.

4. Respondent’s payment of $1,165.00 is due within 30 calendar days after full and final execution of the Order by the Department. Respondent shall remit a cashier’s check, money order, or company check made payable to the Department of State Health Services that bears the notation, Deposit in Budget #ZZ156, Fund #170. Respondent shall mail the penalty payment to: Cash Receipts Branch, MC 2003, Department of State Health Services, P.O. Box 149347, Austin, Texas 78714-9347.

5. Respondent shall comply with this Order and with all applicable laws, rules, and regulations governing Abortion Facilities. Failure to comply with this Order shall result in additional enforcement action.

VII. COMPLETE AGREEMENT

This Order is made pursuant to Government Code, §2001.056(2), and the procedural rules adopted by the Department. This Order represents the complete settlement of all allegations contained in the Notice, as described in Sections “III. Facts,” “IV. Notice” and “VI. Settlement B. Enforcement” of this Order.
A. WAIVER OF APPEAL AND AGREEMENT REGARDING SIGNATURE

In exchange for the execution of this Order, Respondent waives the right to a hearing or an appeal regarding the Department findings, assessment of the administrative penalty, and the Department’s disposition of this case through the Department’s issuance of an Order. Respondent has no objection to this Order being signed by either the Commissioner of the Department or his designee.

B. NO WAIVER WITH REGARD TO OTHER VIOLATIONS

The Department does not waive the right to enforce this Order or to prosecute any other future violation(s) that Respondent may commit. The Department shall consider this Order in the processing of any other future enforcement actions.

C. COMPLETE UNDERSTANDING

Respondent understands the terms of this settlement agreement, enters into the settlement agreement freely, and agrees to the terms and conditions of this Order.

NOW THEREFORE, IT IS ORDERED that:

1. The Department’s proposal to assess an administrative penalty in the amount of $11,650.00 is amended as follows: The Department assesses an administrative penalty in the amount of $1,165.00 as described in Section III of this Order;

2. Respondent shall remit the amount of $1,165.00 not later than 30 calendar days from the date the Commissioner of the Department, or his designee, signs this Order, in accordance with Section VI.B. of this Order; and,

3. Respondent shall comply with this Order and with all applicable laws, rules, and regulations. Failure to comply with this Order shall result in additional enforcement action.

Ordered this 24th day of August, 2017.

[Signature]
Jon Huss  
Interim Associate Commissioner  
Division for Regulatory Services
Agreed as to Form:

Mark J. Hanna, Attorney
Hanna & Anderton

7/5/2017
Date

Agreed as to Form and Substance:

Signature, Printed Name, and Title of Authorized Representative for Reproductive Services, Inc.
License Number: 140009

6/30/2017
Date
TExAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

October 10, 2016

Certified Mail Number: 7011 2970 0004 0209 4866
and First Class Mail Service

[Redacted]
Registered Agent
Reproductive Services, Inc.
215 West Olmos Dr
San Antonio, TX 78212

Certified Mail Number: 7011 2970 0004 0209 4873
and First Class Mail Service

[Redacted]
Contact
Reproductive Services, Inc.
c/o Nova Health System
215 W Olmos Dr
San Antonio, TX 78212

Certified Mail Number: 7011 2970 0004 0209 4859
and First Class Mail Service

[Redacted]
D.O.
Reproductive Services, Inc.
1511 E Missouri Ave
El Paso, TX 79902

Re: Notice of Violation (Notice), Reproductive Services, Inc., Abortion Facility, License #140009, Case #1068162430 and 1068167002, Docket #A26283-519-2016

The Department of State Health Services (Department) has reviewed documents and evidence related to an initial licensure survey and follow-up licensure survey of Reproductive Services, Inc. (Respondent) located at 1511 E Missouri Ave, El Paso, TX 79902 (Facility) conducted on or about December 8 – 9, 2015 and May 24 - 25, 2016, respectively.

As a result of the reviews, the Department proposes to impose an administrative penalty in the amount of $11,650 against the Facility pursuant to its authority under Chapter 245 of the Texas Health and Safety Code (HSC) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (RAF).

The proposed action is based upon the following allegations (names of persons identified by initials or numbers will be provided upon request if permitted by law):
The Facility failed to implement and enforce policies that govern personnel staffed in the Facility, to wit:

The Facility failed to ensure orientation of all employees, volunteers, students and contractors to the policies and objectives of the Facility for four (4) personnel records reviewed. This conduct is in violation of 25 TAC §139.43(2), which states:

139.43 Personnel Policies

The licensee shall develop, implement and enforce policies which shall govern all personnel staffed by the facility using the following minimum criteria:

(2) a requirement for orientation of all employees, volunteers, students and contractors to the policies and objectives of the facility and participation by all personnel in employee training specific to their job;

An administrative penalty in the amount of $1,400 is proposed for this rule violation.

2. The Facility failed to ensure personnel, who have direct contact with patients, signed a statement regarding patients' rights, to wit:

The Facility failed to ensure that six (6) personnel, who have direct contact with patients, sign a statement that the personnel have read, understand and shall respect the rights of all patients, in violation of 25 TAC § 139.43(7), which states:

139.43 Personnel Policies

(7) a requirement that all personnel having direct contact with patients (employed or contracting with the facility) sign a statement that they have read, understand, and shall respect the rights of all patients as established in §139.51 of this title (relating to Patient Rights at the Facility).

An administrative penalty in the amount of $2,100 is proposed for this rule violation.

3. The Facility failed to ensure that personnel were properly trained, to wit:

The Facility failed to ensure:

- Six (6) personnel had a documented understanding of the Facility's policy and procedure manual, including protocols and description of the roles and responsibilities of all personnel.
- Two (2) personnel, who perform sterilization of surgical instruments, had documented training by the Facility to meet the requirements of §139.49(d) (relating to Infection Control Standards) and demonstrated competency in performing the sterilization procedures.

This conduct is in violation of 25 TAC §§139.44(b)(1), (2), (3)(A)-(I), (c), and (e), which states:
139.44 Orientation, Training, and Demonstrated Competency

(b) In implementing the orientation and training program, a licensed abortion facility shall orient and train each employee to ensure, through demonstrated competency, that:

1. The employee understands his or her specific job description;

2. The employee understands the facility’s policy and procedure manual, including protocols and description of the roles and responsibilities of all personnel;

3. The employee understands, at a minimum but not limited to, the following:

   A. Coordination and treatment of patient care;

   B. Sterilization and infection control policies;

   C. Patient education/information;

   D. Informed consent policies;

   E. Abortion techniques provided at that facility;

   F. Care of the patient before, during, and after an abortion procedure;

   G. Patient rights;

   H. Possible complications of the abortion procedure; and

   I. Prevention of infectious diseases.

(c) The facility shall ensure that staff responsible for sterilization of critical surgical instruments are trained by the facility to meet the requirements of §139.49(d) of this title (relating to Infection Control Standards) and demonstrate competency in performing the sterilization procedures at the facility.

(d) The facility shall document in each employee’s personnel record evidence of all training and orientation received.

An administrative penalty in the amount of $2,800 is proposed for these rule violation.

4. The Facility failed to provide a safe and sanitary environment to protect the health and safety of patients and staff, to wit:

The Facility failed to provide a safe and sanitary environment to protect the health and safety of patients and staff at all times. A tour of the Facility revealed an unlocked closed door in the patient recovery area that contained medications that should be secured in a locked area with limited access. In the sterilization area, five (5) hinged instruments were observed in the closed position. When these instruments are in the closed position, the sterilizing agent cannot penetrate all surfaces to ensure complete sterilization. In the facility supply room, approximately six (6) large external shipping containers were on shelves above opened patient care items. These containers are exposed to a number of environmental contaminants when en route to the final
destination and are considered dirty items. This conduct is in violation of 25 TAC §139.48(1)(A), which states:

139.48 Physical and Environmental Requirements

(1) A facility shall:

(A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times.

An administrative penalty in the amount of $1,950 is proposed for this rule violation.

5. The Facility failed to ensure personnel had documented training in infection control standards, to wit:

The Facility did not have documented training in infection control standards and barrier precautions, including basic concepts of disease transmission, scientifically accepted principles and practices for infection control and engineering and work practice controls for six (6) personnel. This conduct is in violation of 25 TAC §139.49(b)(3)(A)-(D), which state:

139.49 Infection Control Standards

(b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and S. spp.

(3) Educational course work and training. A licensed abortion facility shall require its health care workers to complete educational course work or training in infection control and barrier precautions, including basic concepts of disease transmission, scientifically accepted principles and practices for infection control and engineering and work practice controls. To fulfill the requirements of this paragraph, course work and training may include formal education courses or in-house training or workshops provided by the facility. The course work and training shall include, but not be limited to:

(A) HIV infection prevention; and

(B) HBV, HCV, TB, and S. spp. infection prevention based on universal/standard precautions as defined in paragraph (1) of this subsection;

(C) bidirectional aspect of disease transmission; and

(D) epidemic control.

An administrative penalty in the amount of $2,100 is proposed for these rule violations.

May 24 – 25, 2016 Follow-Up Licensure Survey:

6. The Facility failed to provide a store hazardous cleaning solutions and compounds in a secure manner, to wit:

The Facility failed to lock and secure a room that contained hazardous cleaning solutions. This conduct is in violation of 25 TAC §139.48(1)(E), which states:
139.48 Physical and Environmental Requirements

(i) A facility shall:

(E) store hazardous cleaning solutions and compounds in a secure manner and label substances.

An administrative penalty in the amount of $650 is proposed for this rule violation.

7. The Facility failed to ensure external chemical indicators were used in the sterilization process, to wit:

The Facility failed to ensure external chemical indicators were used on each package to be sterilized to indicate that items have been exposed to the sterilization process. This conduct is in violation of 25 TAC §§ 139.49 (d)(5)(E)(i)-(ii), which state:

139.49 Infection Control Standards

(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for the decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing and sterilization of critical items (reusable items), as well as those for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.

(5) Equipment and sterilization procedures. Effective sterilization of instruments depends on performing correct methods of cleaning, packaging, arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subsection to provide effective sterilization measures.

(E) External chemical indicators.

(i) External chemical indicators, also known as sterilization process indicators, shall be used on each package to be sterilized, including items being flash sterilized to indicate that items have been exposed to the sterilization process.

(ii) The indicator results shall be interpreted according to the manufacturer's written instructions and indicator reaction specifications.

An administrative penalty in the amount of $650 is proposed for these rule violations.

In accordance with Government Code Section 2001.054(c), you have the right to show compliance with all requirements of law prior to final action by the Department. Within 20 calendar days following the day you receive this notice, you may:

1) Admit the allegations and accept the Department's determination to impose an Administrative Penalty in the amount of $11,650. Remit the recommended penalty amount of $11,650 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or
2) Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached RESPONSE TO NOTICE form to notify the Department of which option you have selected.

FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE DEPARTMENT WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,

Dianne Estrada, MBA
Program Specialist
Enforcement Unit
Division for Regulatory Services

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

Reproductive Services, Inc., Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $11,650 for License #140009, Case #1068162430 and 1068167002, Docket #A26283-519-2016.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 □ Respondent admits the allegations and accepts the proposed action in the Department’s Notice. Respondent waives the right to an administrative hearing or an appeal. Respondent hereby remits an administrative penalty in the amount of $11,650 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to:
Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada,
P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

[Signature] [Date]
SIGNATURE OF RESPONDENT'S AUTHORIZED REPRESENTATIVE

[Printed Name and Title of Signatory]

[License Number]

[Logo] Americans United for Life
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

Reproductive Services, Inc., Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of $11,650 for License #140009, Case #1068162430 and 1068167002, Docket #A26283-519-2016.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 □ Respondent admits the allegations and accepts the proposed action in the Department’s Notice. Respondent waives the right to an administrative hearing or an appeal. Respondent hereby remits an administrative penalty in the amount of $11,650 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 ☑ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to:
Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

SIGNATURE OF RESPONDENT'S AUTHORIZED REPRESENTATIVE

DATE: October 27, 2016

PRINTED NAME AND TITLE OF SIGNATORY: President, Nina Neale

LICENSE NUMBER: 140009

Americans United for Life
CASE NO. 1068172086

IN THE MATTER OF

HOUSTON WOMEN’S CLINIC

HOUSTON, TEXAS

BEFORE THE

DEPARTMENT OF

STATE HEALTH SERVICES

AUSTIN, TEXAS

AGREED ORDER FOR PAYMENT

I. JURISDICTION

The Department of State Health Services (Department) is authorized to enforce the Health and Safety Code (HSC), Chapter 245 (Act), and Title 25 of the Texas Administrative Code (TAC), Chapter 139 (Rules), relating to the licensing and regulation of Abortion Facilities in Texas.

II. RESPONDENT

Houston Women’s Clinic, 4820 San Jacinto, Houston, TX 77004 is licensed by the Department as an Abortion Facility, License No. 007326, and is subject to the Act and Rules.

III. FACTS

On or about August 16, 2016, the Department conducted a re-licensure survey of the Respondent. The purpose of the survey was to determine Respondent’s compliance with the Act and the Rules. As a result of the survey, the Department alleged the Respondent engaged in the conduct as more specifically described in the Department’s February 7, 2017, Notice of Violation (Notice) which is adopted and incorporated in this Agreed Order (Order).

IV. NOTICE

In the Notice, Respondent was informed of the Department’s intent to assess an Administrative Penalty in the amount of $20,300.00.

V. RESPONSE

By response dated February 24, 2017, Respondent replied to the Notice by admitting the facts and violations alleged, agreeing to the Administrative Penalty proposed by the Department and to issuance of this Order, and sending the Department a check in the agreed amount of $20,300.00, which was posted by the Department on February 28, 2017 (Remittance No. M271106 000 P).
VI. SETTLEMENT

Respondent, in its response, agreed to the Department’s issuance of this Agreed Order, with its findings, imposition and payment of the Administrative Penalty, as proposed, to fully resolve and settle, as between the parties, the allegations of the Notice, as set forth and ordered herein.

VII. ACCEPTANCE OF ADMINISTRATIVE PENALTY

This Order is made pursuant to Chapter 2001 of the Texas Government Code §2001.056(2), and the procedural rules adopted by the Department. This Order memorializes Respondent’s acceptance of payment of the $20,300.00 Administrative Penalty for all violations contained in the Notice as described in “III. Facts” and “IV. Notice” of this Order.

A. WAIVER OF APPEAL

In exchange for Respondent’s payment of the penalty, and the execution of this Order, Respondent waives the right to a hearing or an appeal regarding the Department findings, assessment of the proposed administrative penalty and the Department’s disposition of this case through the Department’s issuance of an Order.

B. NO WAIVER WITH REGARD TO FUTURE VIOLATIONS

The Department does not waive the right to enforce this Order or to prosecute any future violations that Respondent may commit and shall consider this Order in the processing of any future enforcement action(s).

NOW THEREFORE, IT IS ORDERED that Respondent paid an Administrative Penalty in the amount of $20,300.00, which the Department posted on March 1, 2017. Respondent shall henceforth comply with all applicable laws, rules and regulations. Failure to comply shall result in additional enforcement action.

Ordered this 30th day of March, 2017.

[Signature]
Interim Associate Commissioner
Division for Regulatory Services
February 7, 2017

Certified Mail Number: 7011 0470 0003 0321 2018
and First Class Mail Service

Registered Agent
Houston Women's Clinic, LLC
4800 Interfirst Plaza, Ste 1100
Houston, TX, 77002

Certified Mail Number: 7011 0470 0003 0321 2025
and First Class Mail Service

Owner
Houston Women's Clinic, LLC
4820 San Jacinto Street
Houston, TX, 77004

Re: Notice of Violation (Notice), Houston Women's Clinic, Abortion Facility, License #007326,
Case #1068172086, Docket #A26811-519-2017

Dear: [Redacted]

The Department of State Health Services (Department) has reviewed documents and evidence related
to a re-licensure survey of Houston Women's Clinic (Respondent) located at 4820 San Jacinto, Houston
TX 77004 (Facility) conducted on or about August 16, 2016.

As a result of that review, the Department proposes to impose an administrative penalty in the amount
of $20,300.00 against the Facility pursuant to its authority under Chapter 245 of the Texas Health and
Safety Code (HSC) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules).

The proposed action is based upon the following allegations (names of persons identified by initials or
numbers will be provided upon request if permitted by law):

1. The Facility failed to meet at least quarterly to identify issues with respect to which quality
assurance activities are necessary, to wit:

The Facility’s records revealed there was no quarterly meeting held during April, May, or June
of 2015 to determine if the facility had quality issues regarding patients that needed to be
addressed. This is in violation of 25 TAC §139.8(c), which states:

139.8 Quality Assurance
(c) Frequency of QA committee meetings. The QA committee, by consensus, shall meet at least quarterly to identify issues with respect to which quality assurance activities are necessary.

An administrative penalty in the amount of $350.00 is proposed for this rule violation.

2. The Facility failed to make available current/accurate information for visitors and patients on how to report complaints, to wit:

The Facility’s policy on reporting requirements revealed an incorrect telephone number for reporting complaints relating to the Facility. This is in violation of 25 TAC §139.41(a)(1)(H) and (I), which state:

§139.41 Policy Development and Review

(a) The licensee shall be responsible for the conduct of the licensed abortion facility and shall assume full legal responsibility for developing, implementing, enforcing, and monitoring written policies governing the facility's total operation, and for ensuring that these policies comply with the Act and the applicable provisions of this chapter and are administered so as to provide health care in a safe and professionally acceptable environment. These written policies shall include at a minimum the following:

(1) administrative policies governing the administration of the facility, covering at a minimum:

(H) reporting requirements; and

(I) procedures for the resolution of complaints regarding care or services rendered by licensed health professionals and other members of the facility staff, including contract services or staff....

An administrative penalty in the amount of $100.00 is proposed for this rule violation.

3. The Facility failed to develop or implement a post-procedure infection monitoring policy, to wit:

The Facility failed to develop any policies regarding post-procedure patient follow-up and monitoring of post-procedure infection for patients and did not have records of making any post-procedure follow-up attempts for 11 patients. This is in violation of 25 TAC §139.41(a)(9)(C) and (I), which state:

§139.41 Policy Development and Review

(a) The licensee shall be responsible for the conduct of the licensed abortion facility and shall assume full legal responsibility for developing, implementing, enforcing, and monitoring written policies governing the facility's total operation, and for ensuring that
these policies comply with the Act and the applicable provisions of this chapter and are administered so as to provide health care in a safe and professionally acceptable environment. These written policies shall include at a minimum the following:

(2) clinical policies governing medical and clinical practices and procedures of the facility, covering at a minimum:

(G) clinical records;

(I) monitoring post-procedure infection(s).

An administrative penalty in the amount of $3,850.00 ($350 x 11 patients) is proposed for this rule violation.

4. The Facility failed to conduct annual evaluations and infection control training, to wit:

The Facility’s record review revealed lack of annual evaluations conducted and lack of infection control training for six staff members, contrary to its own policy. This is in violation of 25 TAC §139.43(2)-(5), which state:

§139.43 Personnel Policies

The licensee shall develop, implement and enforce policies which shall govern all personnel staffed by the facility using the following minimum criteria:

(2) a requirement for orientation of all employees, volunteers, students and contractors to the policies and objectives of the facility and participation by all personnel in employee training specific to their job;

(3) job-related training for each position;

(4) a requirement for an annual evaluation of employee performance;

(5) in-service and continuing education requirements;

An administrative penalty in the amount of $2,100.00 ($350 x 6 staff) is proposed for this rule violation.

5. The Facility failed to maintain documentation of required laboratory testing and vaccinations of staff, to wit:

The Facility’s records did not show that Hepatitis B titers were drawn or vaccinations were given, or that Tuberculosis testing was conducted, for five staff members. This is in violation of 25 TAC §139.45(3), which states:

§139.45 Personnel Records.
An individual personnel record shall be maintained on each person employed by the licensed abortion facility which shall include, but not be limited to, the following:

(3) clinical laboratory tests results and vaccinations if required by law (e.g., Mycobacterium tuberculosis, hepatitis B virus);

An administrative penalty in the amount of $1,750.00 ($350 x 5 staff) is proposed for this rule violation.

6. The Facility failed to provide a safe and sanitary environment to protect the health and safety of patients and staff, to wit:

An inspection found twenty-two (22) instances of sterilization, sanitation, and safety issues. This is in violation of 25 TAC §139.48(1)(A), which states:

§139.48 Physical and Environmental Requirements

The physical and environmental requirements for a licensed abortion facility are as follows.

(1) A facility shall:

(A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times;

An administrative penalty in the amount of $7,700 ($350 x 22 instances) is proposed for this rule violation.

7. The Facility failed to enforce infection control policies to minimize the transmission of infection, to wit:

The facility failed to safeguard against the proliferation of infection in three (3) procedure rooms. This is in violation of 25 TAC §139.49(a), which states:

§139.49 Infection Control Standards

(a) Written policies. A licensed abortion facility shall develop, implement, and enforce infection control policies and procedures to minimize the transmission of post-procedure infections. These policies shall include, but not be limited to, the prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species; appropriate educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies.

An administrative penalty in the amount of $1,050 ($350 x 3 rooms) is proposed for this rule violation.
8. The Facility failed to properly package and document instruments to be sterilized, to wit:

The Facility failed to document on the instrument packages the date and time of sterilizing, sterilizing load number, and the identification of the autoclave used and failed to properly seal the packaging. This is in violation of 25 TAC §139.49(d)(5)(D)(i)-(ii), which state:

§139.49 Infection Control Standards

(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for the decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing and sterilization of critical items (reusable items), as well as those for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.

(5) Equipment and sterilization procedures. Effective sterilization of instruments depends on performing correct methods of cleaning, packaging, arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subsection to provide effective sterilization measures.

(D) Packaging.

(i) All wrapped articles to be sterilized shall be packaged in materials recommended for the specific type of sterilizer and material to be sterilized, and to provide an effective barrier to microorganisms. Acceptable packaging includes peel pouches, perforated metal trays, or rigid trays. Muslin packs shall be limited in size to 12 inches by 12 inches by 20 inches with a maximum weight of 12 pounds. Wrapped instrument trays shall not exceed 17 pounds.

(ii) All items shall be labeled for each sterilizer load as to the date and time of sterilization, the sterilizing load number, and the autoclave.

An administrative penalty in the amount of $350.00 is proposed for this rule violation.

9. The Facility failed to use external chemical indicators, to wit:

The Facility failed to use external chemical indicators in peel pouches stored in a plastic container and in peel pouches that were removed from the autoclave and also failed to adhere to its own policy concerning sterilization indicators. This is in violation of 25 TAC §139.49(16)(E)(1)-(ii), which state:

§139.49 Infection Control Standards
(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for the decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing and sterilization of critical items (reusable items), as well as those for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.

(5) Equipment and sterilization procedures. Effective sterilization of instruments depends on performing correct methods of cleaning, packaging, arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subsection to provide effective sterilization measures.

(E) External chemical indicators.

(i) External chemical indicators, also known as sterilization process indicators, shall be used on each package to be sterilized, including items being flash sterilized to indicate that items have been exposed to the sterilization process.

(ii) The indicator results shall be interpreted according to the manufacturer’s written instructions and indicator reaction specifications.

An administrative penalty in the amount of $350.00 is proposed for this rule violation.

10. The Facility failed to follow manufacturer’s written instructions in sterilizing instruments, to wit:

The Facility stacked peel pouches on top of other peel pouches in the sterilizer, contrary to the manufacturer’s instructions. This is in violation of 25 TAC §139.49(d)(5)(G)(i)-(ii), which states:

§139.49 Infection Control Standards

(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for the decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing and sterilization of critical items (reusable items), as well as those for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.

(5) Equipment and sterilization procedures. Effective sterilization of instruments depends on performing correct methods of cleaning, packaging, arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subsection to provide effective sterilization measures.

(G) Sterilizers.
(i) Steam sterilizers (saturated steam under pressure) shall be utilized for sterilization of heat and moisture stable items. Steam sterilizers shall be used according to manufacturer's written instructions.

(ii) Other sterilizers shall be used in accordance with the manufacturer's instructions.

An administrative penalty in the amount of $350 is proposed for this rule violation.

11. The Facility failed to provide and ensure proper and adequate storage of sterilized items, to wit:

The Facility failed to provide a designated storage area for sterilized instruments and also failed to store peel pouches in a position that was free of being crushed, bent, compressed or punctured. This is in violation of 25 TAC §139.49(d)(5)(J)(i)-(iv), which state:

§139.49 Infection Control Standards

(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for the decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing and sterilization of critical items (reusable items), as well as those for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.

(5) Equipment and sterilization procedures. Effective sterilization of instruments depends on performing correct methods of cleaning, packaging, arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subsection to provide effective sterilization measures.

(J) Storage of sterilized items. The loss of sterility is event related, not time related. The facility shall ensure proper storage and handling of items in a manner that does not compromise the packaging of the product.

(i) Sterilized items shall be transported so as to maintain cleanliness and sterility and to prevent physical damage.

(ii) Sterilized items shall be stored in well-ventilated, limited access areas with controlled temperature and humidity.

(iii) Sterilized items shall be positioned so that the packaging is not crushed, bent, compressed, or punctured so that their sterility is not compromised.

(iv) Storage of supplies shall be in areas that are designated for storage.
An administrative penalty in the amount of $350.00 is proposed for this rule violation.

12. The Facility failed to document and maintain clinical records accurately, to wit:

The facility failed to document the date and provide a legible staff member signature for eleven (11) patient records reviewed. This is in violation of 25 TAC §139.55 (b) (6) which states:

§139.55 Clinical Records

(b) A licensed abortion facility shall establish and maintain a clinical record for each patient. A licensed abortion facility shall maintain the record to assure that the care and services provided to each patient is completely and accurately documented, and readily and systematically organized to facilitate the compilation and retrieval of information. Information required for the annual abortion report shall be readily retrievable from the clinical record.

(6) A facility shall maintain clinical records in their original state. Each entry shall be accurate, dated with the date of entry, and signed by the individual making the entry. Correction fluid or tape shall not be used in the record. Corrections shall be made by striking through the error with a single line, and shall include the date the correction was made and the initials of the person making the correction.

An administrative penalty in the amount of $350.00 is proposed for this rule violation.

13. The Facility failed to develop and implement policies and procedures for patient post-procedure follow-up, to wit:

The Facility referred a patient who reported post-abortion complications to an emergency room and did not attempt to further inquire about her condition or confirm that she sought treatment. The Facility had no policy or process for patient follow-up and monitoring of post-procedure infections. This is in violation of 25 TAC §139.57(c)(1) and (2), which state:

§139.57 Discharge and Follow-up Referrals

(c) The facility shall develop and implement written policies and procedures for:

(1) examination or referral of all patients who report complications, as identified in the list required by subsection (a)(1) of this section, to the facility after an abortion procedure. The written policy and procedure shall require:

(A) the facility to maintain a written system of documentation of patients who report post-abortion complications within 14 days of the procedure date;
(B) documentation of the facility's action following a patient's reporting of post-abortion complications to be placed in the patient's record; and
(C) the patients' records to be maintained for adults for seven years and for minors five years past the age the patient reaches majority; and

(2) periodic review of the record keeping system for post-abortion complications to identify problems and potential problems and to make changes in order to resolve the problems.

An administrative penalty in the amount of $350 is proposed for this rule violation.

14. The Facility failed to ensure that schedule II – V drugs were properly secured, to wit:

The Facility had no policy concerning the security of scheduled narcotics and failed to ensure schedule II – V narcotic medications were kept locked within a secure area where unauthorized personnel and patients will not have access, specifically:

(1) A procedure room had 24 unlabeled and pre-filled syringes containing Valium, Stadol, Romazicon, and Chloroprocaine stored in an unlocked cabinet underneath the surgical suction machine.

(2) The medication area, located along a common hallway where patients await procedures, has no door and contained a portable lockbox which contained pre-drawn syringes of Valium, Ativan and Stadol that was left unsecured on the countertop.

This is in violation of 25 TAC §139.60 (a) which states:

§139.60 Other State and Federal Compliance Requirements

(a) A licensed abortion facility shall be in compliance with all state and federal laws pertaining to handling of drugs.

An administrative penalty in the amount of $1,300.00 ($650 x 2 rooms) is proposed for this rule violation.

In accordance with Government Code Section 2001.054(c), you have the right to show compliance with all requirements of law prior to final action by the Department. Within 20 calendar days following the day you receive this notice, you may:

1) Admit the allegations and accept the Department’s determination to impose an Administrative Penalty in the amount of $20,300.00. Remit the recommended penalty amount of $20,300.00 by cashier’s check, money order, or company check made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form;

2) Submit a written request for an informal conference and a hearing (if necessary) regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.
Please use the attached RESPONSE TO NOTICE form to notify the Department of which option you have selected.

FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE DEPARTMENT WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 2092.

Sincerely,

Charles Burkhalter, BAS
Program Specialist
Enforcement Unit
Division for Regulatory Services

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

Houston Women’s Clinic, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which it was notified that the Department is proposing an Administrative Penalty of $20,300.00 for License #007326, Case #1068172086, Docket #A26811-519-2017.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 □ Respondent admits the allegations and accepts the proposed action in the Department’s Notice. Respondent waives the right to an administrative hearing or appeal. Respondent hereby remits an administrative penalty in the amount of $20,300.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156 Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

OPTION 2 □ Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 □ Respondent does not accept the proposed action in the Department’s Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to:
Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Char Burkhalter, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

SIGNATURE OF RESPONDENT’S AUTHORIZED REPRESENTATIVE

PRINTED NAME AND TITLE OF SIGNATORY

DATE

LICENSE NUMBER

Americans
United for Life
AGREED ORDER

I. JURISDICTION

The Texas Health and Human Services Commission (Commission) is authorized to enforce the Health and Safety Code (HSC), Chapter 245, and Title 25 of the Texas Administrative Code (TAC), Chapter 139 (Rules), relating to the licensing and regulation of Abortion Facilities.

II. RESPONDENT

Hill Top Women's Reproductive Clinic, L.L.C. (Respondent), located at 500 East Schuster, Building B, El Paso, Texas 79902 (Facility) is licensed by the Commission as an Abortion Facility under license no. 007804, and is subject to the HSC and Rules.

III. FACTS

On or about October 4, 2017, the Commission conducted a licensure resurvey of the facility to evaluate Respondent’s compliance with the HSC and the Rules. As a result of the survey, the Commission alleged the Respondent engaged in the conduct as more specifically described in the Commission's July 31, 2018, Notice of Violation (Notice) which is adopted and incorporated in this Agreed Order (Order).

IV. NOTICE

Respondent was informed of the Commission’s intent to assess an administrative penalty of $9,850.00.

V. RESPONSE

Respondent replied to the Notice by making a written request for an informal conference.

VI. SETTLEMENT

A. INFORMAL CONFERENCE

An informal conference was held on October 17, 2018. The terms of the settlement are contained in this Order.
B. SETTLEMENT

The Commission and Respondent have agreed to the following:

1. The Commission determines that Respondent violated the Rules as set forth in allegations 2, 3, and 5 of the Notice.

2. The Commission amends the proposed administrative penalty from $9,850.00 to $2,800.00 for Respondent's violation of the Rules;

3. Respondent shall pay the administrative penalty of $2,800.00 within 30 days of full and final execution of the Order by the Commission. Respondent shall remit a cashier's check, money order, or company check made payable to the Texas Health and Human Services Commission that bears the notation, Deposit in Budget #ZZ156, Fund #170, Service Code No. 529201048. Respondent shall mail the penalty payment to, Accounts Receivable – MC 1470, PO BOX 149055, Austin, TX 78714-9055.

4. Respondent shall comply with this Order and with all applicable laws, rules, and regulations governing Abortion Facilities. Failure to comply shall result in additional enforcement action.

VII. COMPLETE AGREEMENT

This Order is made pursuant to Government Code, §2001.056(2), and the procedural rules adopted by the Commission. This Order represents the complete settlement of all allegations contained in the Notice.

A. WAIVER OF APPEAL AND AGREEMENT REGARDING SIGNATURE

In exchange for the execution of this Order, Respondent waives the right to a hearing or an appeal regarding the Commission findings, assessment of the proposed administrative penalty and disposition of this case through the Commission's issuance of an Order. Respondent has no objection to this Order being signed by either the Executive Commissioner of the Commission or her designee.

B. NO WAIVER WITH REGARD TO OTHER VIOLATIONS

The Commission does not waive the right to enforce this Order or to prosecute any other violations that Respondent may commit. The Commission shall consider this Order and Respondent's compliance history in the processing of any other enforcement actions and the imposition of any subsequent penalty.

C. COMPLETE UNDERSTANDING

The Respondent understands the terms of this settlement agreement, enters into the settlement agreement freely, and agrees to the terms and conditions of this Order.
NOW THEREFORE, IT IS ORDERED that:

1. Respondent violated the Rules as Described in Section VI of this Order;

2. The Commission amends the proposed administrative penalty from $9,850.00 to $2,800.00 for Respondent's violation of the Rules;

3. Respondent shall remit the amount of $2,800.00 not later than 30 days from the date the Executive Commissioner of the Commission, or her designee, signs this Order, in accordance with Section VI of this Order; and,

4. Respondent shall comply with this Order and with all applicable laws, rules, and regulations governing Abortion Facilities. Failure to comply shall result in additional enforcement action.

Ordered this 28th day of February, 2019.

David Kostroun
Deputy Executive Commissioner
Regulatory Services Division

Agreed as to Form and Substance: 2/6/19

Signature, Printed Name, and Title of Authorized Representative
Hill Top Women's Reproductive Clinic, L.L.C.
License Number: 007804
CASE NO. 1068180073

IN THE MATTER OF

REPRODUCTIVE SERVICES, INC
EL PASO, TEXAS

BEFORE THE

HEALTH AND HUMAN SERVICES COMMISSION
AUSTIN, TEXAS

AGREED ORDER FOR PAYMENT

I. JURISDICTION

The Texas Health and Human Services Commission (Commission) is authorized to enforce the Health and Safety Code, Chapter 245 (Act), and Title 25 of the Texas Administrative Code (TAC), Chapter 139 (Rules), relating to the licensing and regulation of Abortion Facilities in Texas.

II. RESPONDENT

Reproductive Services, Inc. (Respondent) located at 1511 East Missouri, El Paso, Texas 79902 is licensed by the Commission as an Abortion Facility, License No. 140009, and is subject to the Act and Rules.

III. FACTS

On or about October 2, 2017, the Commission conducted a licensure resurvey. The purpose of the review was to determine Respondent’s compliance with the Act and the Rules. As a result of the survey, the Commission alleged the Respondent engaged in the conduct as more specifically described in the Commission's July 31, 2018, Notice of Violation (Notice) which is adopted and incorporated in this Agreed Order (Order).

IV. NOTICE

In the Notice, Respondent was informed of the Commission's intent to assess an administrative penalty of $9,450.00.

V. RESPONSE

By response dated August 19, 2018, Respondent replied to the Notice by admitting the facts and violations alleged, agreeing to the administrative penalty proposed by the Commission and to issuance of this Order, and sending the Commission a check in the agreed amount of $9,450.00, which was posted by the Commission on August 24, 2018 (Collection DLN 1182340075).

VI. SETTLEMENT

Respondent’s payment of the penalty represents a complete settlement of all issues regarding the violation described in “III. Facts” and “IV. Notice” of this Order.
VII. ACCEPTANCE OF ADMINISTRATIVE PENALTY

This Order is made pursuant to Chapter 2001 of the Texas Government Code §2001.056(2), and the procedural rules adopted by the Commission. This Order memorializes Respondent's acceptance of and monetary payment of the $9,450.00 administrative penalty for the violation contained in the Notice as described in "III. Facts" and "IV. Notice" of this Order.

A. WAIVER OF APPEAL

In exchange for Respondent's payment of the penalty, and the execution of this Order, Respondent waives the right to a hearing or an appeal regarding the Commission findings, assessment of the proposed administrative penalty and the Commission's disposition of this case through the Commission's issuance of an Order.

B. NO WAIVER WITH REGARD TO OTHER VIOLATIONS

The Commission does not waive the right to enforce this Order or to prosecute any other violations that Respondent may commit. The Commission shall consider this Order and Respondent's compliance history in the processing of any other enforcement actions and the imposition of any subsequent penalty.

NOW THEREFORE, IT IS ORDERED that Respondent paid an administrative penalty in the amount of $9,450.00, which the Commission posted on August 24, 2018. Respondent shall henceforth comply with all applicable laws, rules, and regulations. Failure to comply shall result in additional enforcement action.

Ordered this ___th day of __________, 2018.

[Signature]

David Kostroun
Deputy Executive Commissioner
Regulatory Services Division
July 31, 2018

Certified Mail Number: 7016 1970 0000 8970 4209
and First Class Mail Service

[Redacted]
Registered Agent
dba Reproductive Services, Inc.
215 West Olmos Drive
San Antonio, TX 78212

Certified Mail Number: 7016 1970 0000 8970 4193
and First Class Mail Service

[Redacted]
Reproductive Services, Inc.
1511 East Missouri
El Paso, Texas 79902

Re: Notice of Violation (Notice), Reproductive Services, Inc., Abortion Facility,

Dear [Redacted],

The Health and Human Services Commission (Commission) has reviewed documents and
evidence related to a licensure resurvey of Reproductive Services, Inc. (Respondent), located
at 1511 East Missouri, El Paso, Texas 79902 (Facility) conducted on or about October 2,
2017.

As a result of that review, the Commission proposes to assess an administrative penalty of
$9,450.00 against the Facility pursuant to its authority under Chapter 245 of the Texas Health
and Safety Code (HSC) and Title 25 of the Texas Administrative Code (TAC) Chapter 135
(Rules).

The proposed action is based upon the following allegations (names of persons identified by
initials or numbers will be provided upon request if permitted by law):

1. Respondent failed to provide patients accurate information concerning where or
   submit complaints:

   Respondent provided patients with an incorrect address and phone number for
   submitting complaints. This conduct is in violation of 25 TAC §139.31(c)(1), which
   states:

   P.O. Box 13247 • Austin, Texas 78711-3247 • 512-424-6500 • hhs.texas.gov
§139.31 On-site Inspections and Complaint Investigations of a Licensed Abortion Facility.

(c) Complaints.

(1) In accordance with §139.50 of this title (relating to Disclosure Requirements), all licensed abortion facilities are required to provide the woman on whom the abortion is to be performed and her guardian, if present, if the patient is a minor at time of the initial visit or if guardianship is required, with a written statement that complaints relating to the abortion facility may be registered with the Manager, Health Facility Compliance Group, Department of State Health Services, Post Office Box 149347, Austin, Texas 78714-9347, (888) 973-0022.

An administrative penalty of $100.00 is proposed for this rule violation.

2. Respondent failed to conduct annual evaluations of all staff:

Respondent did not conduct an annual evaluations of five staff members within the past calendar year. This conduct is in violation of 25 TAC §139.43(4), which states:

§139.43 Personnel Policies.

The licensee shall develop, implement and enforce policies which shall govern all personnel staffed by the facility using the following minimum criteria:

(4) a requirement for an annual evaluation of employee performance;

An administrative penalty of $500.00 ($100.00 x 5 staff) is proposed for this rule violation.

3. Respondent failed to have a safe and sanitary environment:

Respondent had expired ampules of epinephrine on the emergency cart and a vial of 0.9% normal saline accessed but not dated in the medication room. This conduct is in violation of 25 TAC §139. 48(1)(A), which states:

§139.48 Physical and Environmental Requirements.

(1) A facility shall:

(A) have a safe and sanitary environment, properly constructed, equipped and maintained to protect the health and safety of patients and staff at all times.

An administrative penalty of $100.00 is proposed for this rule violation.
4. **Respondent failed to comply with the Woman's Right To Know Act:**

Respondent allowed a staff member who was not the physician or a certified sonographer to perform sonograms on 18 patients. This conduct is in violation of Texas Health and Safety Code §139.60(l), which states:

§139.60 Other State and Federal Compliance Requirements.

(l) A licensed abortion facility shall comply with the requirements of Health and Safety Code, Chapter 171, the Woman's Right to Know Act.

The relevant section of the Woman's Right To Know Act states:

Sec. 171.012(4)(A). Voluntary and Informed Consent.

(4) before any sedative or anesthesia is administered to the pregnant woman and at least 24 hours before the abortion or at least two hours before the abortion if the pregnant woman waives this requirement by certifying that she currently lives 100 miles or more from the nearest abortion provider that is a facility licensed under Chapter 245 or a facility that performs more than 50 abortions in any 12-month period:

(A) the physician who is to perform the abortion or an agent of the physician who is also a sonographer certified by a national registry of medical sonographers performs a sonogram on the pregnant woman on whom the abortion is to be performed;

An administrative penalty of $6,300.00 ($350.00 x 18 patients) is proposed for this rule violation.

5. **Respondent failed to ensure that a physician trained nonlicensed personnel, age 18 or above, to extract blood for laboratory testing:**

Respondent failed to ensure that a physician trained three non-licensed staff to extract blood for laboratory testing. This conduct is in violation of 25 TAC §139.54(b)(2), which states:

§139.54 Health Care Services.

(b) Licensed health care professionals.

(2) A licensed abortion facility may allow physicians to train non-licensed personnel, age 18 years or above, to extract blood for laboratory testing and to administer intravenous fluids.

An administrative penalty of $1,050.00 ($350.00 x 3 staff) is proposed for this rule violation.

P.O. Box 13247 • Austin, Texas 78711-3247 • 512-424-6500 • hhs.texas.gov
6. **Respondent failed to schedule follow-up visits for patients within 14 days of providing them with an abortion-inducing drug:**

Respondent scheduled follow-up visits for four patients more than 14 days after Respondent provided the patients with an abortion-inducing drug. This conduct is in violation of Texas Health and Safety Code §171.063(e), which states:

§171.063. Distribution of Abortion-Inducing Drug.

(e) The physician who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, must schedule a follow-up visit for the woman to occur not more than 14 days after the administration or use of the drug.

An administrative penalty of $1,400.00 ($350 x 4 patients) is proposed for this rule violation.

In accordance with Government Code Section 2001.054(c) and Health and Safety Code §243.015, you have the right to show compliance with all requirements of law prior to final action by the Commission. **Within 20 calendar days following the day you receive this notice, you may:**

1) Admit the allegations and accept the Commission’s determination to assess an administrative penalty of $9,450.00. Remit the recommended penalty of $6,250.00 by cashier’s check, money order, or company check made payable to the Health and Human Services Commission (Commission), with a notation of: Deposit in Budget No. ZZ156, Fund No. 170, Service Code No. 529201048, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or

2) Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,

3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached **RESPONSE TO NOTICE** form to notify the Commission of which option you have selected.

**FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE COMMISSION WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.**

P.O. Box 13247 • Austin, Texas 78711-3247 • 512-424-6500 • hhs.texas.gov
If you have any questions regarding this proposal, please contact me at (512) 834-6634.

Sincerely,

Charles Burkhalter
Health and Human Services Commission
Regulatory Services Division, Health Care Quality
512-834-6665 EXT. 2092
Fax 512-834-6625
Charles.Burkhalter@hhsc.state.tx.us

Enclosure
RESPONSE TO NOTICE OF VIOLATION (NOTICE)

Reproductive Services, Inc., Abortion Facility, (Respondent), has received a Notice from the Texas Health and Human Services Commission, in which it was notified that the Commission is proposing an administrative penalty of $9,450.00 for License No. 140009, Case No. 1068180073, Docket No. A27653-519-2018.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

OPTION 1 ☒ Respondent admits the allegations and accepts the proposed action in the Commission’s Notice. Respondent waives the right to an administrative hearing or an appeal. Respondent hereby remits an administrative penalty of $9,450.00 by cashier’s check, money order, or company check, made payable to the Texas Health and Human Services Commission, with a notation of: Deposit in Budget No. ZZ156, Fund No. 170, Service Code No. 529201048. Mail the penalty with this form to: The Texas Health and Human Services Commission, Accounts Receivable – MC 1470, PO BOX 149055, Austin, TX 78714-9055.

OPTION 2 ☐ Respondent does not accept the proposed action in the Commission’s Notice and requests an informal conference and, if necessary, a hearing.

OPTION 3 ☐ Respondent does not accept the proposed action in the Commission’s Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to: Health and Human Services Commission, Regulatory Services Division, Health Care Quality – MC 7927, Attn: Charles Burkharter, P.O. Box 149347, Austin, Texas 78711-9347 or fax it to: 512-834-6623.

[Signature: [Redacted]]
[Date: August 19, 2018]

[Printed Name and Title of Signatory]

[License Number: 140009]

[Optional: Received by DOE at 1:45 PM on August 27, 2018]

[Seal: Americans United for Life]
# Abortion Facilities
## September 2018 – August 2019

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>City of Residence</th>
<th>Alleged Violation</th>
<th>Disciplinary Action</th>
<th>Date of Action</th>
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<td>140009</td>
<td>El Paso</td>
<td>Allegations relating to: 25 TAC §139.31(c)(1) 25 TAC §139.43(4) 25 TAC §139.48(1)(A) HSC §139.60(l) 25 TAC §139.54(b)(2) HSC §171.063(e)</td>
<td>Administrative Penalty $9,450</td>
<td>12/12/2018</td>
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<tr>
<td>Hill Top Women’s Reproductive Clinic</td>
<td>007804</td>
<td>El Paso</td>
<td>Allegations relating to: 25 TAC §139. 48(1)(A) 25 TAC §139.49(d)(5)(M) THS §171.063(e)</td>
<td>Administrative Penalty $2,800</td>
<td>02/28/2019</td>
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*This page was last revised September 13, 2019.*