Reviewed 4/8/19 S Zimmerman

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	/IDER OR SUPPLIER	007882				
	IDER OR SUPPLIER			B. WING		
(X4) ID		STREET A	ADDRESS, CITY, STA	TE, ZIP CODE		
	MENS HEALTH CENTI	ER	UTH IH 35 , TX 78704			
TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLET DATE
6 000 T/	AC 139.1 Initial Corr	iments	6 000			
do un co	prrection, correction	tion must remain entering the plan of dates, and the signature				
cit Te If i pre	tation(s) will be refer exas Attorney Gener information is inadve	cy in the original deficiency red to the Office of the ral (OAG) for possible fraud. ertently changed by the State Survey Agency (SA) nediately.				
im an Ch	plement the Texas A nd Licensing Act, He napter 245, which pr	ose of this chapter is to bortion Facility Reporting alth and Safety Code, ovides the Health and mission with the authority				
reg an pe Wo	gulation of abortion inual reporting requi prformed. This chapt	erning the licensing and facilities and to establish rements for each abortion er also implements the w Act, Health and Safety				
(b)) Scope and applica	bility.				
(1	1) Licensing require	ments.				
abo uno	ortion facility in Texa	ot establish or operate an is without a license issued ess the person is exempt nents.				
	(B) The following ne s chapter:	ed not be licensed under			S	R S
Sa	(i) a hospital licens fety Code, Chapter	ed under Health and 241;			Ame	ica:
	(ii) an ambulatory s	surgical center licensed			IIni	te

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		
		007882	B, WING	03/26/2019	
NAME OF	PROVIDER OR SUPPLIER		ADDRESS, CITY, S	STATE, ZIP CODE	
AUSTIN	WOMENS HEALTH CENT	rer in the second se	UTH IH 35		
	·		, TX 78704		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE
6 000	Continued From pag	e 1	6 000		
	under Health and Sa	fety Code, Chapter 243; or			
	Texas Medical Board medicine in the State	physician licensed by the l and authorized to practice of Texas, unless the office se of performing more than 2-month period			
	(2) Reporting require facilities and facilities licensing shall complet (relating to Annual Re Abortions Performed) An entrance conferent Office Manager in the purpose and process	ements. All licensed abortion and persons exempt from y with §139.4 of this title eporting Requirements for All			
	Continued licensure i	s recommended, with an ection.			
6 0 4 4	Administrator the afte Preliminary findings of discussed, and an op questions.	of the survey were portunity given for		6 041: The facility Administrator will b responsible for the plan. The facility Administrator will update the counselin protocols so that in the event a patient g	g
6 041	accessible written pro emergencies and the requiring further emer The facility shall ensu practice at the facility: (1) have active admit that provides obstetric	n facility shall have a readily tocol for managing medical transfer of patients gency care to a hospital. re that the physicians who	6 041	PO box address or address that is different where she verbally reports she is current residing, the counselor will give the name location, and phone number of the hosp nearest to both locations. The facility Administrator will notify all staff via memorandum of this change. The facilit Administrator will review patient record monthly basis to ensure compliance with protocol change. Any facility staff four in non-compliance will be subject to disciplinary action.	ent from tly ne, ital ity ls on a

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMPI	
			A. BUILDING:			
		007882	B. WING	03/2	03/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
AUSTIN V	MOMENS HEALTH CENT	rer i i i i i i i i i i i i i i i i i i	UTH IH 35			
			, TX 78704			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLET DATE
6 041	Continued From pag	e 2	6 041	· · · ·		
	care services and is located not further than 30 miles from the abortion facility;					
	(2) provide the preg	nant woman with:				
		mber by which the pregnant				
		e physician, or other health oyed by the physician or the				
		bortion was performed or				
	induced with access	to the woman's relevant				·.
		nours a day to request				
		mplications that arise from iduction of the abortion or			1	
	-	estions regarding the				
	abortion; and					
1	(B) the name and t	elephone number of the				
	nearest hospital to the	e home of the pregnant				
	woman at which an e abortion would be tre	mergency arising from the ated.			·	
	(b) The facility shall h	ave the necessary	-			
ľ		nnel for cardiopulmonary				
	resuscitation as desc (relating to Anesthesi	ribed in §139.59 of this title a Services).				
	(c) Personnel providir	ng direct patient care shall				
		in basic life support by the				
	American Heart Asso Cross, or the America	ciation, the American Red				
		ance with their individual				
	professional licensure	e requirements, and if				
	required in their job d	escription or job				2
	responsibilities.				S	5
		not met as evidenced by:				
ſ	Based on a review of				Amer	1Cat
	-	ailed to ensure that the ce at the facility provide the			Im	to
- State For						LE
E FORM			⁶⁵⁹⁹ 9TK	G 11		tion sheet 3

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	alth and Human Servic				·	
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE ŜURVEY MPLETED
		007882	B. WING		o	3/26/2019
ME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
		1902 SC	OUTH IH 35			
USINA M	OMENS HEALTH CENT		I, TX 78704		:	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE	(X5) COMPLE DATE
			140		FICIENCY)	
6 041	Continued From page	ə 3	6 041			
	pregnant woman with	: the name and telephone				
		it hospital to the home of the				
		hich an emergency arising			·	
	from the abortion wou					
	Findings included:					
		cords revealed the following:			•	
	* 2 of 15 medical red			4		
		e name and telephone		÷		
		t hospital to the home of the				
		hich an emergency arising				
		ld be treated was provided		•		
	to the patient.					
		hoto identification did not				
		dress. The patient indicated				
		heet that they lived in Eagle				
	Pass, Texas. Howeve					
		provided with the name and		· ·		
		ospital in Austin, Texas.				
	This would not be the				:	
		t hospital to the home of the		1 - 1	1	
	patient, which would t					
		heir home address in Point		·		
	Blank, Texas. Howeve					
		provided with the name and				
		ospital in Lufkin, Texas.				
		w.ushospitalfinder.com, this				
		e and telephone number of				
		o the home of the patient.			· · · · ·	
	Livingston, Texas.	o Point Blank would be in				
	Livingston, Texas.					
	In an interview on 03/	25/19 staff member # 8			C	
	confirmed the above f					
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					Δma	rica
						arca
					IIn	ita

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	OF DEFICIENCIES OF CORRECTION	(X1) FROVIDER/SUPPLIÉNCLIA IDENTIFICATION NUMBER.	A. BUILDING:			E SURVEY IPLETHD
		007804	5. WING		1	1/06/2018
ME OF P	ROVIDER OR SUPPLIER	STREFT	NUCKESS, CITY, STATH			
LLTOP	NOMENS REPRODUCT	VEGLINIG	ST SCHUSTER BUII 0. YX 79902	DING B		
(X4) IU PREFIX IAG	(FACH DEFICIENC	(A'I EMENT OF OFFICIENCIES Y MUST & PRECEDED by FUI I, LSC IDENTIFYING INFORMATION)	ID PREFIX FAC	PROVIDER'S PLAN (LACH CORRECTIVE CRDSS-REPERCINCE) DEFICI	TO THE APPROPRIATE	DATE
6 000	TAC 139.1 Initial Cor	nments	6 000			
	6 000 TAC 139.1 Initial Comments Note: The State Form is an official, legal document, All information must remain unchanged except for entoring 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.			•		
	Implement the Texas and Licensing Act, He Chaptor 245, which p Human Services Con to establish rules gov regulation of abortion annual reporting requ performed. This chap	pose of this chapter is to Abortion Facility Reporting ealth and Safety Code, provides the Health and homission with the authority reming the licensing and facilities and to establish prements for each abortion of also imploments the ow Act, Health and Safety				
	(b) Scope and applies (1) Uconsing require	·				
	abortion facility in Top	not establish or operate an kas without a licanso issued less the person is exempt iments.				53
	(B) The following n this chaptor,	eed not be licensed under				300
	(i) a hospital licen Safety Code, Chapter	sod under Health and r 241;		• •	Am	erica
		surgical contor licensed			U	nite
- State Fo RATORY D	**	JCR REPRESENTATIVE'S SIGNATU	E Duse	adminio	the for	DI DATE
EFORM				F811		Numblion shoat 1 of

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		ESURVEY
	UNCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	· · · · · ·	CON	IPLETED
		007804	B. WING		1	1/06/2018
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STA			
:		500 545	T SCHUSTER BL			
ILLTOP	WOMENS REPRODUC	TIVE CLINIC	D, TX 79902			
(X4) ID PREFIX		STATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN (EACH CORRECTIVE)		(X5) COMPLET
TAG		R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED T DEFICI	TO THE APPROPRIATE	DATE
6 000	Continued From pa	ge 2	6 000			
1	in part,	-				
	"The following word this chapter,	s and terms, when used in		• .		
		ving meanings, unless the				
	context clearly			· .		
•	indicates otherwise.			· · · · ·	. *	
:	 (3) ActTexas Abor	ion Facility Reporting and		•	<i>.</i>	
ļ	Licensing Act,					
	Health and Safety C	Code, Chapter 245.			· ·	
÷	 (28) LicenseeA pe	rson or entity who is currently				
	licensed as					
1	an abortion facility.					
	Per Texas Health ar Subtitle B:	nd Safety Code Chapter 245,				
		INITIONS. In this chapter:			. •	
		is the act of using or iment, a drug, a medicine, or				
	any other substance	, device, or means with the				
	intent to cause the c	leath of an unborn child of a				
		pregnant. The term does				
	not include birth con	trol devices or oral act is not an abortion if the				
	act is done with the			1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	•. •	
		preserve the health of an			40 ¹	
	unborn child; (B) remove a dead	unborn child whose death				
	was caused by spon					
1	(C) remove an ecto	pic pregnancy.				
		" means a place where				
	abortions are perform (3) Repealed by Act	nea. is 2015, 84th Leg., R.S., Ch.				
	1, Sec. 3.1639(62),			•		
	(4) "Department" me	eans the Department of State			, in the second s	15
1	Health Services. (4-a) "Ectopic pregn	ancy" means the				
		ilized egg or embryo outside			Ame	ricat
- State For		· · · · · · · · · · · · · · · · · · ·			In	instant sheet 3
E FORM			6899 T	KF811		
					for	

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(X5)

Texas Health and Human Services Commission (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 007804 11/06/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION D (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 6 000 6 000 Continued From page 3 of the uterus. (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. Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989. Amended by: Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0685, 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. 8, 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

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE (A. BUILDING:			(X3) DATE SUR COMPLETE	
		007804	D. WING	·		11/06/2	2018
AME OF P	ROVIDER OR SUPPLIER	STREET	NODRESS, CITY, STAT	L, ZIP CODE			
		500 EAS	T SCHUSTER BUI	LDING B			
ILLIOP V	VOMENS REPRODUC	EL PAS	D, TX 79902				
(X4) ID PRFFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIÉNCIES NOY MUST BE PRECEDED RY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAC	(EACH CORRECTIV CROSS-REFERENCE	N OF CORRECTION E ACTION SHOULD D TO THE APPROPTI CIENCY)	BF I	(X5) COMPLETE DATL
6 000	Continued From pa	ge 4	6.000				
1		-					-
	services under othe	authorized to provide those r laws of this state					
		a., ch. 678, Sec. 1, off. Sept. 1,			÷		
		Acts 1997, 75th Log., ch. 23,					
		1997; Acts 2001, 77th Leg.,					-
		89, eff. Sept. 1, 2001; Acts					
	2003, 7501 Leg., ch.	. 999, Sec. 4, eff. Sept. 1,					
	Amended by:						
		g., 2nd C.S., Ch. 1, Sec. 4, eff.					
	Octobor 29, 2013.		1 1				
		g., 2nd C.S., Ch. 1, Sec. 8, off,					
	Septomber 1, 2014.						ŀ
	Acts 2015, 84th Leg 3.0689, eff. April 2,	J., R.S., Ch. 1 (S.B. 219), Soc. 2015			. ,		
	5.0005, en. April 2,	2013.					
	Por Subtitle B, Title	3, Occupations Code:					
	Sec. 162.151. DEF	INITIONS. In this subchapter:				· [
	(1) "Core credentia						
	(A) name and other						
	(B) professional ed						
	 (C) professional tra (D) licenses; and 	ining:					
	• •	mmission for Foroign Medical					
	Graduates certificat						
		ification organization" moans					
	an organization that	is certified or accredited and					
		verify, maintain, store, and					
	•	re entitios a health carc					
		d credentials data, including					
1		ates, and modifications to that of this subdivision, "certified"					1
	or "accredited" inclu	•					
	accreditation by a n		1			Or	\mathbf{Q}
	accreditation organi				·	Chr	\mathbf{C}
	(3) "Health care on					Ū.	J
	• •	cility or other hoalth carc					
		d or certified to provide			A	mer	ican
) - State Fo		nd allied health services in					
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						orl	•
	1					010	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG 007804 11/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 6 000 Continued From page 5 6 000 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. Added by Acts 2001, 77th Leg., ch. 1420, Sec. 14.033(a), eff. Sept. 1, 2001. SOD - State Form STATE FORM 6859 TXF811

Texas Health and Human Services Commission

Texas Health and	Human Servic	es Commission			TON	MAFFROVED
STATEMENT OF DEFICI AND PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		007804	B. WING	·	11/	06/2018
NAME OF PROVIDER OF	RSUPPLIER	STREE	ADDRESS, CITY, STA	TE, ZIP CODE		
HILLTOP WOMENS	REPRODUCTIN	E CLINIC	AST SCHUSTER BI SO, TX 79902			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S P	LAN OF CORRECTION	
PREFIX (E		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECT CROSS-REFERENC	IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETE DATE
6 000 Continue	ed From page	6	6 000	· · · · · · · · · · · · · · · · · · ·		
and Adm "4. Docur i) All med person w During a	inistration" sta nentation ications are to ho administer review of clini	ntitled, "Medication Secutiry ated in part, b be documented by the ed the medication." cal records for 8 tients revealed 7 patients	,	2552), Sec. All patients reviewed a clinical day ensure all r are prope showing that the medicati	charts are to be the end of each by physician to equired signatures rly documented the administered on himself.	11/07/18
(#2, 5, 7, administe medicatio had the m document indicating to the pati member # administe medical a	9, 15, 16, and red Mifepristo n), the "Coun ledication adm ted, however if the physician ents. In an ini- the confirmed t red the Mifepri bortion processory	1 18) had been one (an abortion-inducing seling and Medical Report" ninistration of Mifepristone there was no signature dispensed the medication terview on 11/06/18, staff hat the physician ristone to patient's for their dures.		Administrate of correction compliance Nurse Administration	cian and Nurse or will monitor plan n to ensure that s meet. inistrator will be or plan which was as of 11/7/18.	
2 ·facility p rooms. The above facility Adr	e was confirm	ge was found in any of the oms or patient consultation ed in an interview with the d other administrative staff 11/06/18.			Amer	3 icans
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		007804	B. WING	44/06/2040	
	ROVIDER OR SUPPLIER				11/06/2018
NAME OF P	ROWDER OR SUPPLIER		DDRESS, CITY, STATE		
HILLTOP	WOMENS REPRODUC	TIVE CLINIC	D, TX 79902		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
6 026	Continued From page	ge 7	6 026]
6 026	implement a written		6 026	TAC 139.44 Orient Training & Demons Competent On November 20, 2018 conducted training session	clinic 11/20/18
	job responsibilities of procedures. (b) In implementing	staff) with the facility's policies, philosophy, sponsibilities of all staff, and emergency dures. implementing the orientation and training am, a licensed abortion facility shall orient rain each employee to ensure, through nstrated competency, that: the employee understands his or her specific		new employees on Introduction to H Trafficking" developed Texas Human Traff	"An uman by the
	and train each emplo demonstrated comp (1) the employee u			Prevention Task Force. S was lead by adminis assistant.	ession
	and procedure manu description of the rol personnel;	nderstands the facility's policy Ial, including protocols and es and responsibilities of all Inderstands, at a minimum Following:		The purpose of training empower staff member recognize factors relat human trafficking, iden potential human trafficking victims and report as trequired.	ers to ed to tifying icking
		nd treatment of patient care; d infection control policies; ion/information;		Administrative assistan make certain "H Trafficking" training ongoing practice at the fa	uman is an .
	(D) informed cons (E) abortion techn	ent policies; iques provided at that facility;		Henceforth, all staff me will have proper traini "Human Trafficking" as	ng on
	(F) care of the pati an abortion procedur	ent before, during, and after e;		their required emplo protocol.	-
- State For	rm				JHILLEC
E FORM			6899 TXE	F811 .	If continuation sheet 86729

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE : COMPL	
i İ	•	007804	B. WING		11/0	06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
		500 EAS	T SCHUSTER BUIL		,	
HILLTOP	WOMENS REPRODUCTI	VE CLINIC EL PASO	D, TX 79902			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETE DATE
6 026	Continued From page	8	6 026			
	(G) patient rights;					
		ications of the abortion		Continued		
[procedure; and				.44 Orientation,	
	(I) prevention of inf			Training Competent	& Demonstrated	
:	for sterilization of critic trained by the facility t	nsure that staff responsible cal surgical instruments are to meet the requirements of		Nurse Adm	ninistrator will be ble for plan	11/20/1
		(relating to Infection nd demonstrate competency lization procedures at the		implementat	tion and will review les for compliance	
	facility.			on annual ba		
	of the reporting require neglect under Family (s for family violence under				
1	(e) The facility shall do employee's personnel training and orientation	record evidence of all		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
· .	Based on record revie failed to ensure each e		· . ·			
		man Trafficking, in that, have training for Human			· .	
	Findings included				C	
	Personnel #1's person training in Human Trafi	nel file did not document ficking.			S	R
1	During an interview on Personnel #1 was infor Personnel #1 stated, "I	rmed of the above finding.			Amer	ican
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Texas Health and Human Services Commission
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE ((X3) DATE SURVEY	
ANU PLAN (IDENTIFICATION NUMBER:	A. BUILDING.		COMPL	ETED
		007804	B. WING		11/0	06/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	E, ZIP CODE		
	WOMENS REPRODUCTI	VE CLINIC 500 EAST	SCHUSTER BUI	LDING B		
HILLI OF		EL PASO	, TX 79902			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
6 026	Continued From page	9	6 026			
6 034	effective June 19, 201 Subchapter E Section Training on Human Tr to each person who is at, or performs service training program to ide	entify and assist victims of and ardized curriculum"	6 034	TAC 139.49 Infecti Standards	on Control	
	 (a) Written policies. A shall develop, implement control policies and pritransmission of post-p policies shall include, i prevention of the transminunodeficiency viru (HBV), hepatitis C viru tuberculosis (TB), and spp.); educational courand laundry requirement disinfection, sterilization supplies. (b) Prevention and corr HIV, HBV, HCV, TB, and (1) Universal/standar (A) An abortion facili comply with universal/standar (i) Universal/standar (licensed abortion facility ent, and enforce infection rocedures to minimize the procedure infections. These but not be limited to, the smission of human us (HIV), hepatitis B virus us (HCV), Mycobacterium Streptococcus species (S. rse requirements; cleaning ents; and decontamination, on, and storage of sterile htrol of the transmission of and S. spp. d precautions.		On clinical day the used, two biolog indicators will be per A Bowie-Dick plus will help mon performance of the detecting potential is might compromise s Concurrently the Attest will be run to sterilization cycle were sufficient to 1 m i c r o o r g a n i s sterilization proce compromised.	gical tests erformed. test which nitor the sterilizer by ssues which sterility. biological o determine parameters kill the test m s a n d	11/14/1

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D - State Fo ATE FORM			689º T)	KF811		tion she Lat
D - State Fo						
	HBV. A licensed aborti implement, and enforc compliance of the facil care workers within the and Safety Code, Chap	ion facility shall adopt, e a written policy to ensure ity and all of the health e facility with the Health	:		Amer	S icai
	universal/standard pre subparagraph (A) of th		•			
	procedures for monitor			process correctly.	and monitored	
	designed to reduce the microorganisms from t	ndard precautions are e risk of transmission of poth recognized and of infection in facilities.		responsible correction t	ive assistant will be for plan of be an on going	
	(-d-) mucous me				or into facilities	
		, secretions, and excretions ess of whether or not they kin: and		arrived on N and was	onitoring booklet Jovember 14, 2018 immediately ted by nurse	
	(-a-) blood;			November 9	2018.	
	(I) Universal/stan	, dard precautions apply to:		office" w	as ordered by we assistant on	
	regardless of their dia infection status.	ceiving care in facilities, gnosis or presumed			System Booklet & read "for dental	
	points of body substar	iversal precautions with the nce precautions and apply activing care in facilities		Correct A	ttest Biological	11/14
		nd other sharp instruments. dard precautions synthesize		TAC 139.4 Standards	Infection Control	
6 034	the use of protective t	parriers, and the use and	6 034	Continued		
(X4) ID : PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IOENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLE DATE
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		500 EAS	T SCHUSTER BU			
	ROVIDER OR SUPPLIER	007804	DDRESS, CITY, STAT		[11/	06/2018
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE COMF	SURVEY

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING;		(X3) DATE COMP	SURVEY LETED
		007804	B. WING		11/	06/2018
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
ILLTOP	WOMENS REPRODUCTI	VECLINIC	ST SCHUSTER BUIL D, TX 79902	DING B		
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6 034	Continued From page	e 11	6 034			
	HIV and HBV by infe	cted health care workers.				
	(3) Educational cou	rse work and training. A				
		lity shall require its health				
		plete educational course ection control and barrier		•*		
	precautions, including	basic concepts of disease				
		ically accepted principles				
	and practices for infe engineering and work	cuon control and c practice controls. To fulfill				
		nis paragraph, course work				
	and training may inclu					
	courses or in-house t	raining or workshops y. The course work and				
	training shall include,					
	(A) HIV infection pr	evention; and				
	prevention based on	and S. spp. infection universal/standard d in paragraph (1) of this				
	(C) bidirectional as transmission; and	pect of disease				
	(D) epidemic contro	bl.				
	(c) Cleaning and laun	dry policies and procedures.		·		
	(1) A licensed aborti	on facility shall develop,				
	implement, and enfor					
	procedures on cleanir	ng the procedure room(s).			C	10
		on facility shall develop,			Č	Car
	implement, and enfor				Ĩ	15
	procedures for the ha and transporting of cle	ndling, processing, storing, ean and dirty laundry			۸mo	rico
	and compositing of the				Ame	i iua
					<u> I</u> n	ito
) - State Fo	orm		6899 TV			ILC
TE FORM			6899 TXF	811	for	tion sheet 12

	alth and Human Ser OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		(X3) DATE S	SURVEY
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			COMPL	
		. 007804	B. WING	<u> </u>		11/1	06/2018
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			O, TX 79902				
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6 034	Continued From pag	ge 1 <u>2</u>	6 034				
:	(3) A licensed abo	rtion facility may provide					
	cleaning and laundr	y services directly or by			- -		
		nce with Occupational Safety				1	
		tration's Standards, 29 Code					
	Pathogens.	ons, Subpart Z. Bloodborne					
		cedures for decontamination,				<i>,</i> ,	
		tion, and storage of sterile		· · ·	1		
i		abortion facility shall have		•			
		ring its procedures for the d sterilization activities					
		shall include, but not be					
	limited to, the receiv						
1		sinfecting, preparing and					
		l items (reusable items), as					
		assembly, wrapping,					
	control of sterile iten	, and the monitoring and ns and equipment.					
	(1) Supervision. Th	e decontamination,					
1		rilization of all supplies and			•		
		under the supervision of a	Í		1		
	• • •	education, training, or					
	experience.						
	(2) Quantity of steri	e surgical instruments. The					
		hat surgical instruments are					
		to permit sterilization of the					
		or each procedure and		• •			
		conventional cervical age if this procedure is					
	available at the facili						
	(3) Inspection of su	rgical instruments.				S	2
}	(A) All instruments	s shall undergo inspection				Ŷ	うし
		ed for reuse or storage.				U	
		f instruments shall be made				Amer	ica
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01.04			TXF	011			
						for	T • 1

If continuation sheet 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B. WING 007804 11/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 EAST SCHUSTER BUILDING B** HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 79902 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 6 034 Continued From page 13 6 0 3 4 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. (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 SOD - State Form

STATE FORM

Texas Health and Human Services Commission

6899

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Texas He	alth and Human Ser	vices Commission				FORM	APPROVE
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE S COMPLI	
ı		007804	. B. WING			11/0	6/2018
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		EL PASC	D, TX 79902	·			
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6 034	Continued From page	ge 14	6 034				
	normally sterile area	odstream or into other as of the body and shall be ance with this subsection.					
		t come in contact with the ne operative procedure shall					
	(B) Semicritical it	ems.					
	in contact with nonir membranes. Semic microorganisms, ex	ritical items shall be free of cept bacterial spores. nay include respiratory therapy	-				
	(ii) High-level dis semicritical items.	d thermometers. sinfection shall be used for					
	(C) Noncritical ite	ms.					
	(i) Noncritical ite in contact with intac	ms include items that come t skin.			· .		
	(ii) Intermediate- shall be used for no	-level or low-level disinfection ncritical items.					
	Effective sterilization performing correct m packaging, arranger and storage. The fol included in the writte	sterilization procedures. n of instruments depends on nethods of cleaning, ment of items in the sterilizer, llowing procedures shall be en policies as required in this le effective sterilization				S	3
	measures.				٨		
	(A) Equipment. A	licensed abortion facility shall			A	meri	
D - State Fo						mi	en
ATE FORM			6899 T	XF811		- if continuati	on sheet 150
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Texas Health and Human Services Commission (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 007804 11/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC. IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 6 0 3 4 Continued From page 15 6 0 3 4 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. SOD - State Form STATE FORM 6899 **T**XF811

	alth and Human Serv							
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE		
			A. BUILDING:			COMPL	LETED	
		007804	B. WING					
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NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT					
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(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES						
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6 034	Continued From pag		6 034				<u>i</u>	
0 004	Continued From pag		0 034					
	(I) Manual clear	ning. Manual cleaning of						
	instruments at the si							
		leaning. Ultrasonic cleaning						1
		s by cavitation and reduces rubbing. When grossly soiled						
1		he ultrasonic cleaner the						
		ed more than once a shift. If				;		
		r cleaning, chambers shall be						
	covered to prevent p	otential hazards to personnel						
	nom aerosonzation o	n the contents.						
	(III) Washer-ste	rilizers. Washer-sterilizers						
		ng spray arms to create						
1	water jets that clean				, .			
	appropriate soap and machines shall reach	a temperature of 140						
1		5 degrees Fahrenheit).					{	
		contaminator machines. ator machines clean by						
		and a high pH of detergent						
		re grossly soiled. The						
		followed by a neutralizing						
	rinse to quickly restor	re the pH to neutral.						
	(iii) All articles to I	be sterilized shall be						
		ces shall be directly exposed						
	to the sterilizing agen	t for the prescribed time and			:			
	temperature.							
	(D) Packaging.					6		
	(i) All wropped at	ticles to be sterilized shall be			· .	Ċ	てい	
		s recommended for the				C	C/vd	
}	specific type of steriliz	zer and material to be				4		
		vide an effective barrier to				Amo	rica	
	microorganisms. Acce	eptable packaging includes						1
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TE FORM			6899 TX	F811		If continuation	on sheet 17 o	of 2
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007804 B. WING 11/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11/06/2018 HILLTOP WOMENS REPRODUCTIVE CLINIC 500 EAST SCHUSTER BUILDING B EL PASO, TX 79902 500 EAST SCHUSTER BUILDING B (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLE (X5) COMPLE		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE COMP	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE HILLTOP WOMENS REPRODUCTVE CLINIC 500 EAST SCHUSTER BUILDING B Exploit SUBMARY STREMENT OF DEPICIPACIES provide provide production of Depicacies provide provide production of Depicacies provide provide provide production of Depicacies provide productin Depicacies provide producties			007804			11/	06/2018
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 peel pouches, perforated metal trays, or rigid trays. Musiin packs shall be limited in size to 12 inches by 12 inches by 20 inches with a maximum weight of 12 pounds. Wapped instrument trays 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, also known as sterilizer limited to indicate that items have been exposed to the sterilizing process shall be used on each package to be sterilized process. (i) The indicator results shall be interpreted according to the sterilizing process shall be manufacturer's written instructions and indicators. (F) Biological indicators. (f) The efficacy of the sterilizing process shall be monitored with reliable biological indicators used (e.g., Bacillus stearothermophilus for stearn sterilizers). (ii) Biological indicator shall be included in at least one run each day of use for stearn sterilizers. (iii) Alog 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 	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
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 (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 stearn sterilizers). (ii) Biological indicators shall be included in at least one run each day of use for stearn 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 		according to the manu	ufacturer's written				
be monitored with reliable biological indicators appropriate for the type of sterilizer used (e.g., Bacillus stearothermophilus for stearn sterilizers). (ii) Biological indicators shall be included in at least one run each day of use for stearn 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		(F) Biological indica	ators.				
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		be monitored with relia appropriate for the typ	able biological indicators be of sterilizer used (e.g.,				
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	1	least one run each day					C
immediately be taken out of service. A		identification, biologica	al indicator results, and			S	3
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Texas He	alth and Human Serv	ices Commission			F	ORM APPROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		TE SURVEY MPLETED
i		007804	B. WING			11/06/2018
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE		1110012010
HILLTOP	WOMENS REPRODUCT	IVE CLINIC	T SCHUSTER BUI D, TX 79902	LDING B		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	NOF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE ENCY)	(X5) COMPLETE DATE
6 034	use until it has been tested according to recommendations. (v) All available reprocessed if a ste list of all items which negative biological i submitted to the adr (G) Sterilizers. (i) Steam steriliz pressure) shall be u and moisture stable be used according to instructions. (ii) Other sterilized accordance with the (H) Maintenance (i) Items that are sterilized shall rema the package becom seal, is damaged in being compromised (ii) Medication o	izer shall not be put back into serviced and successfully the manufacturer's tems shall be recalled and rilizer malfunction is found. A n were used after the last ndicator test shall be ninistrator. ers (saturated steam under tilized for sterilization of heat items. Steam sterilizers shall o manufacturer's written ers shall be used in manufacturer's instructions. of sterility. properly packaged and in sterile indefinitely unless es wet or torn, has a broken some way, or is suspected of	6 034			
	dated according to t recommendations. (iii) All packages shi a package is torn, w seal, or is damaged	the passage of time shall be he manufacturer's all be inspected before use. If ret, discolored, has a broken , the item may not be used. turned to sterile processing			Am	erican
OD - State F			6899 T	XF811	U	tiruation shee 19 of 2
	1				fo	r Life

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STATEMENT	alth and Human Servi FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION	(X3) DATE COMPI	
		007804	B. WING		11/	06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
HILLTOP V	WOMENS REPRODUCT	VECLINIC	T SCHUSTER BUIL), TX 79902	DING B		
(X4) ID PREFIX TAG	(ÉACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLET DATE
6 034	Continued From page	e 19	6 034			<u> </u>
	for reprocessing.					
	(I) Commercially packages Commercially packages sterile according to the instructions.	ed items are considered				
	sterility is event relate facility shall ensure p	ized items. The loss of ed, not time related. The roper storage and handling that does not compromise product.				
	 (i) Sterilized items shall be transported so as to maintain cleanliness and sterility and to prevent physical damage. 					
	(ii) Sterilized items well-ventilated, limited controlled temperature					
		s shall be positioned so that rushed, bent, compressed, neir sterility is not			-	
	(iv) Storage of sup are designated for sto	plies shall be in areas that rage.				
	(K) Disinfection.					
	(i) The manufactur the use of disinfectant	er's written instructions for s shall be followed.			<u> </u>	3
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				T		to
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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE S COMPL	
		007804	B. WING			11/0	6/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE			
HILLTOP	WOMENS REPRODUCTI		ST SCHUSTER BU D, TX 79902				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLA (EACH CORRECTIV CROSS-REFERENCEI DEFI	ACTION SHOL	JLD BE	(X5) COMPLETE DATE
6 034	Continued From page	20	6 034				
	(iii) Disinfectant s covered and used in	olutions shall be kept well-ventilated areas.		, · · ·			
	(L) Performance re	ecords.		· · ·			
						;	
	operation for pressure				•		
	(I) the sterilizer i	dentification;					
	(II) sterilization c	late and time;					
	(III) load number	,					
		temperature of exposure ton sterilizer recording					-
	(V) identification	of operator(s);				: `	
	(VI) results of bio performed; and	ological tests and dates					
	(VII) time-tempe each sterilizer (if not recording charts).	rature recording charts from provided on sterilizer					5
	maintenance of all ste according to individua	intenance. Preventive erilizers shall be performed al policy on a scheduled sonnel, using the sterilizer		. · · ·		Ame	ricar
D - State F ATE FORM				XF811		If continua	tion sneet 21 of
						for	Lif

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE COMF	SURVEY
		007804	B. WING			100/0040
					<u> </u>	/06/2018
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
HILLTOP	WOMENS REPRODUC	TIVE CLINIC	D, TX 79902	,		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
6 034	preventive mainten maintained for each shall be retained at	rice manual as a reference. A ance record shall be sterilizer. These records least two years and shall be to the facility within two hours	6 034			
	 (F) Biological indica (ii) Biological indica least one run each of sterilizers. (iii) A log shall be m identification, biolog identification of the of Based on record rev 	tors shall be included in at day of use for steam naintained with the load ical indicator results, and				
	included in at least of steam sterilizers, in there was no docum 8 of 37 days of (Octo	one run each day of use for that, ented biological indicator for ober/November 2018) the 11/05/18, 10/31/18, 10/25/18,				
	reflected sterilization	ber 2018 Sterilizer Log i loads ran on 11/05/18, 10/22/18, 10/15/18, 10/10/18,			c,	S
	and Log reflected, "f Least Once a Week	Monitoring System Booklet or Dental OfficeUse at Per Sterilizer" d Biological Testing for the			Amer	S) icar
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TE FORM			6899	-811	for	

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STATEMENT AND PLAN O	alth and Human Servic OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE				<u></u>
				CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PR			A. BUILDING:			COMPLETED	
NAME OF PR		- 007804	B. WING			11/06/2018	
	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STAT	E, ZIP CODE			
	VOMENS REPRODUCTI	S00 EAS	T SCHUSTER BU	ILDING B			
		EL PASC	D, TX 79902				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	N OF CORRECTION ACTION SHOULD E TO THE APPROPRI CIENCY)		ETE
6 034	Continued From page	22	6 034				
	dates of 11/05/18, 10/ 10/15/18, 10/10/18, 1	/31/18, 10/25/18, 10/22/18, 0/08/18, 10/01/18.					
	Personnel #1 was info	n 11/06/18 at 2:05 PM, ormed of the above findings. with the findings and stated, weekly."		 .•			
1	of the Ritter M11 Stea "To document proper M11 Steam Sterilizer.	date, "Biological Monitoring am Sterilizer" policy required, performance of the Ritter A biological indicator test yfor the first sterilizer run		ж			
6 038	TAC 139.53 Medical a	and Clinical Services	6 038				
	(a) Surgical abortion.						
		sultant shall be responsible supervising the medical and facility.					
	facility, with the excep procedure, shall be pr	rovided under the direction stered nurse who assumes slinical employees'					
	surgical consent form prior to the procedure patient is informed of the procedure, and the alternatives to abortio be in accordance with	on facility shall ensure that a is signed by the patient being started, that the the risks and the benefits of at the patient recognizes the n. Informed consent shall rules adopted by the Texas anel under §601.2 of this dures Requiring Full			A	S merica	ar
OD - State Fo	orm		6699	2/5044		li continuation sheel 2)/
TATE FORM			⁶⁶⁹³ 7	XF811			
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPL	
		007804	B. WING	·····	11/0	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	<u> </u>	
	WOMENS REPRODUCT	IVE CLINIC	T SCHUSTER BU	ILDING B		
		EL PASC	, TX 79902			1
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
6 038	Continued From pag	je 23	6 038			
	Disclosure of Specifi	ic Risks and HazardsList A),				
		elating to Disclosure and Health and Safety Code,				
:	§171.011 (relating to	-				
	Required), and §171	.012 (relating to Voluntary				
	Informed Consent).					
	· · ·	tion facility shall ensure that		-		
		ian, advanced practice physician assistant has				
		ented a preoperative history,				
	physical exam, and I	aboratory studies, including				
	verification of pregna	ancy.				
	(5) A licensed abor	tion facility shall ensure that:		-		
		physician examines each				
	patient immediately patient interesting the risk to the process	prior to surgery to evaluate . dure; and				
		ministering the anesthetic				
		ne patient immediately prior e the risk of anesthesia.				
	(- <i>i</i>)	ion of anesthesia shall be in				
	accordance with §13 Anesthesia Services	9.59 of this title (relating to).				
	(7) An abortion sha physician.	ll be performed only by a				
	nurse, physician ass	vanced practice registered istant, registered nurse, or			~0	2
		nurse shall be in the facility			S.	K
		patient in the procedure om. While a patient is in the			5	2
	procedure room or re	ecovery room she shall not				•
	be left unattended.				Amer	ıcan
					IIni	tor
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	alth and Human Servic						
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	1		(X3) DATE SU COMPLE	
		· 007804	B. WING			11/0	5/2018
AME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE			1	
		500 EAS	T SCHUSTER BUI				
		EL PAS	D, TX 79902				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES	ID .		N OF CORRECTIO		(X5)
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	TO THE APPROP		COMPLETE DATE
·				DEFI	IENCY)	!	
6 038	Continued From page	24	6 038			.	
		m(s) at the facility shall be					
		cian, advanced practice					
	registered nurse, phys registered nurse. This						
	available for recovery						
	recommended 10 min						
	required 15 minutes w	hile any patient is in the					
	recovery room.						
	(10) A physician sha	Il be available for the facility					
1.		the recovery room within a					
	recommended 10 min	-				۰	
	required 15 minutes.						
		ensure that a patient is fully			-1		-
		signs are stable before					
	written order by the at	t from the facility upon tending physician.		· .	i		
	(12) All fetal tissue sl	hall be examined grossly at					
	the time of the proced						
		acenta, the tissue may be					
		ation for the detection of h is inconclusive, the tissue		•			
		ology lab. The results of the					
	tissue examination sha						
	patient's clinical record	d.		· · · · ·		•	
	(13) A facility shall m	eet the requirements set					
		nt in §§1.131 - 1.137 of this			-		
	title (relating to Definit						
	Disposition of Special					·	
	Care-Related Facilities	s).					
	(b) Medical abortion.					S	
	(1) The medical cons	ultant shall be responsible				C	Cm
	for implementing and	supervising the medical and				Ţ	J
	clinical policies of the	facility.				Amo	rion
) - State For	<u>. </u>					AIIIE	ucal
FE FORM		· · · · ·	6899 TX	F811		lf contra ati	n sheet 25 of
					1	for	1:4

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE COMP	
		007804	B. WNG	11/	06/2018	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
HILLTOP	WOMENS REPRODUCTI	VECLINIC	T SCHUSTER BUIL 0, TX 79902	DING B		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
6 038	Continued From page	e 25	6 038			
	facility, with the except procedure, shall be procedure.	rovided under the direction stered nurse who assumes slinical employees'				
	(A) the physician(s)	on facility shall ensure: providing medical abortion				
	the pregnancy is not a (C) the physician(s)	is able to determine that an ectopic gestation; is able to provide surgical e for the patient to receive a				
		ccess to medical facilities lood transfusion and patient sary.				
		on fàcility shall ensure and services are provided medical abortion.				
	the attending physicial registered nurse, or ph obtained and documer	nysician assistant has nted a pre-procedure , and laboratory studies,			6	S
	(6) A licensed abortic	n facility shall ensure:			Š	S
	(A) written consent i prior to the commence	s obtained from the patient ment of the abortion			Amer	icar
- State For E FORM	та — — — — — — — — — — — — — — — — — — —	· · · · · · · · · · · · · · · · · · ·	6899 TXF	811	for	lon sheet 26

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	alth and Human Serv	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	
					ļ	
		007804	B. WING		11/0	6/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E. ZIP CODE		
		500 EAS	T SCHUSTER BUI			· .
HILLTOP	NOMENS REPRODUCT	IVE CLINIC	D, TX 79902			
(X4) ID		TATEMENT OF DEFICIENCIES	ID		AN OF CORRECTION	(X.5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		'E ACTION SHOULD BE D TO THE APPROPRIATE	COMPLETE DATE
			100		CIENCY)	
6 038	Continued From pag	e 27	6 038			'I
					12. Voluntary and	
· · · · · · · · · · · · · · · · · · ·	Findings included:			Informed Co	nsent	
	i munigs included.					
	HEALTH AND SAFE	TY CODE, TITLE 2.		To comply v	vith "Sec. 171.012	11/08/1
1		H. PUBLIC HEALTH			n more than 100	
		PTER 171. ABORTION,			HAVE NOT by	
	stated in part,	ENERAL PROVISIONS			abortion providers	
	Stated in part,		1 1	-	ours from the time	
	"Sec. 171.012. VOL	UNTARY AND INFORMED			d before abortion	
]	CONSENT. (a) Con					
	voluntary and informe			procedure is	performed.	
	4) before any sedativ			Patients from	n more than 100	
		regnant woman and at least abortion or at least two hours			HAVE passed a	
,		the pregnant woman waives		closer abort	ion facility will	
		ertifying that she currently			wait 24 hours	
		re from the nearest abortion		•		
		ity licensed under Chapter			of ultrasound for	
	abortions in any 12-m	performs more than 50		abortion proc	edure.	
.						
1	Based on a review of			•	o a google search	
	interview, the facility f				ance traveled was	
		m a sonogram on a woman It least 24 hours prior to		more than 1	00 miles and no	
		on, unless the woman lives		other abortion	r facilities were by	
		osest abortion provider in		passed from	city traveled to	
	which case the sonog	ram must be performed at		clinic.		
	least 2 hours prior to t	the abortion.				
	Findings included:			Physician	and Nurse	
				Administr		
	2 of 11 same-day pro				for plan of	
		procedures, although they		-	be implemented	5
		o (did not live 100 miles or			on each clinical	
	nore from the heares search engines www.	t abortion provider). Online				
		used to calculate distance		day to v		ican
		dences to the provider.		requirement	is meet.	
- State For	m		· · · · · · · · · · · · · · · · · · ·			TPI
TE FORM			6859 TX	F611	If continuant	n sneet 20 of 2
					for	

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE			
		,	A. BUILDING:	·	COMPL	COMPLETED		
		007804	B. WING	11/0	06/2018			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE				
HILLTOP	WOMENS REPRODUCTI	VECLINIC	T SCHUSTER BUI	LDING B				
(X4) 1D	SUMMARY ST			PROVIDER'S PLAN OF CORREC				
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE		
6 038	Continued From page	26	6 038					
	procedure;							
	(B) the patient is in benefits of the proced	formed of the risks and lure;						
	(C) the patient is in a surgical abortion ma	formed of the possibility that ay be required;						
		formed of the alternatives to						
	rules adopted by the Panel under §601.2 o	nt is in accordance with Texas Medical Disclosure f this title, §601.4 of this Safety Code, §171.011 and		•• •				
	patient with written dis	rral to a physician who shall				-		
	performing or inducing	physician. A physician g an abortion must, on the erformed or induced, have ges at a hospital that:						
		her than 30 miles from the abortion is performed or						
	(2) provides obstetric care services.	al or gynecological health			Ś	cSC		
					Amer	icans		
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Texas Health and Human Services Commission

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			DATE SURVEY COMPLETED
:		007804	B. WING			4410010040
		007804			I	11/06/2018
VAME OF PR	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
HILLTOP	VOMENS REPRODUCTI	VECLINIC	T SCHUSTER BUI	LDING B		
<u> </u>			D, TX 79902			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETE DATE
6 038	Continued From page	e 28	6 038			
1	* Patient #1 lived or					
	provider, according to					
		tient #7 lived only 46 miles				
		cording to her address in				
	Las Cruces, NM.	5				
	* Patient #13 lived w	ithin 100 miles of multiple				
[other abortion provide	ers based her address in Ft.				
		re providers in Waco and				
		er areas within 100 miles of				
	their home address.	•				
	1 - 6 44					
	- 1 of 11 same-day pr	4) received her ultrasound				
	on 07/16/17 at 8:02 at					
		9:22 AM on 07/16/18, thus				
		he required, 2 hour wait				
	between the ultrasour				,	
	procedure.					
		ere confirmed on 11/06/18				
ŀ	in an interview with st	aff members #1 and 2.				
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	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			(X3) DATE S COMPL		
		007326	B. MNG		2 ×	.03/0	6/2018	3
	ROVIDER OR SUPPLIER	4820 SAN	DDRESS, CITY, STATE, V JACINTO N, TX 77004	ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL (LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	N OF CORRECTION SHOUL ACTION SHOUL TO THE APPROI	DBE	(X COMP DA	(5) PLE VTE
A 000	Initial Comments		A 000	<u>, 1977 - Conta Harrison, 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1</u>	<u> </u>	natelia - estado 1	e l an a da n G	
	Note: The State For	m is an official, legal				25		
	document. All inform			8				
	correction, correctio	n dates, and the signature		•			*	
		ancy in the original deficiency erred to the Office of the		•				
	Texas Attorney Gen	eral (OAG) for possible fraud.						
	provider/supplier, th	vertently changed by the e State Survey Agency (SA)			,	4		
	should be notified in An entrance conference	mediately. Ince was held with the facility		,		:		
4	Clinic Coordinator a	nd Nursing Supervisor the		REVIE	WED	*:	1999	
	the licensure resurv	he purpose and process of ey were discussed, and an		MAR 2	0 2018		-	
	opportunity given fo	questions.		me ()	table	Lon	207	
	Continued licensure approved plan of co	is recommended, with an		BY: War	daww	CACA IV	HV	5
		• • •			. *		· ·	
in the second	Administrator and o	vas held with the facility her administrative staff the				*		
		Preliminary findings of the ed, and an opportunity given				·		
	for questions.	d and a second sec				*		
A 043	· ·		A 043					
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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		007326	B. WNG			03/06/2018
AME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE		
OUSTON	I WOMENS CLINIC		N JACINTO ON, TX 77004			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIN CROSS-REFERENCE	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETE DATE
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			ADDRESS, CITY, STATE		<u> </u>	
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OUSTON	WOMENS CLINIC	HOUST	ON, TX 77004			
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			A. BUILDING:				
		007326	B. WNG		03/0	6/2018	
IAME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
OUSTON	WOMENS CLINIC		N JACINTO ON, TX 77004				
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (EACH CORRECTIVE A		(X5) COMPLET	
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TATEMENT	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) E C	OMPLETED
		007226				02/06/2018
		007326	ADDRESS, CITY, STATI		<u> </u>	03/06/2018
	ROVIDER OR SUPPLIER		N JACINTO			
OUSTON			ON, TX 77004			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIN CROSS-REFERENCE	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLET DATE
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TATEMENT ND PLAN O	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(×3)	DATE SURVEY COMPLETED
		007326	B. WING			03/06/2018
AME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
OUSTON	WOMENS CLINIC		N JACINTO			
		HOUST	ON, TX 77004			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLET DATE
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					Ame	ericans
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ATEMENT	DAITMENT OF STATE HER OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		(X3) DATE S COMPLE	
		007326	B. WNG			03/0	6/2018
ME OF PR			ADDRESS, CITY, STATE	, ZIP CODE	```		
	WOMENS CLINIC	4820 S	AN JACINTO				
		HOUST	TON, TX 77004				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI) CROSS-REFERENCE	AN OF CORRECT /E ACTION SHOU D TO THE APPRO ICIENCY)	LD BE	(X5) COMPLET DATE
A 129	Continued From page	je 6	A 129				
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						Clark	
						Cri)
A 197		hysical & Environmental	A 197		Α	meri	cans
	Requirements				T	Init	
- State Fo	orm	· ·			— t		
TE FORM			689 9 Yf	/0411	F	If continue	ation sheet 7

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
			A. BUILDING:	······································		
		007326	B. WING		03/0	6/2018
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
OUSTON	I WOMENS CLINIC	4820 SA	N JACINTO			
		HOUSTO	ON, TX 77004			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEF[CIENC'	ON SHOULD BE	(X5) COMPLET DATE
A 197	Continued From pag	e 7	A 197			
	The physical and en a licensed abortion f	vironmental requirements for acility are as follows.				
	(1) A facility shall:	sanitary environment,				
		, equipped, and maintained				
	to protect the health staff at all times;	and safety of patients and				
	;			· ·		
	this Requirement is	not met as evidenced by:				
		e facility and interviews with		Medical Director will ensure follows facility policy for pre		
		d to have a safe and sanitary		of medications. QA Commi	tee will conduct	
		y constructed, equipped, and		random inspections to ensu	ire compliance with	4.1.18
	patients and staff at	t the health and safety of all times.		facility's policies		
-	Findings were:					
		acility conducted on 3-5-18 wing observations were				
	'À needle (with no sy	ringe attached) was inserted				
		tle of Stadol®. Such practice ry for bacteria into the vial.				
	injectable 2mg/ml wa	taining 18 vials of Ativan® as found in an unlocked				
	medication refrigerat	or in the y area. In an interview with				
		aff #4 was unable to provide			C).	5
	the surveyor with a n	arcotic count sheet for the			N.	5
	medication and confi	rmed that the supply of				
		as not being monitored.				
		Policy for Preparation and			Ameri	cans
	Storage of Medicatio	ns states, in part: patients the following			T In 24	
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPL	
		007326	B. WING		03/0	6/2018
		4820 SA	DDRESS, CITY, STA N JACINTO DN, TX 77004	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
A 197	to include amounts in balances will be use 'Glass ampules of P were found in the me medication/laborator staff #4 on 3-5-18, s facility used filter ner up into syringes for in facility had no filter in According to the Nat https://www.ncbi.nlm "Particle contaminat from glass ampules patients. Particle con	place: tem for narcotic medications received, checked out and d." henergan® and Methergine® edication refrigerator in the ry area. In an interview with taff #4 was asked if the edles to draw the medications use. Staff #4 stated that the	A 197	Nursing Supervisor will ordering filter needles to medications in glass am Supervisor will be respo all nursing staff and dev be added to the facility's	b be used with all npules. Nursing onsible for instructing reloping a new policy to	4.15.18
	'2 of 3 oxygen tanks clean supply area, p			Administrator will be respon Oxygen tanks are properly s	stored and secured.	4.15.18
	buttons on 3 of 7 bla	ed over the electronic control ick recliners in the recovery ky surface for bacteria and		Nursing Supervisor will be ensuring no tape is used o tables. Nursing Superviso	n patient chairs or	4.15.18
	had tears/rips in the unfinished surfaces prohibiting proper cle 'Employee belonging the sinks of the sono room #1. Such items	procedure rooms #2 and #3 vinyl covering and rusted, on the pull-out footrests, eaning. gs (purses) were found under ogram room and procedure a present a safety hazard for rt outside pathogens into the		Administrator will ensure r with tears/rips, rustec or u committee will conduct rar ensure compliance. Administrator will obtain r to store belongings out of committee will conduct ra ensure compliance.	nfinished surfaces. QA ndom inspections to more lockers for staff f patient area. QA	4.30.18
- State For	prm		6899		for L	UU

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Texas De	partment of State Hea	th Services				FORMAPPRO
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED
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		007326	B. WING	· · · · · · · · · · · · · · · · · · ·		03/06/2018
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
OUSTON	WOMENS CLINIC		N JACINTO		-	
		HOUSTO	DN, TX 77004		7	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD E TO THE APPROPRI JENCY)	COMPLE
A 197	Continued From page	9	A 197			
		med in an interview with the and other administrative staff				
	the afternoon of 3-6-1					
				· · · ·		
A 201	TAC 139.48(1)(E)(F) Requirements	Physical & Environmental	A 201			
	The physical and env a licensed abortion fa	ironmental requirements for cility are as follows.				
	(1) A facility shall:	-				
	 (E) store hazardous o compounds in a secu substances; 	cleaning solutions and re manner and label				
	,	to provide patients with				ŀ
	liquids. The facility m	ay provide commercially				
	If other food is provid	ients in individual servings. ed by the facility, it shall be				
	subject to the require 229.171 of this title (r Establishments);					
		not met as evidenced by:			-	
	store hazardous clear	e facility, the facility failed to ning solutions and				
		re manner, failure to do so				
	Findings were:					
		cility on 03/05/18, cleaning omet cleaner, bleach, 409		Administrator is respons on all cabinets where cl		
	cleaner, and Lysol we	throughout the facility.				4.15.18
		med in an interview with I 4 on 03/05/18 during a tour			•	
	of the facility				An	nerican
- State Fo	! 					nitor
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				YM0411	fc	If continuetion sheet 40

TATEMENT	DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE S COMPL	
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	ROVIDER OR SUPPLIER		DDRESS, CITY, ST		<u> </u>	06/2018
			N JACINTO			1
OUSTON	WOMENS CLINIC		ON, TX 77004			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE ENCY)	(X5) · COMPLET DATE
A 233	Continued From page	e 10	A 233			
A 233	TAC 139.49(d)(5)(A)	Infection Control Standards	A 233			
	Effective sterilization performing correct me packaging, arrangem and storage. The follo included in the writter subsection to provide measures. (A) Equipment. A lice provide sterilization e the requirements of the	ent of items in the sterilizer, wing procedures shall be policies as required in this				
	sterilization of critical This Requirement is Based on observation failed to ensure the et instruments, by failing	not met as evidenced by: and interview, the facility ffective sterilization of				
	Findings included: During a tour of the fat following observation * In the clean steriliz were observed in the hinged instruments w box closed and locked closed, the sterilizing surfaces to ensure co surfaces of the instrum Disease Control and F GUIDELINE FOR DIS STERILIZATION IN H	was made: zation area 5 of 5 scissors closed position and 1 of 7 ere observed with the lock d. When instruments are agent cannot penetrate all mplete sterilization of all nents. The Centers for Prevention (CDC) article,		Medical Director will devel include inspection of hinge Specifically to ensure hing sterilized in the open posit review this policy with all s QA committee will concuc ensure compliance.	ed instruments. led instruments are ion. Medical Director will staff working sterilization. t random inspections to	4.1.18 Cane
- State Fo						t ee
e form			6899	YM0411	for	ion meet 1

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		G	X3) DATE SURVEY COMPLETED	
	1 1 1	007326	B. WNG			03/06/2018	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
OUSTON	WOMENS CLINIC		N JACINTO				
		HOUSTO	DN, TX 77004		ļ		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	N OF CORRECTION E ACTION SHOULD BE TO THE APPROPRIA SIENCY)		LETI
A 233	Continued From pag	e 11	A 233				
	J. Weber, M.D., M.P	.H., and the Healthcare					
		ctices Advisory Committee					
	(HICPAC), found at:						
		ncidod/dhqp/pdf/guidelines/Di					
	"hinded instruments	3.pdf, states on page 74 that and instruments that close					
	should be opened du						
	sterilization".	0					
	In on interview on 03						
	and 27.	3/05/18 staff members # 3					
A 260			A 260				
				•			
						いる	
						CND	
					Am	ericar	19
					W Y		
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	a 1	007326	B. WING			03/	06/2018	
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OUSTON			N, TX 77004	PROVIDER'S PL			(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI) CROSS-REFERENCE	/Id ACTION SHC	ULD BE	COMPLET	
A 260	Continued From page	ge 12	A 260					
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							.	. •
						1		
			A 328					
A 328	HSC Code, D173. Abortion-Inducing	063(d)((1)(2)(e)(1)(2)(f) Drugs	A 320					
	(d) The physician	who gives, sells, dispenses,				~		
	administers, provi	des, or prescribes an				No.	5	
	woman with:	drug shall provide the pregnant					ン	
	(1) a copy of the	final printed label of that				Amor	rican	1
	abortion-inducing (2) a telephone n	drug; and umber by which the pregnant					l al	шС 1
					·	Un	Te	ſ
OD - State		:	6899	YM0411		for	inuation sheet	
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		TE SURVEY
			B. WING			
		007326	B. WING		<u> !!</u>	03/06/2018
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT	TE, ZIP CODE		
OUSTON	WOMENS CLINIC		N JACINTO			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE CENCY)	(X5) COMPLE DATE
A 328	care personnel emp the facility at which with access to the v records, 24 hours a any complications t administration or us health-related ques administration or us (e) The physician v administers, provide abortion-inducing d must schedule a fol occur not more than administration or us follow-up visit, the p (1) confirm that the terminated; and (2) assess the deg (f) The physician v administers, provide abortion-inducing d shall make a reason woman returns for t under Subsection (physician's agent si description of any e subsection, includir	the physician, or other health ployed by the physician or by the abortion was performed woman's relevant medical a day to request assistance for hat arise from the se of the drug or ask tions regarding the se of the drug. who gives, sells, dispenses, es, or prescribes the rug, or the physician's agent, llow-up visit for the woman to in 14 days after the se of the drug. At the obysician must: e pregnancy is completely	A 328	follow-up appointment, patients who fail to sho	feprex) to include requi policies for contacting	
		is not met as evidenced by: of documentation and an			Ame	rican
D - State Fo						
			6899	(M0411		inuation sheet

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AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE			
OUSTON	WOMENS CLINIC		N JACINTO N, TX 77004				
			·				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	ACTION SHOULD	ве	(X5) COMPLE DATE
A 328	Continued From page	e 14	A 328				
	interview with staff. th	ne physician who gives, sells,					
		rs, provides, or prescribes	1				
		drug failed to schedule a					
		woman to occur not more					
		e administration or use of the					
	drug.						
	Findings were:						
	During a review of cli						
		patients (patients #1 - #9),					
		s had been scheduled for a re than 14 days after the	l ì				
	administration of the						
	All patients were disc	harged with patient			~		
1	instructions that state	ed:					
	"You must return to the						
	In 2 weeks follow-up						
`	M[Monday]-F[Friday]						
	pregnancy test at ho	ne"					
	In an interview with s	taff #3 on 3-6-18, staff #3		,			
		tients were instructed to					
	-	thin 2 weeks but were not					
	instructed to return o	n a certain date and at a					
	certain time.						
.		rmed in an interview with the					
		and other administrative staff				-	
	the afternoon of 3-6-						1
A 356	TAC 139.56(b)(c) Em	ergency Services	A 356			-CQ-	
	(b) The facility shall b	ave the necessary				SF	
	(b) The facility shall h	nave the necessary					
		ribed in §139.59 of this title					
	(relating to Anesthesi				A	neric	an
		ng direct patient care shall					
Stat- F						nit	24
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<u>Texas De</u>	epartment of State Hea	alth Services			·		
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	ECONSTRUCTION		(X3) DATE SUR	
ND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETE	D
					1 1		
		007326	B. WNG			03/06/	2018
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
		4820 SA	N JACINTO				
IOUSTON	N WOMENS CLINIC	HOUSTO	ON, TX 77004				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	iD	PROVIDER'S PLAN	OF CORRECTION		(X5)
PREFIX			PREFIX	(EACH CORRECTIVE			COMPLE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED DEFIC	IENCY)		DATE
A 356	Continued From pag	- 15	A 356				.
11000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		in basic life support by the					
		ociation, the American Red					- 1
		an Safety and Health					
		lance with their individual e requirements, and if					
	required in their job	•					
	responsibilities.						
						1	
	This Requirement is	not met as evidenced by:					
	Based on a review o	f personnel files and an					
	interview with staff, t	he facility failed to ensure					
		ersonnel were competent in					
	and maintained curre		1				
		uscitation (CPR), as there					
		evidence of hands-on skills					
	practice and in-perso						
	1 1	R skills. This presents a risk, competent to respond in a	1				
	medical emergency.						
				Administrator will ensure		taff	
	Findings included:			includes hands on skills t	aining.		4.15.
	Eacility based policy	entitled, "Administrative					
	Policies" stated in pa						
	"1. Personnel						
	* Personnel will be C	PR certified"	1				
		el files revealed that 7 of 26					1
		at facility (#10, 11,12, 13 15,					
	19, and 20) obtained	through an online resource					
		proficiency by successfully		;			
		ation" with no evidence of					
	hands-on skills pract					N'E	
		nonstration of CPR skills.					
	The website for the o	online resource found at:					
		cprfoundation.com/support/st			Δ	nerio	dr
		do not offer hands-on					-41
		oyer has requested you to		·		nit	
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TATEMENT	partment of State Heal OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	Q	X3) DATE SURVEY COMPLETED	
		007326	B. WING			03/06/2018	
AME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE			
OUSTON	WOMENS CLINIC	4820 SA	N JACINTO				
003101		HOUSTO	ON, TX 77004				
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A 356	Continued From page	e 16	A 356				
	receive hands-on trai Me (also at CPR Nea	ning please visit CPR Near r Me Online)."		•			
	National Safety Coun http://news.hsi.com/o	nlineonlycpr reveals that,					
	in the United States e practice and evaluation According to the Occ	ecognized training program endorses certification without on of hands-on skills. upational Safety and Health A) online training alone does					
	not meet OSHA first a requirements."	aid and CPR training					
	expired in February 2	and 16) had CPR that 018. Staff member #3 stated were getting ready to take t week.					
	The above findings w interview with staff m	ere confirmed in an ember #3 on 03/06/18.					
A 362	TAC 139.57(a)(2)(A)(Follow-up Referrals	B)(C)(D)(3) Discharge and	A 362				
	implement written dis shall include:	n facility shall develop and charge instructions which					
	the patient in the eve	e facility's plan to respond to nt the patient experiences ons listed in the discharge					
	(A) a telephone numi reach the physician, personnel employed	ber by which the patient may or other health care by the physician or by the				SS	
	induced with access medical records, 24 h	bortion was performed or to the woman's relevant nours a day to request			An	nerica	n
	assistance for any co	mplications that arise from				nito	
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(X5) COMPLETE DATE

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		4820 SA	N JACINTO			
		HOUST	ON, TX 77004			
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A 362	Continued From pag	e 17	A 362			
	the performance or i ask health-related qu abortion; (B) the name and tel nearest hospital to th which an emergency would be treated; (C) assurance that th be a physician, adva	nduction of the abortion or uestions regarding the ephone number of the ne home of the patient at varising from the abortion he responding individual shall unced practice registered istant, registered nurse, or				
	licensed vocational r (D) information that the emergency medicare at the emergen addition to contactin	nurse; and the patient may also contact ical service or present for cy room of a hospital in g the facility; and erning the need for a				
	Based on a review of interview, the facility discharge instruction and telephone numb the home of the pati	a not met as evidenced by: f medical records and failed to implement written as which included the name ber of the nearest hospital to ent at which an emergency rtion would be treated.		back side) has a sect stating (top section # the name and phone closet to their home. The inspector's finding of the post-op instruct	op instruction sheet (or on for patients to initial b) that they have receiven number of the hospital gs only reviewed the fro ion sheet and did not s tts clearly initial they we	ed ont ee
X	* The "Post-Operat in part, "We recomm we want you to be fu Emergency room is ensure that you have number of a hospita * 20 of 20 patient n	ecords revealed the following: ive Instructions" form stated lend that you contact us, but illy aware that a hospital always an option. We will e the name and phone I closet [sic] to your home." nedical records had the above ictions in their medical			Ame	
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		HOUSTO	ON, TX 77004				
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A 362	Continued From page	e 18	A 362				
A 371	records, which did no the name of nearest is patient at which an er abortion would be tree was documented as p * In an interview on showed the surveyors all hospitals in Texas included. The staff me information was inclu- instructions which are discharge, but this was medical record. * Several patients ca state (Patients #13 an able to provide docum were provided the na of the nearest hospital	bt include documentation of hospital to the home of the mergency arising from the ated. No telephone number provided for this hospital. 03/05/18 staff member #3 is a folder containing a list of with telephone numbers ember stated this ded in the post-operative e provided to the patients at as not documented in the ame to the facility from out of nd 14), and the facility was mentation that these patients me and telephone number al to the home of the patient.	A 371				
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HOUSTON WOMEN'S CLINIC

Discussion with a staff member has addressed the following information. Thave 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.
 - Review of my personal medical history:
 - 4. Explanation of the pregnancy termination procedure, including possible risks
- 5 Risks involved with termination
 - 226; Instructions for after care and medications; including name & phone number of hospital nearest my home
 - 7. Birth control information
 - 8.1 Possibility of declining fertility after age 30
- 9. Need for a follow-up examination
- 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
 - __9. Sterility
 - 10. I understand that complications with this surgery as well as any other surgery may include de air

Signature

8-15

Date:

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TATEMENT	aith and Human Servic of Deficiencies of Correction	2015 Commission (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ed 2-21-19	(X3) DAT	TE SURVEY MPLETED
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ORTH PA	ARK MEDICAL GROUP		EADOW ROAD			
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6 000	TAC 139.1 Initial Com	ments	6 000			
	space. Any discrepart citation(s) will be refer Texas Attorney Gener If information is inadve provider/supplier, the should be notified imm (a) Purpose. The purp implement the Texas / and Licensing Act, He Chapter 245, which pr Human Services Com to establish rules gove regulation of abortion t annual reporting require performed. This chapter	tion must remain entering the plan of dates, and the signature ney in the original deficiency red to the Office of the al (OAG) for possible fraud. entently changed by the State Survey Agency (SA) nectiately. ose of this chapter is to Voortion Facility Reporting alth and Safety Code, ovides the Health and mission with the authority ming the licensing and facilities and to establish rements for each abortion er also implements the w Act, Health and Safety				
	abortion facility in Texa under this chapter unle from licensing requiren (B) The following ne this chapter:	ot establish or operate an is without a license issued ess the person is exempt nents. ed not be licensed under			6	S
	(I) a hospital licens Safety Code, Chapter 2	ed under Health and 241;				S
		urgical center licensed			Ame	histor
State For		NTATIVE'S SIGNATUR	E)	M est Set K	at Un	P TO TE
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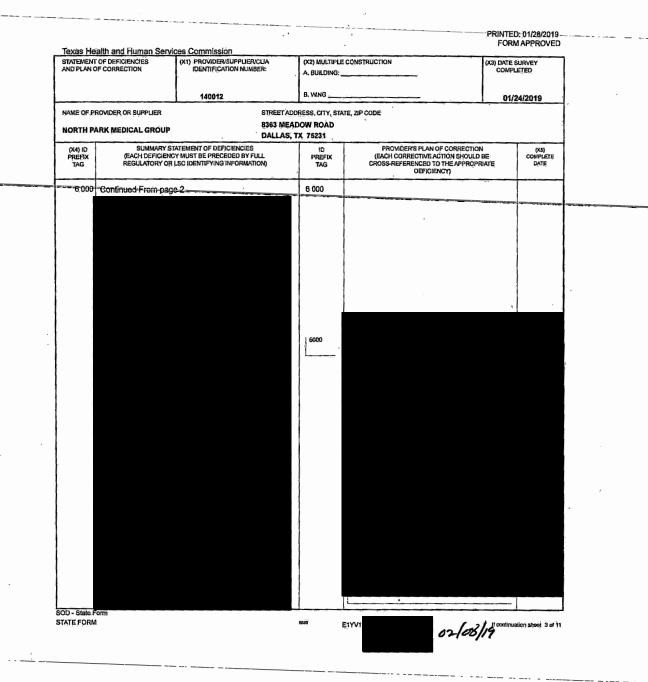
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NORTH P/	ARK MEDICAL GROUP		ADOW ROAD				
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	under Health and Sa	fety Code, Chapter 243, or				and the second	
		a physician licensed by the	· ·				
		and authorized to practice					
		e of Texas, unless the office se of performing more than					
	50 abortions in any 1						
		rements: All licensed abortion					
		s and persons exempt from					· ·
		ly with §139.4 of this title				1	
	Abortions Performed	eporting Requirements for All					
		nce was held with the Clinic					
		g of 1-23-19. The purpose	1	1	•	1	
	and process of the li	censure resurvey were				· ·	•
	discussed, and an o	pportunity given for	1			1	
	questions.			1			
	Continued licensure	is recommended, with an	ŀ				
	approved plan of cor		1	1			
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		vas held with the Clinic					
		on of 1-24-19. Preliminary					
		y were discussed, and an	ł			1 .	
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F.		ROVIDER OR SUPPLIER		ADDRESS, CITY, STA	TE, ZIP CODE			
		ARK MEDICAL GROUP	8363 MI	EADOW ROAD 5, TX: 75231				
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	implement the Texa and Licensing Act, H Chapter 245, which Human Services Co to establish rules go regulation of abortio annual reporting rec performed. This cha						
	(1) Licensing requi	•					
	(A) A person may abortion facility in Te	not establish or operate an exas without a license issued nless the person is exempt					
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	under Health and S	afety Code, Chapter 243; or				
	Texas Medical Boa medicine in the Sta	a physician licensed by the rd and authorized to practice te of Texas, unless the office lose of performing more than 12-month period.				
	facilities and facilitie licensing shall com (relating to Annual Abortions Performe An onsite licensure the Texas Administr 139 Abortion Faciliti entrance conference Administrator on 01 process of the surv opportunity was giv An exit conference	survey was conducted using rative Code Title 25, Chapter y Licensing Regulations. An e was held with the Facility /14/19. The purpose and ey was discussed, and an en for questions. was held the afternoon of				
	members of manage findings of the surve opportunity given for	acility Administrator and other gement onsite. Preliminary ey were discussed, and an or questions and discussion. ued licensure based on an prrection.				
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Texas Health and Human Services Commission

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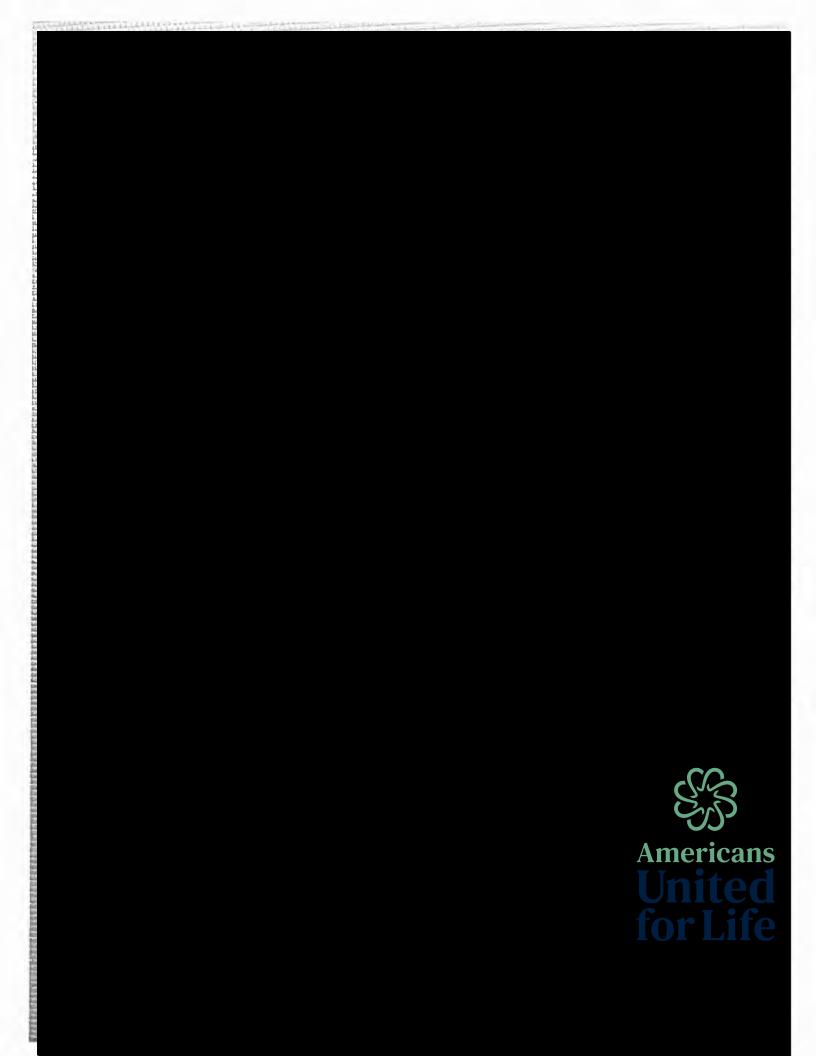
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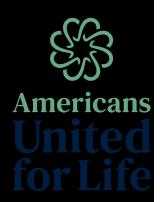




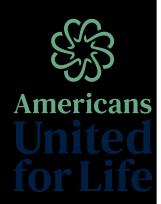






















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	(b) Scope and applic	ability.				
	(1) Licensing require	ements,		•		
	abortion facility in Tex	not establish or operate an kas without a license issued less the person is exempt ements.		- -		
	(B) The following r this chapter:	need not be licensed under			C	SS
	(i) a hospital licer Safety Code, Chapte	nsed under Health and r 241;		е	C C	325
	(ii) an ambulatory				Am	eric

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Texas He	alth and Human Servio	ces Commission		·	·			
		ICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		140014	B. WING	B. WING		01/15/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE				
PLANNED	PARENTHOOD CENTE	R FOR CHOICE-STA	OUTHWEST FF DRD, TX 77477	REEWAY, SUITE B	-			
. (X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD	BE .	(X5) COMPLETE DATE	
6 000	Continued From page 1 under Health and Safety Code, Chapter 243; or (iii) the office of a physician licensed by the		6 000					
				•				
		and authorized to practice of Texas, unless the office						
		se of performing more than						
	(2) Reporting requirements. All licensed abortion							
		and persons exempt from y with §139.4 of this title						
	(relating to Annual Re	eporting Requirements for All			-			
	Abortions Performed). An entrance conference was held with the facility							
	Administrator 1-14-19	9. The purpose and process						
	of the licensure resur opportunity given for	vey were discussed, and an questions.						
	Continued licensure is recommended, with an approved plan of correction.							
	Administrator the afte							
	Preliminary findings of discussed, and an op							
	questions.	· · · ·					•	
6 007	TAC 139.8 Quality As	surance	6 007	[6 007]				
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Texas Health and Human Services Commission (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: . . . B. WING _ 140014 01/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12614 SOUTHWEST FREEWAY, SUITE B PLANNED PARENTHOOD CENTER FOR CHOICE-STA STAFFORD, TX 77477 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG 6 007 6 007 Continued From page 2 [6 007 cont.] ſ SOD - State Form STATE FORM 6899 KH3H11 for Life

STATEMENT	alth and Human Servic of DEFICIENCIES F CORRECTION	Commission (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		140014	B. WING		01/15/2019		
	OVIDER OR SUPPLIER	STREET AL 2 FOR CHOICE-STA	ADDRESS, CITY, STATE, ZIP CODE SOUTHWEST FREEWAY, SUITE B				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	RD, TX 77477 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE COMPLETE		
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xas Health and Human Services Commission						FORMAPPROVE		
TEMENT (D PLAN OF	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		DATE SURVEY		
			A. BUILDING:					
		140014	B. WING			01/15/2019		
E OF PR	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE				
NNEDI	PARENTHOOD CENTE	12614 5	OUTHWEST FRE					
		STAFFO	RD, TX 77477					
(4) ID REFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES	ID PREFIX	(EACH CORRECTIVE	NOF CORRECTION	(X5) COMPLETE		
AG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED	TO THE APPROPRIATE	DATE		
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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	,	140014	B. WING		01/15/2019	
NAME OF PR	ROVIDER OR SUPPLIER		DDRESS, CITY, ST			
PLANNED	PARENTHOOD CENTE	R FOR CHOICE-STA	DUTHWEST FRI RD, TX 77477	EEWAY, SUITE B		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IOENTIFYING INFORMATION)	ID PRĖFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) [´] COMPLETE DATE
6 033	Continued From pag	e 5	6 033	[6 033]		
6 033	TAC 139.48 Physica Requirements The physical and en a licensed abortion f	vironmental requirements for	6 033	Locks have been insta facility department or exam rooms to secure products.	n cabinets in	02-01-09
	(1) A facility shall:					
	properly constructed	nd sanitary environment, , equipped, and maintained and safety of patients and			· ·	
	procedures can be p	ocedure room so that erformed in a manner that safety of all individuals in the				
	sedation/analgesia,	te recovery room if moderate deep sedation/analgesia, or are administered at the				
	evacuation for fire ar the facility's geograp member employed b facility shall be able responsibility to impl	protocol for emergency nd other disasters tailored to hic location. Each staff y or under contract with the to demonstrate their role or ement the facility's on protocol required by this				
		us cleaning solutions and ure manner and label			Ś	ŝ
	liquids. The facility m	city to provide patients with nay provide commercially tients in individual servings.			Amer) icans
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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		TE SURVEY MPLETED
		140014	B. WING	·		01/15/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
PLANNED	PARENTHOOD CENTE	R FOR CHOICE-STA	SOUTHWEST FRE	EWAY, SUITE B		
(X4) İD PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	CTION SHOULD BE	(X5) COMPLETE DATE
6 033	Continued From page	e 6	6 033			
		led by the facility, it shall be ments of Chapter 228 of this I Food);				
		hand washing facilities for luding running water, and				
	(H) have two funct functioning toilet; and					
	instruments, equipme accordance with §13	t available to sterilize ent, and supplies in 9.49(d) of this title (relating tandards) before use in the				
· .	be electrically safe a	for vacuum aspiration shall nd designed to prevent in facilities that provide				
	to existing buildings phased so that on-sit minimize disruptions Access, exit ways, a maintained so that th			•	· · ·	
						S S
	Findings were:	incility on 1 11 10 over			Am	ericar
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	- CONTECTION		A. BUILDING:		
		440044	B. WING		01/15/2010
	·	140014			01/15/2019
NAME OF PI	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STA		
PLANNED	PARENTHOOD CENTE	R FOR CHOICE-STA	SOUTHWEST FRE	EWAY, SUITE B	
			FORD, TX 77477		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
6 033	Continued From pag	e 7	6 033		
	solutions and compo Clorox sanitizing wip and Virex spray.	ntained unsecured cleaning unds to include Lysol spray, es, bleach wipes, Sani-cloths		· ·	
		irmed in an interview with the on the afternoon of 1-15-19.			
6 041	TAC 139.56 Emerge	ncy Services	6 041	[6 041]	
	accessible written pr emergencies and the requiring further eme	ergency care to a hospital. ure that the physicians who		Staff #5 had current certification, which supersed certification, on file. Stat obtained BLS certification sir survey.	ff has
	that provides obstetr	hitting privileges at a hospital ical or gynecological health located not further than 30 on facility;		Staff #3 has obtained BLS certification since the survey.	02-01-09
	(2) provide the prec	nant woman with:			
ć	woman may reach th care personnel empl facility at which the a induced with access medical records, 24 assistance for any co the performance or in	umber by which the pregnant ne physician, or other health oyed by the physician or the abortion was performed or to the woman's relevant hours a day to request complications that arise from induction of the abortion or uestions regarding the			
	abortion; and				SA
	nearest hospital to the woman at which an e	telephone number of the he home of the pregnant emergency arising from the			mericans
	abortion would be tre	aleu.		<u>A</u>	
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	· .	140014	B. WING			01/15/2019
ME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
LANNED	PARENTHOOD CENTE	R FOR CHOICE-STA	OUTHWEST FREEN RD, TX 77477	WAY, SUITE B		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	NOF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETE • DATE
6 041	Continued From page	28	6 041			
	resuscitation as desc (relating to Anesthesi (c) Personnel providi be currently certified	nnel for cardiopulmonary ribed in §139.59 of this title a Services). ng direct patient care shall in basic life support by the iciation, the American Red				
	Institute, or in accord	ance with their individual e requirements, and if				
	Based on a review of interview with staff, th that all personnel pro- were certified in basi American Heart Asso Cross, or the America	ociation, the American Red an Safety and Health ance with their individual				
	Findings were:	•				
	was conducted. Of th #1, #2, #3, #5 & #6) Of these 5 personne & #5) contained no d CPR/BLS certificatio	el records for 6 clinic staff ne 6 staff, 5 of the staff (staff provided direct patient care. I records, 2 of the 5 (staff #3 locumentation of current n. In an interview with staff d that no documentation of uld be located.				53
	1	rmed in an interview with the on the afternoon of 1-15-19.			Am	ericar
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<u>Texas He</u>	alth and Human Servi	ces Commission				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SU COMPLE	
		140014	B. WING		01/1	5/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE, ZIP CODE		
PLANNED	PARENTHOOD CENTE	R FOR CHOICE-STA	OUTHWEST FR RD, TX 77477	EEWAY, SUITE B		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
6 042	Continued From page	e 9	6 042			
6 042	TAC 139.57 Discharg	ge and Follow-up Referrals	6 042	[6 042]		
	 implement written dissibility in conjunction practices in the facility contacting the facility be limited to: (A) pain; (B) fever; and (C) bleeding; (2) a statement of the to the patient in the eany of the complication instructions to include (A) a telephone numay reach the physic personnel employed facility at which the a induced with access medical records, 24 h assistance for any control the performance or in ask health-related quabortion; (B) the name and the nearest hospital to the sharest for any control to the patient of the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or in the performance or inthe /li>	on facility shall develop and acharge instructions which ations (developed by the with a physician who ty) that warrant the patient r, which shall include, but not one facility's plan to respond event the patient experiences ons listed in the discharge e: unber by which the patient cian, or other health care by the physician or by the bortion was performed or to the woman's relevant nours a day to request omplications that arise from induction of the abortion or testions regarding the telephone number of the e home of the patient at arising from the abortion		Even though patients were pro- the a list of complications that the patient contacting the faci- a telephone number to reach facility, patients will now sign acknowledgment of the inform provided and a copy will be kept in the patient's record. The Administrator has added a sign line for patients to sign on the document. A copy of the information, whi includes the medication abort follow up appointment, a list of complications, and a phone nu- reach the facility, provided to prior to the 1-15-19 survey is a	i warrant lity and the nation ne nature ich ion of umber to patients	01-23-19
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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		140014	B. WING		01/15/2019	
ME OF PI	ROVIDER OR SUPPLIER	STREET	DDRE SS , CITY, STA	TE, ZIP CODE		
	PARENTHOOD CENTE	R FOR CHOICE-STA	OUTHWEST FRE RD, TX 77477	EWAY, SUITE B		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C		
PREFIX		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE DATE	
6 042	Continued From pag	je 10	6 042	[6 042 cont.]		
	(C) assurance tha	t the responding individual				
	shall be a physician,			Patients were provide		
		ysician assistant, registered		three hospitals neares	, , ,	
	nurse, or licensed vo	ocational nurse; and		home. The facility crea		
	(D) information the	at the patient may also		of all hospitals in Texa	s that provide	
		ncy medical service or		OB/GYN services. Usin	-	
		ne emergency room of a		database, the patient'	s zip code is	
	hospital in addition to	o contacting the facility; and		used to determine the	three	
	(3) information con	cerning the need for a		nearest hospitals.		
	post-abortion exami					
	post abortion exami			Based on guidance fro	m surveyors,	
		ovide a patient with a copy of		the nearest hospital to	o the patient	
		e instructions described in		will be determined by	searching	
	subsection (a) of this	s section.		the patient's exact add	dress and the	
	(c) The facility shall	develop and implement		keyword "hospital"in	a search engine.	
	written policies and			Patients will now be p	rovided with	
				only one hospital near	rest her.	
		referral of all patients who				
		s, as identified in the list		Patient will sign ackno	wledgment of	
		ion (a)(1) of this section, to bortion procedure. The	-	the exact hospital pro		
		ocedure shall require:		copy will be kept in th		
				record.		
		maintain a written system of				
	documentation of pa			The updated process	has been	
	procedure date;	ications within 14 days of the		reviewed with the sta		
	procodure date,			Administrator and m		
		n of the facility's action		the facility.		
		reporting of post-abortion				
		placed in the patient's record;				
	and	•	1			
	(C) the patients' r	ecords to be maintained for				
	adults for seven year	ars and for minors five years				
	past the age the pat	tient reaches majority; and			Americar	
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		140014	B. WING		01/1	5/2019
	ROVIDER OR SUPPLIER	12614 S	ODRESS, CITY, STAT			
		STAFFO	RD, TX 77477			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
6 042	Continued From page	e 11	6 042			
	for post-abortion com	al problems and to make				
	Based on a review of					
	facility in conjunction practices in the facility	ions (developed by the with a physician who y) that warrant the patient , which shall include, but not				
	(A) pain;					
	(B) fever; and					
	(C) bleeding;					
	may reach the physic	ber by which the patient ian, or other health care				· •
	facility at which the all induced with access the medical records, 24 he assistance for any co the performance or in ask health-related que	by the physician or by the portion was performed or o the woman's relevant ours a day to request mplications that arise from duction of the abortion or estions regarding the			Ś	SS
	abortion;					J
	may reach the physic	mber by which the patient ian, or other health care			Amer	icans
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		140014	B. WING			01/15/2	019
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
	BARENTHOOD CENTER	12614 S	OUTHWEST FRE				
PLANNED		STAFFO	RD, TX 77477				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIN CROSS-REFERENCE	N OF CORRECTION E ACTION SHOULD I D TO THE APPROPR CIENCY)	BE C	(X5) COMPLETE DATE
6 042	Continued From page	12	6 042				
	personnel employed a facility at which the at induced with access t medical records, 24 h assistance for any co	by the physician or by the portion was performed or o the woman's relevant ours a day to request mplications that arise from duction of the abortion or					
	Findings were:	<i>i</i> .					
	9 records reviewed, n	cords were reviewed. Of the one contained e patient had been provided		•			
	in conjunction with a the facility) that warra	ns (developed by the facility ohysician who practices in nt the patient contacting the clude, but not be limited to ing					
	reach the physician, of personnel employed of facility at which the all induced with access of medical records, 24 h assistance for any co	by the physician or by the portion was performed or to the woman's relevant hours a day to request mplications that arise from duction of the abortion or	•				
	reach the physician, of personnel employed facility at which the all induced with access to medical records, 24 h	er by which the patient may or other health care by the physician or by the portion was performed or to the woman's relevant nours a day to request mplications that arise from				-	3 car
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		140014	B. WING		01/1	5/2019
	ROVIDER OR SUPPLIER	R FOR CHOICE-STA	ADDRESS, CITY, STA OUTHWEST FRE ORD, TX 77477			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
6 042	ask health-related qu abortion In an interview with s patients were provide complications as well that no documentation patient's file. Staff #6 Informaton Technolog a function whereby th the patient's home zij names and addresse the patient's home we confirmed that the na of the hospital specifi home was not provide	aduction of the abortion or estions regarding the taff #6, staff #6 stated that all ed with the list of as a telephone number, but n of such was kept for the also stated that their by department had provided the staff member could enter to code and that a list of the s of the 3 hospitals nearest buld be generated. Staff #6 ime and telephone number cally nearest the patient's	6 042			
6 045	Requiremen (a) A licensed abortio compliance with all st pertaining to handling (b) A licensed abortio laboratory services st Laboratory Improvem 42 United States Coo Laboratories (CLIA 19	ate and federal laws of drugs. n facility that provides	6 045	[6 045] Every patient who has a med abortion is scheduled for follo ultrasound appointment. The appointments are made in th electronic medical record sys provided to the patient at the the mifeprex on her discharg Supporting documentation su for TAG [6 042] also shows for	ow up e tem and e time of e. ubmitted	01-23-1
D - State Fo	specimens for the dia treatment of any dise assessment of the he (c) A licensed abortio	ignosis, prevention, or ase or impairment of, or the alth of, human beings. n facility shall ensure that its		appointment information.	mer	3 ican
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE S COMPL	
		140014	B. WING		01/1	15/2019
	ROVIDER OR SUPPLIER	R FOR CHOICE-STA	DDRESS, CITY, ST DUTHWEST FRI RD, TX 77477	ATE, ZIP CODE E EWAY, SUITE B		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	N OF CORRECTION EACTION SHOULD BE TO THE APPROPRIATE CIENCY)	(X5) COMPLETE DATE
6 045	Occupations Code, C 165, while functioning for the facility. (d) A licensed abortion services of a physician that its physician ass Physician Assistant I Code, Chapter 204, or capacity at or for the (e) A licensed abortion services of a register registered nurses co Practice Act, Occupa and 304, while functi at or for the facility. (f) A licensed abortion of a licensed vocation its vocational nurse (9 Practice Act, Occupa and 304, while functi at or for the facility. (g) A licensed abortion pharmacy services s pharmacy if required Occupations Code, C (h) A licensed abortion the following federal Health Administration (1) 29 Code of Fede §1910.38, concernin	ith the Medical Practice Act, Chapters 151 - 160 and 162 - g in his or her capacity at or on facility utilizing the an assistant(s) shall ensure sistants comply with the Licensing Act, Occupations while functioning in his or her facility. On facility utilizing the red nurse shall ensure that its mply with the Nursing ations Code, Chapters 301 ioning in his or her capacity on facility utilizing the services nal nurse(s) shall ensure that s) comply with the Nursing ations Code, Chapters 301 ioning in his or her capacity on facility that provides shall obtain a license as a l by the Texas Pharmacy Act, Chapters 551 - 569. on facility shall comply with Occupational Safety and	6 045	[6 045 cont.] The Administrator signature line to th information for th acknowledgment	will add a patient e existing of her receipt of this nent and a copy will ent's record. ess has been staff by the	SS
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE S COMPL	
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6 045	Continued From pag	e 15	6 045			
		eral Regulations, Subpart I, ng general requirements for equipment;			-	
		eral Regulations, Subpart I, ng eye and face protection;				
	(4) 29 Code of Fed §1910.138, concerni	eral Regulations, Subpart I, ng hand protection;				
		eral Regulations, Subpart K, ng medical services and first				
	(6) 29 Code of Fed §1910.157, concerni extinguishers;	eral Regulations, Subpart L, ng portable fire				
		eral Regulations, Subpart Z, ning bloodborne pathogens;				
	§1910.1200, Append	eral Regulations, Subpart Z, lices A - E, concerning on (hazardous use of				
	adulterated or misbra violation of the Healt §431.021. Adulterate described in Health a Misbranded drugs or	d drugs and devices are and Safety Code, §431.111. devices are described in				
	•	n facility shall not commit a deceptive act or practice as			Š	Ŝ
	that term is defined i	n the Deceptive Trade Protection Act, Business			Amer	ican
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6 045	Continued From page	e 16	6 045			<u> </u>	
	and Commerce Code						
				· .			
		on facility shall comply with he Family Code, §33.002, : Form.					
	the requirements of H	n facility shall comply with Health and Safety Code, man's Right to Know Act.					
		on facility shall comply with Occupations Code, Chapter atients.					
	Based on a review of interview with staff, th with the requirement	not met as evidenced by: f clinical records and an he facility failed to comply s of Health and Safety Code, man's Right to Know Act.					
	Texas Health & Safe states:	ty Code Section 171.063					
	may not knowingly g	NG DRUG. (a) A person ive, sell, dispense,					
	the purpose of induc pregnant woman or e	ug to a pregnant woman for ing an abortion in the enabling another person to				,	
	induce an abortion in unless:	the pregnant woman					
	administers, provides	gives, sells, dispenses, s, or prescribes the ug is a physician; and		· •		Ş	SS
	(b), the provision, pre of the abortion-induc	vise provided by Subsection escription, or administration ing drug satisfies the				Ame	rica
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Texas He	alth and Human Servio	ces Commission				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
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6 045	Continued From page	e 17	6 045			
	protocol tested and a	uthorized by the United				
		g Administration as outlined		•		
		bel of the abortion-inducing				
	drug.	set of the abortion inducing				
	arug.					
	(b) A person may pro	ovide prescribe or		· · ·		
		on-inducing drug in the				
	dosage amount prese					
1		nes defined by the American				
· ·		cians and Gynecologists				
		hose guidelines existed on				
	January 1, 2013.	looc guidelines existed en				
	bundary 1, 2010.					
	(c) Before the physic	ian gives, sells, dispenses,				
	administers, provides					
		ig, the physician must				
		it woman and document, in				
		record, the gestational age				
		tion of the pregnancy.				
	and intradictine local	ion of the pregnancy.				
	(d) The physician wh	no gives, sells, dispenses,				
	administers, provides					
		ig shall provide the pregnant				
1	woman with:	g entait profiles the program				
	(1) a copy of the fina	al printed label of that				
	abortion-inducing dru				•	
	abornor matering are					
[(2) a telephone num	ber by which the pregnant				
		e physician, or other health				
		oyed by the physician or by				
		ne abortion was performed				
		oman's relevant medical				
		day to request assistance for			C(
	any complications the					0
	administration or use					\mathbf{S}
	health-related questi)
	administration or use					
		-			Amer	cane
	(e) The physician wi	no gives, sells, dispenses,				icall3
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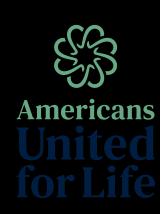
	OF DEFICIENCIES IF CORRECTION	Ces Commission (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			(X3) DATE SL COMPLE		
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6 045	must schedule a folic occur not more than administration or use visit, the physician m (1) confirm that the p terminated; and (2) assess the degree (f) The physician wh administers, provides abortion-inducing dru shall make a reasona woman returns for th under Subsection (e) physician's agent sha description of any eff subsection, including the person making th medical record. (g) If a physician giv administers, provides abortion-inducing dru the purpose of induci	s, or prescribes the ig, or the physician's agent, w-up visit for the woman to 14 days after the of the drug. At the follow-up ust: bregnancy is completely the of bleeding. o gives, sells, dispenses, s, or prescribes the ig, or the physician's agent, able effort to ensure that the e scheduled follow-up visit . The physician or the all document a brief ort made to comply with this the date, time, and name of e effort, in the woman's es, sells, dispenses,	6 045				•	
	defined by the MedV during or after the ad drug, the physician s United States Food a					S	3	
	Findings were:				Α	mer	ica	r
- State Fo	prm				T	Tent	to	
TE FORM	•		6899 Kł	H3H11		If continuation		

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6 045	None of the 9 records of a follow-up appoint of administration of the In an interview with si that the clinical record documenation of the appointment. The above was confir	or 9 patients that had ucing drugs were reviewed. s contained documentation ment made within 14 days he medication. taff #6, staff #6 confirmed d contained no	6 045			
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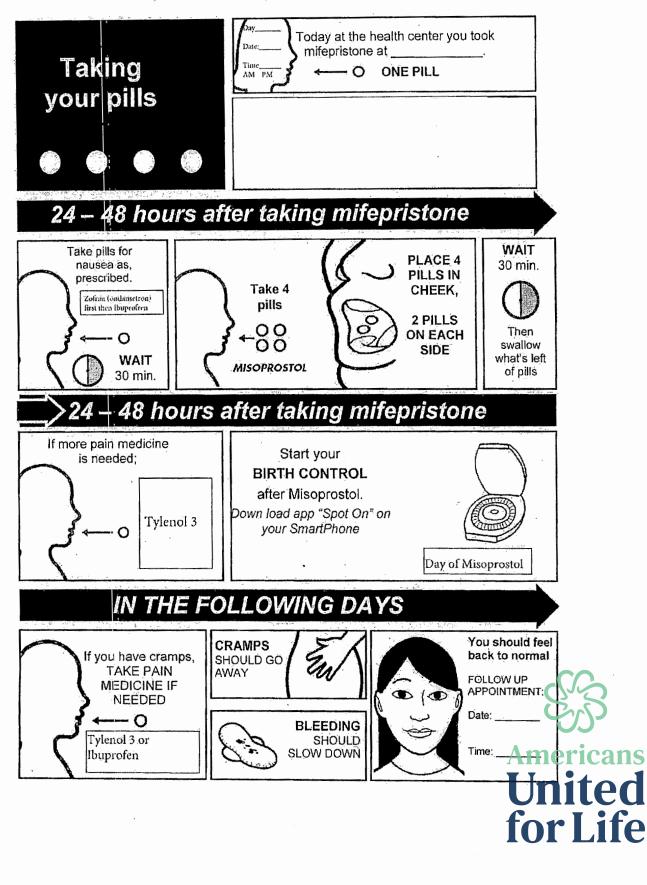


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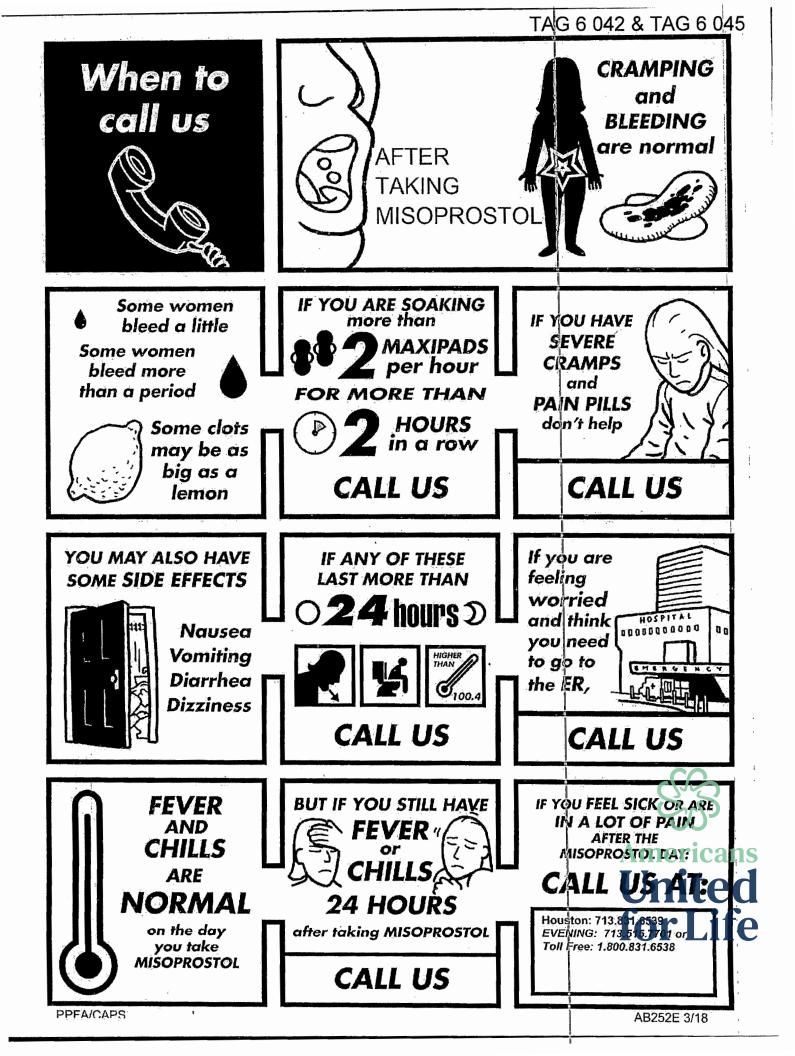
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TAG 6 042 TAG 6 045

ILLUSTRATION --- HOW TO TAKE YOUR PILLS



AB252E 9/18



Texas He	alth and Human Servi	ces Commission				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE	
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
	PARENTHOOD OF GR	FATER TEXAS SURG	WY 6, SUITE A			
			TX 76712			
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6 000	TAC 139.1 Initial Cor	nments	6 000			
	Note: The Otete Ferry					ł
	Note: The State Form document. All information					
	unchanged except fo					
		dates, and the signature				
		ncy in the original deficiency	Í			
		rred to the Office of the				
		ral (OAG) for possible fraud.				}
		ertently changed by the				
	provider/supplier, the	State Survey Agency (SA)				
	should be notified im	nediately.				
		oose of this chapter is to				
		Abortion Facility Reporting				
		ealth and Safety Code, rovides the Health and				
		mission with the authority				1
		erning the licensing and				
		facilities and to establish	1			
		irements for each abortion				
		ter also implements the				
	Woman's Right to Kn	ow Act, Health and Safety				
	Code, Chapter 171.					
	(b) Scope and applica	ibility.				1
	/4X.1.1					
	(1) Licensing require	ements.				
		ot establish or operate an	1 1			
		as without a license issued				
		less the person is exempt				
	from licensing require					
	·····					
	(B) The following ne	eed not be licensed under			0	
	this chapter:					
					S	S
		sed under Health and				
	Safety Code, Chapter	241;			U	
					Amor	icone
	(II) an ambulatory	surgical center licensed				icalls
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ABO		RESENTATIVE'S SIGNATURE	-	TITLE	UII	TUU
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PLANNED PARENTHOOD OF GREATER TEXAS SUB WG/D PREFX 100 0 SUMMARY STATEMENT OF DEFICIENCY 100 0 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. (I) Reporting requirements. All licensed abortion facilities and facilities and periodises and periodic is descreted for the purpose of performing is descreted and apportunity given for questions. Continued licensure is recommended, with an approved plan of correction. An exit conference was held with the facility Administrator and an opportunity given for questions. 6 007 6 007 6 007 6 007			140010	B. WING		01//	22/2019
PLANNED PARENTRODO OF GREATER TEXAS SURG WACG, TX 78712 00010 PRETX TAB 0.00000000000000000000000000000000000	NAME OF PRO	VIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
Prefere Cache conserved actions and output to the preceduation of	PLANNED P	ARENTHOOD OF GRI	EATER TEXAS SURG				
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 tille (relating to Annual Reporting Requirements for All Abortions Performed). 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. A nexit 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. 6 007	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE E DATE
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. 6 007 6 007	T rr is 5 fa lia (r A A A A P W W Q I C a	 (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a (iii) the office of a<	ety Code, Chapter 243; or physician licensed by the and authorized to practice of Texas, unless the office ee of performing more than 2-month period. ements. All licensed abortion and persons exempt from with §139.4 of this title porting Requirements for All ce was held with the facility norning of 01/21/19. The of the licensure resurvey an opportunity given for a recommended, with an ection.	6 000			
	A th gi 6 007	dministrator and othe ne afternoon of 01/22 ne survey were discu	er administrative staff on 2/19. Preliminary findings of				4
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iame of Pi	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE		
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Reviewed 5/24/19 S Zimmerman

Texas He	alth and Human Servic	ces Commission					
•	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			(X3) DATE S COMPL	
		140017	B. WING			05/2	20/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE			
PLANNED	PARENTHOOD OF GRE	ATER TEXAS SURC					
			, TX 79902				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD E	ЗE	(X5) COMPLETE DATE
6 000	TAC 139.1 Initial Com	iments	6 000				
	space. Any discrepan citation(s) will be refe Texas Attorney Gener If information is inadv provider/supplier, the should be notified imm (a) Purpose. The purp	ation must remain entering the plan of dates, and the signature ncy in the original deficiency rred to the Office of the ral (OAG) for possible fraud. ertently changed by the State Survey Agency (SA) mediately.					
	and Licensing Act, He Chapter 245, which p Human Services Corr to establish rules gov regulation of abortion annual reporting requ performed. This chap	Abortion Facility Reporting ealth and Safety Code, rovides the Health and mission with the authority erning the licensing and facilities and to establish irements for each abortion ter also implements the ow Act, Health and Safety					
	(b) Scope and applica	ability.					
	(1) Licensing require	ements.					
	abortion facility in Tex	not establish or operate an as without a license issued less the person is exempt ments.					
	(B) The following not this chapter:	eed not be licensed under				S	ß
	(i) a hospital licen Safety Code, Chapter	sed under Health and 241;			Aı	mer	icans
	(ii) an ambulatory	surgical center licensed				h	tod
OD - Sta ABORATI			- Ear		s fo		(X8) DATE

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		ADDRESS, CITY, ST		05/20/2013	7
		1511 EA	ST MISSOURI			
LANNED	PARENTHOOD OF GRI	EATER TEXAS SURG	O, TX 79902			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COME	K5) PLET ATE
6 000	Continued From page	e 1	6 000			
	under Health and Sa	fety Code, Chapter 243; or				
	Texas Medical Board medicine in the State	physician licensed by the and authorized to practice of Texas, unless the office se of performing more than 2-month period.				
	facilities and facilities licensing shall complete (relating to Annual Re- Abortions Performed An entrance conferen- health center manage 05/20/19. The purpose	nce was held with the facility				
	Initial licensure is rec	ommended.				
	facility health center	on the afternoon of 05/20/19. of the survey were				
6 034	TAC 139.49 Infection	Control Standards	6 034	The Vice President of Quality, Risk	the FIGURE	2011
	shall develop, implem control policies and p transmission of post- policies shall include, prevention of the tran immunodeficiency vir (HBV), hepatitis C vir	A licensed abortion facility nent, and enforce infection procedures to minimize the procedure infections. These but not be limited to, the usmission of human us (HIV), hepatitis B virus us (HCV), Mycobacterium d Streptococcus species (S.		Management & Training (1) revised auoclave cleaning instructions to be with the manufacturer's instructions Tuttnauer EZ11 Plus and (2) update cleaning log to allow staff to docum maintenance of the Tuttnauer EZ11 the manufaturer's instructions. Each month the Health Center Man verify and document that routine ma was provided as per the manufactur instructions.	e consistent for the ed the nent that Plus follows ager will aintenance	n
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SUMMARY ST (EACH DEFICIENC REGULATORY OR I ued From page educational cou undry requirem ction, sterilizati es. evention and co BV, HCV, TB, niversal/standa An abortion fac y with universal d in this paragr Universal/stand lures for disinfe le medical dev infection control	STREE EATER TEXAS SURG TEL PA ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) 2 2 UTSE requirements; cleaning ents; and decontamination, ion, and storage of sterile ontrol of the transmission of and S. spp. Introl of the transmission of and S. spp. Introl precautions. ility shall ensure that all staff //standard precautions as aph. dard precautions includes ection and sterilization of ices and the appropriate ol, including hand washing,	AST MISSOURI SO, TX 79902	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	CORRECTION TION SHOULD BE C THE APPROPRIATE	(X5) CMPLE
SUMMARY ST (EACH DEFICIENC REGULATORY OR I ued From page educational cou undry requirem ction, sterilizati es. evention and co BV, HCV, TB, niversal/standa An abortion fac y with universal d in this paragr Universal/stand lures for disinfe le medical dev infection control	EATER TEXAS SURG 1511 E EL PA EL PA ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) INFORMATION) 2 arse requirements; cleaning ents; and decontamination, ion, and storage of sterile Introl of the transmission of and S. spp. Introl of the transmission of and S. spp. Ity shall ensure that all staff //standard precautions as aph. Includes ection and sterilization of ices and the appropriate of, including hand washing,	AST MISSOURI SO, TX 79902	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE C	
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educational coundry requirem ction, sterilizations, sterilizat	urse requirements; cleaning ents; and decontamination, ion, and storage of sterile ontrol of the transmission of and S. spp. and precautions. ility shall ensure that all staff //standard precautions as aph. dard precautions includes ection and sterilization of ices and the appropriate of, including hand washing,	6 034			
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BV, HCV, TB, niversal/standa An abortion fac with universal in this paragr Universal/stand lures for disinfe le medical dev infection contro of protective l	and S. spp. rd precautions. ility shall ensure that all staff /standard precautions as aph. dard precautions includes ection and sterilization of ices and the appropriate ol, including hand washing,				
An abortion fac y with universal d in this parage Universal/stand lures for disinfe le medical dev infection contro e of protective l	ility shall ensure that all staff /standard precautions as aph. dard precautions includes action and sterilization of ices and the appropriate of, including hand washing,				
y with universal d in this parage Universal/stand lures for disinfe le medical dev infection contro e of protective l	/standard precautions as aph. dard precautions includes ection and sterilization of ices and the appropriate ol, including hand washing,				
lures for disinfe le medical dev infection contro e of protective l	ection and sterilization of ices and the appropriate ol, including hand washing,				
	nd other sharp instruments.				
ijor points of ur of body substa o all patients re	dard precautions synthesize liversal precautions with the nce precautions and apply sceiving care in facilities, lignosis or presumed				
) Universal/stai	ndard precautions apply to:				
(-a-) blood;					
				SA)
(-c-) nonintact :	skin; and				0 **
(-d-) mucous m	embranes.				
					El
	less of their dia on status.) Universal/star (-a-) blood; (-b-) body fluids sweat, regard n visible blood; (-c-) nonintact s	less of their diagnosis or presumed on status.) Universal/standard precautions apply to: (-a-) blood; (-b-) body fluids, secretions, and excretions sweat, regardless of whether or not they	less of their diagnosis or presumed on status.) Universal/standard precautions apply to: (-a-) blood; (-b-) body fluids, secretions, and excretions sweat, regardless of whether or not they n visible blood; (-c-) nonintact skin; and (-d-) mucous membranes.	less of their diagnosis or presumed on status.) Universal/standard precautions apply to: (-a-) blood; (-b-) body fluids, secretions, and excretions sweat, regardless of whether or not they n visible blood; (-c-) nonintact skin; and	less of their diagnosis or presumed on status.) Universal/standard precautions apply to: (-a-) blood; (-b-) body fluids, secretions, and excretions sweat, regardless of whether or not they in visible blood; (-c-) nonintact skin; and (-d-) mucous membranes.

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE COMP	
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AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
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6 034	Continued From pag	e 3	6 034			
	(il) Universal/st	andard precautions are				
		he risk of transmission of				
		both recognized and				
	unrecognized source	es of infection in facilities.				
	(B) A licensed abo	rtion facility shall establish				
		oring compliance with				0
	universal/standard pr subparagraph (A) of	recautions described in this paragraph.				
		kers infected with the HIV or				
		rtion facility shall adopt,				
		rce a written policy to ensure				
		cility and all of the health he facility with the Health				
		apter 85. Subchapter I.				
	-	ention of the transmission of				
		cted health care workers.				
		rse work and training. A				
		ility shall require its health				
		plete educational course fection control and barrier				
		g basic concepts of disease				
		ically accepted principles				
	and practices for infe	ction control and				
		k practice controls. To fulfill				
	the requirements of t and training may incl	his paragraph, course work	-			
	courses or in-house					
		ty. The course work and				
		but not be limited to:			~	
	(A) HIV infection p	revention; and			S.	Ŕ
	(B) HBV. HCV. TB	, and S. spp. infection	1			D -
	prevention based on	universal/standard				T
	precautions as define	ed in paragraph (1) of this			Amer	can
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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SI COMPLE	
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	PARENTHOOD OF GRE	EATER TEXAS SURCE EL PAS	O, TX 79902			
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	subsection;					
	(C) bidirectional as transmission; and	pect of disease				
	(D) epidemic control.					
	(c) Cleaning and laundry policies and procedures.					
	implement, and enfor	on facility shall develop, ce written policies and ng the procedure room(s).				
	implement, and enfor procedures for the ha	on facility shall develop, ce written policies and ndling, processing, storing, ean and dirty laundry.				
	cleaning and laundry contract in accordance and Health Administra	on facility may provide services directly or by æ with Occupational Safety ation's Standards, 29 Code s, Subpart Z. Bloodborne				
	disinfection, sterilizati supplies. A licensed a written policies coveri decontamination and	nall include, but not be				
	decontaminating, disi sterilization of critical well as those for the a	nfecting, preparing and items (reusable items), as assembly, wrapping,			S	Ś
	control of sterile items	and the monitoring and and equipment.				
	(1) Supervision. The	decontamination,			Ameri	can
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	disinfection, and sterilization of all supplies and equipment shall be under the supervision of a person qualified by education, training, or experience.					
	facility shall ensure to sufficient in number to instrument(s) used for adequate to perform	le surgical instruments. The hat surgical instruments are to permit sterilization of the or each procedure and conventional cervical age if this procedure is ty.				
	(3) Inspection of su	rgical instruments.				
	before being packag Routine inspection o	s shall undergo inspection ed for reuse or storage. f instruments shall be made s, crevices, and serrations.				
		cedures shall be thorough nd manual inspection for m.				
	sharpness; tips shall	shall be checked for be properly aligned, and box and free from buildup of ed blood, or tissue.				
		e no evident cracks or ocks, and the hinges shall				
	(iii) Ratchets sha tested.	II hold and be routinely			S	R
	(iv) There shall b the finish.	e no corrosion or pitting of			Ameri) cans
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE : COMPL	
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iame of Pi	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
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	(C) Instruments n	eeding maintenance shall be and repaired by someone				
	finish, impact marke not be used for instr Instrument identifica the instrument man	instrument and its protective ers or electric engravers shall ument identification. tion shall be accomplished by ufacturer, employing methods age the instrument or its				
	(4) Items to be disi	nfected and sterilized.				
	(A) Critical items.					
	instruments and obj directly into the bloo normally sterile area	include all surgical ects that are introduced dstream or into other is of the body and shall be nce with this subsection.				
		come in contact with the e operative procedure shall				
	(B) Semicritical ite	ems.				
	in contact with nonin membranes. Semicr microorganisms, exc	itical items shall be free of cept bacterial spores. ay include respiratory therapy sia equipment,			Sa	3
	(ii) High-level dis semicritical items.	infection shall be used for			Ameri	can
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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMP	SURVEY LETED		
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LANNED	PARENTHOOD OF GRE	EATER TEXAS SURG	ST MISSOURI D, TX 79902					
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	(C) Noncritical iten	ns.				1		
	 (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. (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 fac provide sterilization equipment adequate the requirements of this paragraph for ste of critical items. Equipment shall be main and operated to perform, with accuracy, the sterilization of critical items.	equipment adequate to meet his paragraph for sterilization pment shall be maintained pm, with accuracy, the						
	cleaning, preparation are performed in the physical facilities, equipolicies and procedur such as to effectively contaminated supplie	requirements. Where a, and sterilization functions same room or unit, the uipment, and the written res for their use shall be separate soiled or es and equipment from the oplies 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.				S	3		
		have a separate sink for and disposal of liquid waste.			Amer	ican		
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	Hand washing shall o after it has been disir	only be performed at this sink fected.				
	(C) Preparation for	sterilization.				
t	(i) All items to be to reduce the bioburd	sterilized shall be prepared len. All items shall be				
	thoroughly cleaned, o	lecontaminated and				
		controlled environment. val of all adherent visible soil				
	from the surfaces, cre	evices, joints, and lumens of				
	instruments. Deconta physical/chemical pro					
	inanimate object safe					
		owing methods of cleaning				
	and decontamination appropriate.	shall be used as				
	(I) Manual clean instruments at the sin	ing. Manual cleaning of k is permitted.				
		eaning. Ultrasonic cleaning by cavitation and reduces				
		ubbing. When grossly soiled				
		e ultrasonic cleaner the				
	_	ed more than once a shift. If cleaning, chambers shall be				
	covered to prevent po	ptential hazards to personnel				
	from aerosolization of	t the contents.				
		ilizers. Washer-sterilizers				
	clean by using rotatin water jets that clean l	g spray arms to create				B
	appropriate soap and	disinfectant. These			S	K
	machines shall reach	-				5
	degrees Celsius (285	uegrees ranrenneit).			Amore	000
	(IV) Washer-dec	contaminator machines.			Ameri	Call
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
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6 034	Continued From page	ge 9	6 034			
	 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. 					
	(D) Packaging.					
	packaged in materia specific type of steri sterilized, and to pro microorganisms. Ac peel pouches, perfo trays. Muslin packs inches by 12 inches maximum weight of	wrapped articles to be sterilized shall be in materials recommended for the rpe of sterilizer and material to be and to provide an effective barrier to anisms. Acceptable packaging includes thes, perforated metal trays, or rigid slin packs shall be limited in size to 12 12 inches by 20 inches with a weight of 12 pounds. Wrapped at trays shall not exceed 17 pounds.				
	load as to the date a	Il be labeled for each sterilizer and time of sterilization, the ber, and the autoclave.				
	(E) External chen	nical indicators.				
	as sterilization proce on each package to being flash sterilized	nical indicators, also known ess indicators, shall be used be sterilized, including items I to indicate that items have e sterilization process.			S	S
	according to the ma	results shall be interpreted nufacturer's written cator reaction specifications.			Ameri	can
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		140017	B. WING		05/2	20/2019
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
PLANNED	PARENTHOOD OF GI	REATER TEXAS SURG	ST MISSOURI D. TX 79902			
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE	(X5) COMPLE DATE
TAG	REGOLATORY	RESCIDENTIFTING INFORMATION)	TAG	DEFICIENCY		DATE
6 034	Continued From pa	ge 10	6 034			
	(F) Biological indi	icators.				
		of the sterilizing process shall				
		eliable biological indicators ype of sterilizer used (e.g.,				
		nophilus for steam sterilizers).				
	(ii) Biological ind	licators shall be included in at				
		day of use for steam				
	identification, biolog	e maintained with the load ical indicator results, and contents of the load.				
	immediately be take malfunctioning steril use until it has been tested according to	lizer shall not be put back into serviced and successfully				
	recommendations.					
	reprocessed if a stellist of all items which	items shall be recalled and rilizer malfunction is found. A n were used after the last ndicator test shall be ninistrator.				
	(G) Sterilizers.					
	pressure) shall be up and moisture stable	ers (saturated steam under tilized for sterilization of heat items. Steam sterilizers shall o manufacturer's written			S	R S S
		ers shall be used in manufacturer's instructions.			Amer	ican
) - State Fo	erm		1			tea
re form			6899 UVE	0311	for	on sheet

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		140017	B. WING		05/20/2019	
	ROVIDER OR SUPPLIER				00/	20/2019
		1511 EA	ADRESS, CITY, STATE ST MISSOURI	:, ZIP CODE		
LANNED	PARENTHOOD OF GRI	EATER TEXAS SURG	D, TX 79902			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
6 034	Continued From pag	e 11	6 034			
	(H) Maintenance c	of sterility.				
	(i) Items that are	properly packaged and				
	sterilized shall remain	n sterile indefinitely unless				
		es wet or torn, has a broken some way, or is suspected of				
		materials within a package the passage of time shall be ne manufacturer's				
	(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	(I) Commercially p Commercially packag sterile according to the instructions.	ged items are considered				
	sterility is event relate facility shall ensure p	ilized items. The loss of ed, not time related. The proper storage and handling that does not compromise				
	the packaging of the	•				
		s shall be transported so as ss and sterility and to			- C/	
		iage. Is shall be stored in	2		S	S
	well-ventilated, limite controlled temperatu	d access areas with				
		•	ļ		Amer	can
- State Form			6689 18	10241	Uni	tec
			UV	/D311	for	

PLANNED F (X4) ID PREFIX TAG 6 034 ((EACH DEFICIENC	EATER TEXAS SURG	B. WING DDRESS, CITY, STATE ST MISSOUR! D, TX 79902 ID PREFIX		05/20/2019
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(X4) ID PREFIX TAG 6 034 (SUMMARY S (EACH DEFICIENC REGULATORY OR	EATER TEXAS SURG	ST MISSOUR! 0, TX 79902		
(X4) ID PREFIX TAG 6 034 (SUMMARY S (EACH DEFICIENC REGULATORY OR	EATER TEXAS SURG EL PASO TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	D, TX 79902		
PREFIX TAG 6 034 ((EACH DEFICIENC REGULATORY OR	TATEMENT OF DEFICIENCIES	ID		
6 034 (ESCIDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE COMP
	Continued From pag		TAG	DEFICIENCY)	
		e 12	6 034		
	(iii) Sterilized iten	ns shall be positioned so that			
		crushed, bent, compressed,			
I	or punctured so that	their sterility is not			
	compromised.				
		pplies shall be in areas that			
E	are designated for st	orage.			
	(K) Disinfection.				
		unde contates in decembra			
1		urer's written instructions for ts shall be followed.			
		date, determined according			
		itten recommendations, shall ntainer of disinfection			
1	solution currently in u				
	_				
		olutions shall be kept well-ventilated areas.			
	covered and used in	weil-ventilated areas.			
	(L) Performance re	ecords.			
	(i) Performance r	ecords for all sterilizers shall			
	be maintained for each	ch cycle. These records shall			
	e retained and avail				
ľ	ninimum of two year	S.			
		shall be monitored during			
	• •	e, temperature, and time at	l í		
		and pressure. A record shall			
	permaintained enner generated and shall i	manually or machine			
	,				
	(I) the sterilizer i	identification;			いうい
	(II) sterilization of	date and time:			
					merica
	(ill) load numbe	r;			
- State Forn	n		<u> </u>		Inte
TE FORM			6899 UV	D311	If continuation sheet

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	
			B. WING			
		140017			05/	20/2019
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE ST MISSOURI	E, ZIP CODE		
LANNED	PARENTHOOD OF GR	EATER TEXAS SURG	O, TX 79902			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
6 034	Continued From pag	e 13	6 034			
		d temperature of exposure d on sterilizer recording				
	(V) identification	n of operator(s);				
	(VI) results of b performed; and	iological tests and dates				
		erature recording charts from provided on sterilizer				
a b rr p m s a o T B in s i s	maintenance of all st according to individu basis by qualified pe manufacturer's servic preventive maintena maintained for each shall be retained at la	sterilizer. These records east two years and shall be to the facility within two hours				
	Based on a review of interview the facility f	not met as evidenced by: f documentation and failed to ensure that steam according to manufacturer's				
	Finding included:				C	
	sterilization at the fac Operation and Maint autoclave stated the "12.1. Preventive and	ne Tuttnauer EZ11 Plus for cility. According to the enance Manual for this following in part, d Scheduled Maintenance erations described in this			Ameri	S can
- State Fo E FORM	orm		(REPR) UV	/D311	for	ion sneet 14

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE COMP	
		140017			05/	20/2019
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	PARENTHOOD OF GRI	EATER TEAAS SURCE EL PASC), TX 79902			_
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLET DATE
6 034	Continued From pag	e 14	6 034			
	. •	blowed as indicated to keep				
		orking condition. This				
	_	le is the responsibility of the				
	equipment owner					
		er the warranty. The majority				
		llow can easily be carried out				1
		connel and do not require a				
	service technician.					
		e or the instructions in this				
		nical assistance or a service	Í			
	dealer or Tuttnauer U	uested by either calling your				
	12.1.1. Daily					
	-	gasket and outside rim of the				
	chamber with a mild	detergent, water and a soft				
	cloth or sponge. The	•				ļ
		smooth. Be sure to clean the				
	inside and outside of	the gasket flap.				
	12.1.2. Weekly by the	e operator				
		or after 20 cycles, clean and				1
		, copper tubes and the				
	-	iber Brite (Trademark).				
	Follow these instructi					
		utoclaves with Chamber				
	Brite (Trademark)"					
	Review of the facility	based Cleaning and Safety				
		19 revealed the following				
		ntenance of the autoclave:				
	* This form indicated	that weekly maintenance				
		rained and cleaned int/ext			-0	
	(per mfr)". According				Clin	\mathbf{O}
		e autoclave door gasket and			Chr	\mathbf{O}
		nould be cleaned daily.			-U.	
		cated the bi-weekly the naintenance flush (per mfr)"			A	
		cturer recommendations the			Ameri	ican
	-	cleaned with Chamber Brite				tor
- State Fo	erm				Uni	
E FORM			6899 UVI	D311	for	on sheet 15
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TATEMEN	alth and Human Servi OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		140017	B. WING		05/	20/2019
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
LANNED	PARENTHOOD OF GR	EATER TEXAS SURG	ST MISSOURI O, TX 79902			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
6 034	Continued From pag	le 15	6 034			
	once per week or ev	ery 20 cycles.				
	(who performs sterili asked what routine of the autoclave. This is machine was cleane clean rag". The staff often the machine was She replied, "every the routine maintenance manufactory's recommended	ere confirmed in an interview				
					<u> </u>	5
					S,	Š
					Amer	icans
) - State F	orm				Imi	
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If continuation sheet 1 of 5

	partment of State Hea OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMP		
		140018	B. WING		10/	08/2019	
AME OF PF	ROVIDER OR SUPPLIER		T ADDRESS, CITY, STATE, ZIP CODE				
		9041 RE	SEARCH BLVD #25				
	PARENTHOOD OF GRE	AUSTIN	, TX 78758				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
6 000	TAC 139.1 Initial Cor	nments	6 000				
	correction, correction space. Any discrepa citation(s) will be refe Texas Attorney Gene If information is inady provider/supplier, the should be notified im (a) Purpose. The pur implement the Texas and Licensing Act, H Chapter 245, which p Human Services Cor to establish rules gov regulation of abortion annual reporting requ performed. This chap	ation must remain or entering the plan of a dates, and the signature incy in the original deficiency erred to the Office of the eral (OAG) for possible fraud. vertently changed by the a State Survey Agency (SA)					
	(b) Scope and applic(1) Licensing require	-					
	(A) A person may abortion facility in Tex	not establish or operate an xas without a license issued lless the person is exempt					
	(B) The following r this chapter:	need not be licensed under			Ś	ß	
	(i) a hospital licer Safety Code, Chapte	nsed under Health and r 241;			Amer) can	
	(ii) an ambulatory	v surgical center licensed					
- State Fo		SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITLE			
	SILLOTON ON PROVIDER/	SOLI LIEN NEI RESENTATIVE S SIGNATUI		IIILE	fonl		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE S COMPL	
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		140018			10/0	08/2019
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,			
LANNED	PARENTHOOD OF GR	FATER TEXAS SURC	SEARCH BLVD #25 , TX 78758	0		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
6 000	Continued From pag	e 1	6 000			
	under Health and Sa	fety Code, Chapter 243; or				
	Texas Medical Board medicine in the State	a physician licensed by the and authorized to practice of Texas, unless the office se of performing more than 2-month period.				
	facilities and facilities licensing shall compl (relating to Annual R Abortions Performed An entrance confere facility's Administrato The purpose and pro	rements. All licensed abortion s and persons exempt from y with §139.4 of this title eporting Requirements for All). nce was held with the or on the morning of 10/8/19. ocess of the licensure ssed, and an opportunity				
	Continued licensure approved plan of cor	is recommended, with an rection.				
		-				
6 041	TAC 139.56 Emerge	ncy Services	6 041			
	accessible written pr emergencies and the requiring further eme	rgency care to a hospital. ure that the physicians who			S.	ß
		nitting privileges at a hospital ical or gynecological health			Ameri	can
- State For	orm		6899 PV	0.7.44		
			BY	QT11	for	uation sheet

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		140018	B. WING		40%	2/2040	
	ROVIDER OR SUPPLIER	140018	TADDRESS, CITY, STATE, ZIP CODE				
		9041 RE	SEARCH BLVD #25				
	PARENTHOOD OF GR	AUSTIN	, TX 78758			1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIEN(TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
6 041	Continued From pag	e 2	6 041				
	care services and is miles from the aborti	located not further than 30 on facility;					
	(2) provide the preg	nant woman with:					
	woman may reach th	umber by which the pregnant ne physician, or other health oyed by the physician or the					
	facility at which the a induced with access	bortion was performed or to the woman's relevant hours a day to request					
	assistance for any co	omplications that arise from					
		nduction of the abortion or lestions regarding the					
	nearest hospital to th	telephone number of the he home of the pregnant emergency arising from the eated.					
		onnel for cardiopulmonary cribed in §139.59 of this title					
	be currently certified American Heart Asso Cross, or the Americ Institute, or in accord professional licensur required in their job o	ng direct patient care shall in basic life support by the ociation, the American Red an Safety and Health lance with their individual e requirements, and if description or job			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	responsibilities.				S	ず	
	This Requirement is Based on a review o	not met as evidenced by: f documentation and					
		rmined the facility failed to:			Ameri	call	
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E FORM			6899 BYC	QT11	for	uation sheet	

C(X4) ID PREFIX TAG 6 041 C F F r 2	(EACH DEFICIENC REGULATORY OR Continued From page 1. Ensure the name a nearest hospital to th provided in the event needed upon dischar	EATER TEXAS SURG 9041 REI AUSTIN, ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 3 and telephone number of the e home of the patient was emergency treatment is	A. BUILDING: B. WING DDRESS, CITY, STATE SEARCH BLVD #25 TX 78758 ID PREFIX TAG 6 041	, ZIP CODE	CTION DULD BE	(X5) COMPLETE DATE
C(X4) ID PREFIX TAG 6 041 C F F r 2	SUMMARY ST SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page 1. Ensure the name a hearest hospital to th provided in the event heeded upon dischar 2. Ensure personnel	EATER TEXAS SURC EATER TEXAS SURC AUSTIN, ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) E 3 and telephone number of the e home of the patient was emergency treatment is	DDRESS, CITY, STATE SEARCH BLVD #25 TX 78758 ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF	CTION DULD BE	(X5) COMPLETI
C(X4) ID PREFIX TAG 6 041 C F F r 2	SUMMARY ST SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page 1. Ensure the name a hearest hospital to th provided in the event heeded upon dischar 2. Ensure personnel	EATER TEXAS SURG 9041 REI AUSTIN, ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 3 and telephone number of the e home of the patient was emergency treatment is	SEARCH BLVD #25 TX 78758 ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF	ULD BE	COMPLET
(X4) ID PREFIX TAG 6 041 C 1 r F r 2	SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page 1. Ensure the name a hearest hospital to th provided in the event heeded upon dischar 2. Ensure personnel	AUSTIN, AUSTIN, ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 3 and telephone number of the e home of the patient was emergency treatment is	TX 78758	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHC CROSS-REFERENCED TO THE APPF	ULD BE	COMPLET
PRÉFIX TAG 6 041 (1 r F r 2	(EACH DEFICIENC REGULATORY OR Continued From page 1. Ensure the name a hearest hospital to th provided in the event heeded upon dischar 2. Ensure personnel	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 3 and telephone number of the e home of the patient was emergency treatment is	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	ULD BE	COMPLET
1 r F r 2	1. Ensure the name a nearest hospital to th provided in the event needed upon dischar 2. Ensure personnel	and telephone number of the e home of the patient was emergency treatment is	6 041			
r F r 2	nearest hospital to th provided in the event needed upon dischar 2. Ensure personnel	e home of the patient was emergency treatment is				
6 te h	Clinical records for 4 6) were not provided elephone number of	of 7 patient (patient #1, 3, 5,				
ק א ק א ק ק	Provided hospital info Georgetown, Texas Patient #3 lived in I provided with hospita Round Rock, Texas. Paine #5 lived in B provided with hospita Austin, Texas.	Belton, Texas but was ormation for a hospital in Hurst, Texas but was I information for a hospital in rownwood, Texas but was I information for a hospital in Dale, Texas but was I information for a hospital in				
#		tation revealed 1 of 4 (Staff vas not certified in basic life				
5	Support, but the certi an online course, whi	ed in Advance Cardiac Life fication was obtained from ich did not emonstration of skill.			Ś	2
א ר "	National Safety Coun http://news.hsi.com/o /No major nationally	& Safety Institute and the ncil website found at nlineonlycpr reveals that, recognized training program endorses certification without			Ameri I Imit	can
) - State Forr TE FORM	m		6899 BV	QT11	for L	

STATEMENT	partment of State Hea OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE : COMPL	
		140018	B. WING		10/	08/2019
NAME OF P	ROVIDER OR SUPPLIER	1	ADDRESS, CITY, STATE			
PLANNED	PARENTHOOD OF GR	EATER TEXAS SURC	SEARCH BLVD #25 , TX 78758	50		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
6 041	According to the Occ Administration (OSH not meet OSHA first requirements." Furth https://www.osha.go _document?p_table= 28541. The above informatic interview with Staff #	ion of hands-on skills. cupational Safety and Health A) online training alone does aid and CPR training er guidance can be found at v/pls/oshaweb/owadisp.show =INTERPRETATIONS&p_id= on was confirmed in an	6 041			Sican
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	alth and Human Servic	Ces Commission	(X2) MULTIPLE CO	DINSTRUCTION	(X3) DATE S	URVEY
ND PLAN O	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		008028	B. WING		01/(8/2019
ame of Pf	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
UBURBA	N WOMENS CLINIC		CHMOND #250 DN, TX 77098			····
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE
6 000	TAC 139.1 Initial Com	iments	6 000			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL						
	under this chapter unl from licensing require	as without a license issued less the person is exempt ments. eed not be licensed under				
		sed under Health and 241;			S	S.
		surgical center licensed			Ame	rica
- State Fo	orm DIRECTOR'S OR PROVI			DIRECTE	In	ito

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE COMPI	
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	ROVIDER OR SUPPLIER	3101 RI	ADDRESS, CITY, STATE, CHMOND #250 ON, TX 77098	ZIP CODE		
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	under Health and Sa	fety Code, Chapter 243; or				
	Texas Medical Board medicine in the State	physician licensed by the and authorized to practice of Texas, unless the office se of performing more than 2-month period.				
	facilities and facilities licensing shall compl (relating to Annual R Abortions Performed An entrance confere administrative staff o The purpose and pro	ements. All licensed abortion and persons exempt from y with §139.4 of this title eporting Requirements for All). nce was held with the facility n in the morning of 01/07/19. ncess of the licensure ssed, and an opportunity				
	Continued licensure approved plan of cor	is recommended, with an rection.				
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6 00			6 007			
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		008028	B. WING		01/	08/2019
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BURBAN	WOMENS CLINIC		CHMOND #250 ON, TX 77098			
(4) ID REFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
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Texas Health and Human Servi	ces Commission			FURI	APPROVED
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE S	
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IAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE	<u>1</u> 1	
SUBURBAN WOMENS CLINIC	3101 RIC	HMOND #250			
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Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: _ 008028 B. WING 01/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 SUBURBAN WOMENS CLINIC HOUSTON, TX 77098 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID ١D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 6 007 Continued From page 4 6 007 6 030 6 0 30 SOD - State Form TREACTOR STATE FORM for Life ۱

Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ 008028 B. WING 01/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 SUBURBAN WOMENS CLINIC HOUSTON, TX 77098 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX DATE TAG TAG 6 030 Continued From page 5 6 030 SOD - State Form STATE FORM SILECTOR for Life

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	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVE COMPLETED	
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		008028	B, WING		01/08/20	019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
SUBURB	AN WOMENS CLINIC	3101 RIC	CHMOND #250			
		HOUST	ON, TX 77098			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION		(X5) OMPLETE
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6 034	TAC 139.49 Infection	Control Standards	6 034			
	(a) Written policies	A licensed abortion facility		I, The Medical Director		
		nent, and enforce infection		sure that the auto clave	log 02	/28/19
	control policies and p	procedures to minimize the		documentation will state number as well as the c		
		procedure infections. These , but not be limited to, the		the load to be consister	ontents of	
	prevention of the trar			TAC 139.49.		
	immunodeficiency vi	rus (HIV), hepatitis B virus				
		rus (HCV), Mycobacterium	•			i I
	spp.): educational co	d Streptococcus species (S. urse requirements; cleaning				
	and laundry requirem	nents; and decontamination,				
	disinfection, sterilizat	ion, and storage of sterile				
•	supplies.					
	(b) Prevention and co	ontrol of the transmission of				
	HIV, HBV, HCV, TB,					
	(1) Universal/stands	and processions				
	(1) Universal/standa	ard precautions.				
		cility shall ensure that all staff				
1		l/standard precautions as				
	defined in this parage	apn.				
		dard precautions includes	Ì			
	1 ·	ection and sterilization of				
		vices and the appropriate ol, including hand washing,		The Medical Director v		
	the use of protective	barriers, and the use and		sure that every employ		2
		and other sharp instruments.		has a job description in record including the R	his/her	C
	(ii) Universal/star	ndard precautions synthesize				
		niversal precautions with the			Amer	ican
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Health and Human Services Commissio MENT OF DEFICIENCIES (X1) PROVIDER		000	CONSTRUCTION	(X3) DATE SURVEY	
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OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
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		ON, TX 77098			
ID SUMMARY STATEMENT OF DEFI TX (EACH DEFICIENCY MUST BE PRECE REGULATORY OR LSC IDENTIFYING I	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE	(X5) COMPLETE DATE
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points of body substance precaution them to all patients receiving care in regardless of their diagnosis or pres infection status.	facilities,				
(I) Universal/standard precautio	ons apply to:				
(-a-) blood;					
(-b-) body fluids, secretions, a except sweat, regardless of whether contain visible blood;					
(-c-) nonintact skin; and					
(-d-) mucous membranes.					
(II) Universal/standard precauti designed to reduce the risk of transi microorganisms from both recognize unrecognized sources of infection in	nission of ed and				
(B) A licensed abortion facility sha procedures for monitoring complian universal/standard precautions deso subparagraph (A) of this paragraph.	ce with cribed in				
(2) Health care workers infected w HBV. A licensed abortion facility sha implement, and enforce a written po compliance of the facility and all of t care workers within the facility with t	ll adopt, licy to ensure he health he Health				
and Safety Code, Chapter 85, Subc concerning the prevention of the tra HIV and HBV by infected health car (3) Educational course work and tr	nsmission of e workers. aining. A				SA
licensed abortion facility shall requir care workers to complete education	e its health			An	nerica
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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED
		008028	B. WING		01/08/2019
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	
UBURBA	AN WOMENS CLINIC		CHMOND #250 'ON, TX 77098		
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6 034	Continued From page	8	6 034		· ·
	work or training in infe precautions, including transmission, scientifi and practices for infe engineering and work the requirements of tr and training may inclu courses or in-house tr provided by the facility training shall include, (A) HIV infection pr (B) HBV, HCV, TB, prevention based on the	ection control and barrier basic concepts of disease cally accepted principles ction control and practice controls. To fulfill his paragraph, course work ide formal education raining or workshops y. The course work and but not be limited to: evention; and and S. spp. infection			
	(C) bidirectional as transmission; and (D) epidemic contro				
	(1) A licensed abortion implement, and enforce	dry policies and procedures. on facility shall develop, e written policies and g the procedure room(s).			
	implement, and enforce procedures for the har and transporting of cle	ndling, processing, storing, an and dirty laundry.			
	cleaning and laundry s contract in accordance and Health Administrat of Federal Regulations	n facility may provide ervices directly or by with Occupational Safety tion's Standards, 29 Code s, Subpart Z. Bloodborne			America
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TATEMENT	alth and Human Servic OF DEFICIENCIES OF CORRECTION	Ces Commission (X1) Provider/Supplier/Clia Identification Number:	(X2) MULTIPLE C A. BUILDING:	1	(X3) DATE S COMPLE	
		008028	B. WING		01/0	8/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SUBURBA	N WOMENS CLINIC		CHMOND #250 ON, TX 77098			
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6 034	Continued From page	9	6 034			
	Pathogens.			· ·		
	disinfection, sterilizati supplies. A licensed a written policies cover decontamination and performed. Policies s limited to, the receivin decontaminating, disi sterilization of critical well as those for the a	infecting, preparing and items (reusable items), as assembly, wrapping, and the monitoring and				
	(1) Supervision. The disinfection, and steri equipment shall be un person qualified by ec experience.	lization of all supplies and ider the supervision of a				
	facility shall ensure th	conventional cervical ge if this procedure is				
	(3) Inspection of sur	gical instruments.				
	before being package Routine inspection of to assure clean locks, (B) Inspection proc	shall undergo inspection d for reuse or storage. instruments shall be made crevices, and serrations. edures shall be thorough d manual inspection for			S	
	condition and function				Ame	ricar
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TATEMENT	alth and Human Servic OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			ATE SURVEY OMPLETED
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AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
	N WOMENS CLINIC	3101 RI	CHMOND #250 ON, TX 77098			
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6 034	Continued From page	e 10	6 034			
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	(i) Cutting edges	shall be checked for				
	sharpness; tips shall	be properly aligned, and box				
	locks shall be clean a	and free from buildup of				
	soap, detergent, dried	d blood, or tissue.				
	(ii) There shall be	no ovident				
	(ii) There shall be	no evident cracks or cks, and the hinges shall				
	work freely.	cks, and the hinges shall				
	,					
	(iii) Ratchets shal	l hold and be routinely				
1	tested.					
	(b) There also Hill					
	the finish	e no corrosion or pitting of				
			• •			
	(C) Instruments ne	eding maintenance shall be				
1	taken out of service a	and repaired by someone				
1	qualified to repair sur	gical instruments.				
	(D) to protect the i	nstrument and its protective				
	not be used for instru	s or electric engravers shall				
		on shall be accomplished by				
	the instrument manuf	acturer, employing methods				i i
	which shall not damage	ge the instrument or its				1 1
	protective finish.	-				
	(4) Items to be disinf	fected and sterilized				
	(A) Critical items.					
1	(i) Critical items in	clude all surgical				
	directly into the black	cts that are introduced				
1	directly into the bloods	stream or into other of the body and shall be				Cr2
	sterilized in accordance	ce with this subsection.				GNJ.
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	(ii) All items that c	ome in contact with the			Am	erica
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	ROVIDER OR SUPPLIER	008028 STREET A	DDRESS, CITY, STATE			01/08/2019
			CHMOND #250			
UBURBA	N WOMENS CLINIC	HOUST	ON, TX 77098			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES, Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
6 034	Continued From page	e 11	6 034			
	sterile field during the be sterile.	e operative procedure shall				
	(B) Semicritical iter	ņs.				
	in contact with nonint membranes. Semicrit microorganisms, exce	tical items shall be free of ept bacterial spores, ay include respiratory therapy ia equipment,				
	(ii) High-level disi semicritical items.	nfection shall be used for				
	(C) Noncritical item	15.				
	(i) Noncritical item in contact with intact	ns include items that come skin.				
	(ii) Intermediate-le shall be used for none	evel or low-level disinfection critical items.				
	Effective sterilization performing correct me packaging, arrangem and storage. The follo	ent of items in the sterilizer, wing procedures shall be policies as required in this				
	provide sterilization e the requirements of th of critical items. Equip	censed abortion facility shall quipment adequate to meet his paragraph for sterilization oment shall be maintained hrm, with accuracy, the items.			Am	S ericar
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STATEMENT	alth and Human Servic OF DEFICIENCIES F CORRECTION	Xes Commission (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		008028	B. WING		01/08/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	
SUBURBA	N WOMENS CLINIC		CHMOND #250 ON, TX 77098		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE
6 034	Continued From page	e 12	6 034		
	cleaning, preparation are performed in the physical facilities, eq	requirements. Where a, and sterilization functions same room or unit, the uipment, and the written res for their use shall be			
	clean or sterilized su (i) A facility shall	es and equipment from the pplies and equipment. have a sink for hand			
	instruments or dispo (ii) A facility shall cleaning instruments	have a separate sink for and disposal of liquid waste. only be performed at this sink			
	to reduce the bioburd thoroughly cleaned, prepared in a clean, Cleaning is the remo from the surfaces, cr instruments. Deconta physical/chemical pro-	sterilized shall be prepared den. All items shall be decontaminated and controlled environment. val of all adherent visible soil evices, joints, and lumens of			
	and decontamination appropriate.	ning. Manual cleaning of			
	(II) Ultrasonic cl	eaning. Ultrasonic cleaning			Americar
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AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
UBURBA	N WOMENS CLINIC		ICHMOND #250 ION, TX 77098			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTIC (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
	of instruments clean the need for hand so items are placed in t water shall be chang using this method fo covered to prevent p from aerosolization of (III) Washer-stee clean by using rotatii water jets that clean appropriate soap and machines shall reach degrees Celsius (28 (IV) Washer-de Washer-decontamina numerous water jets even if instruments a thorough cleaning is rinse to quickly resto (iii) All articles to arranged so all surfa to the sterilizing ager temperature. (D) Packaging. (i) All wrapped ar packaged in material specific type of sterili sterilized, and to pro- microorganisms. Acc peel pouches, perfor- trays. Muslin packs s inches by 12 inches I	s by cavitation and reduces crubbing. When grossly soiled he ultrasonic cleaner the ged more than once a shift. If r cleaning, chambers shall be botential hazards to personnel of the contents. rilizers. Washer-sterilizers ng spray arms to create by impingement and d disinfectant. These h a temperature of 140 5 degrees Fahrenheit). contaminator machines. ator machines clean by and a high pH of detergent us grossly soiled. The followed by a neutralizing re the pH to neutral. be sterilized shall be ces shall be directly exposed at for the prescribed time and ticles to be sterilized shall be s recommended for the zer and material to be vide an effective barrier to septable packaging includes ated metal trays, or rigid hall be limited in size to 12 by 20 inches with a 12 pounds. Wrapped	6 034	DEFICIENCY	S	
- State Fo		I not exceed 17 pounds.			Ame	ricar
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STATEMENT	of DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SUR COMPLETE	
		008028	B. WING		01/08/2	2019
IAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
SUBURBA	N WOMENS CLINIC		CHMOND #250			
			DN, TX 77098			
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	DULD BE	(X5) COMPLETE DATE
6 034	Continued From pag	e 14	6 034			
	load as to the date a	be labeled for each sterilizer nd time of sterilization, the er, and the autoclave.				
	(E) External chem					
	as sterilization proce on each package to l	ical indicators, also known ss indicators, shall be used be sterilized, including items to indicate that items have sterilization process				
	(ii) The indicator according to the man	results shall be interpreted				:
	(F) Biological indic	ators.				
	be monitored with rel appropriate for the ty	the sterilizing process shall iable biological indicators pe of sterilizer used (e.g., ophilus for steam sterilizers).				
	(ii) Biological india least one run each da sterilizers.	cators shall be included in at ay of use for steam				
	(iii) A log shall be identification, biologic identification of the co	maintained with the load al indicator results, and ontents of the load.				
	immediately be taken malfunctioning steriliz	er shall not be put back into serviced and successfully				S
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	OF DEFICIENCIES OF CORRECTION	COMMISSION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	ETED
		008028	B. WING		01/0	8/2019
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	re, ZIP CODE		
SUBURBA	N WOMENS CLINIC		CHMOND #250 ON, TX 77098			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCI)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
6 034	reprocessed if a steri list of all items which negative biological in submitted to the adm (G) Sterilizers. (i) Steam sterilize pressure) shall be ut and moisture stable i be used according to instructions. (ii) Other sterilize accordance with the (H) Maintenance of (i) Items that are sterilized shall remain the package become seal, is damaged in s being compromised. (ii) Medication or that deteriorate with dated according to the recommendations.	ems shall be recalled and lizer malfunction is found. A were used after the last dicator test shall be inistrator. ers (saturated steam under lized for sterilization of heat tems. Steam sterilizers shall manufacturer's written rs shall be used in manufacturer's instructions. of sterility. properly packaged and n sterile indefinitely unless is wet or torn, has a broken some way, or is suspected of materials within a package the passage of time shall be	6 034			SC
	(I) Commercially p	ged items are considered			Ame	59 ricar
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AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
UBURBA	N WOMENS CLINIC		ICHMOND #250			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ON, TX 77098	PROVIDER'S PLAN OF	CORRECTION	(X5)
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6 034	Continued From page	e 16	6 034			
	instructions.					
	(I) Storage of steri	lized items. The loss of				
	sterility is event relate	ed, not time related. The				
	facility shall ensure p	roper storage and handling that does not compromise				
	the packaging of the					
	(i) Sterilized item	s shall be transported so as				;
	to maintain cleanlines	as and sterility and to				
	prevent physical dam					
	(ii) Sterilized item	s shall be stored in				
	well-ventilated, limited	d access areas with				
	controlled temperatur	e and numidity.	·			
	(iii) Sterilized item	s shall be positioned so that				
	or punctured so that t compromised.	crushed, bent, compressed, heir sterility is not				
	(iv) Storage of sup are designated for sto	oplies shall be in areas that orage.				
	(K) Disinfection.					
	(i) The manufactu the use of disinfectant	rer's written instructions for ts shall be followed.				
	(ii) An expiration of	late, determined according				
	to manufacturer's writ be marked on the con	ten recommendations, shall				
	solution currently in us					
	(iii) Disinfectant	olutions shall be kept				
	covered and used in v	vell-ventilated areas.			~	
	(L) Performance red	cords			Ċ,	
					۸mc	ricar
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STATEMENT OF DÉFICIENCIES NOD PLAN OF CORRECTION			CONSTRUCTION		SURVEY
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6 034 Continued Fr	om page 17	6 034			
be maintaine	mance records for all sterilizers shal d for each cycle. These records sha nd available for review for a wo years.				
operation for desired temp be maintaine	sterilizer shall be monitored during pressure, temperature, and time at erature and pressure. A record shal d either manually or machine d shall include:	1			
(I) the st	erilizer identification;				
	ization date and time;		-		
(III) load	number;				
(IV) dura phase (if not charts);	ation and temperature of exposure provided on sterilizer recording				
(V) ident	ification of operator(s);				
(VI) resu performed; ar	ilts of biological tests and dates nd				
(VII) time each sterilizer recording cha	e-temperature recording charts from r (if not provided on sterilizer rts).				
maintenance according to i basis by quali	tive maintenance. Preventive of all sterilizers shall be performed ndividual policy on a scheduled fied personnel, using the sterilizer				
preventive ma maintained fo	s service manual as a reference. A aintenance record shall be r each sterilizer. These records ned at least two years and shall be				,
available for n	eview to the facility within two hours			Δme	rica
- State Form					i cai
TE FORM		6899 G	K8011	lf continua	tion sheet 18 of .
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FORM APPROVED	

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	alth and Human Servic	xes Commission (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
ND PLAN C	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
		008028	B. WING		01	/08/2019
iame of Pi	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
UBURBA	N WOMENS CLINIC		HMOND #250 N, TX 77098			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
6 034	Continued From page	e 18	6 034			
	of request by the dep	artment.		·		
	Based on a review of interview, the facility shall be maintained w	failed to ensure that the a log vith the load identification, sults, and identification of				
	Finding included:		1			
	Review of the Autocla documentation of the contents of the loads	load number, however the				
	The above was confinent staff member #1 on 0	rmed in an interview with 1/08/19.				
6 038	TAC 139.53 Medical	and Clinical Services	6 038	I, The Medical Dire		02/28/
	(a) Surgical abortion.			all informed conser patients and will co		,
		sultant shall be responsible supervising the medical and facility.		in accordance with There are two cons each patient's file. One of them is actu	ent forms in	s
	facility, with the except procedure, shall be p	rovided under the direction stered nurse who assumes clinical employees'		Health and Safety 'voluntary and infor consistent with TAC	which states med consent'	
	surgical consent form prior to the procedure patient is informed of	ion facility shall ensure that a n is signed by the patient be being started, that the the risks and the benefits of nat the patient recognizes the			Ame	y S erica
) - State F					In	ite
			N/A	GK8011		lation sheet 19

Ta		O marked in a					: 01/22/201 APPROVE
TATEMENT	alth and Human Servic OF DEFICIENCIES OF CORRECTION	Ces Commission (X1) Provider/Supplier/Clia Identification Number:	1	E CONSTRUCTION		(X3) DATE S COMPLI	
		008028	B. WING			01/0	8/2019
iame of Pi	ROVIDER OR SUPPLIER		DÓRESS, CITY, ST	ATE, ZIP CODE			
UBURBA	N WOMENS CLINIC		CHMOND #250 DN, TX 77098				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION IVE ACTION SHOUL CED TO THE APPROF FICIENCY)	DBE	(X5) COMPLETE DATE
6 038	Continued From page	e 19	6 038				
		on. Informed consent shall		-			
		n rules adopted by the Texas					
	Medical Disclosure P title (relating to Proce	anel under §601.2 of this	{				
		Risks and Hazards-List A),					
		lating to Disclosure and					
	Consent Form), and §171.011 (relating to	Health and Safety Code,					
		012 (relating to Voluntary					
	Informed Consent).						
	(4) A licensed abort	ion facility shall ensure that		I, The Medical D)irector will	continuo	
		an, advanced practice		to put down the	time of	continue	02/28/1
		physician assistant has ented a preoperative history,		administration o	f Mifeprex.	The only	
		aboratory studies, including		one case reffere	ed to is an	_	
	verification of pregna	ncy.		inadvertent miss Director's consc		ie	
	(5) A licensed abort	ion facility shall ensure that:					
	(A) the attending p	hysician examines each					
	the risk to the proced	prior to surgery to evaluate					
	the nak to the proced						
		ninistering the anesthetic					
		e patient immediately prior e the risk of anesthesia.					
	(6) The administration	on of anesthesia shall be in					
		9.59 of this title (relating to					
	Anesthesia Services)	h.					
	(7) An abortion shal	l be performed only by a					
	physician.					-0	0
	(8) A physician adv	anced practice registered				Q.	R
	nurse, physician assi	stant, registered nurse, or				Ŷ	5
i		urse shall be in the facility					
ļ	whenever there is a p	patient in the procedure			1	Amei	icaı
D - State F						In	10
			DIREC	6488011 702		f continuati	on sheet 20 c
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Texas Hea	alth and Human Servic	ces Commission					: 01/22/2019 APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE S COMPL	
		008028	B. WING		-	01/0	8/2019
SUBURBA		3101 RICH HOUSTON ATEMENT OF DEFICIENCIES	DRESS, CITY, STA MOND #250 I, TX 77098	PROVIDER'S PLAN OF ©			(X5) COMPLETE
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRI		DATE
6 038	procedure room or re be left unattended.	m. While a patient is in the covery room she shall not	6 038				
		om(s) at the facility shall be					

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be left una	room or recovery room she shall not attended.		
supervised registered registered available f recommer	ecovery room(s) at the facility shall be d by a physician, advanced practice nurse, physician assistant, or nurse. This supervisor shall be for recovery room staff within a nded 10 minutes with a maximum 5 minutes while any patient is in the oom.		
while any recommer	nysician shall be available for the facility patient is in the recovery room within a inded 10 minutes and a maximum 5 minutes.		
reactive and dischargin	facility shall ensure that a patient is fully nd her vital signs are stable before g the patient from the facility upon ler by the attending physician.		
the time or visible feta examined villi. If this shall be se tissue exa	etal tissue shall be examined grossly at f the procedure. In the absence of al parts or placenta, the tissue may be by magnification for the detection of examination is inconclusive, the tissue ent to a pathology lab. The results of the mination shall be recorded in the linical record.		
forth by th title (relatin Disposition	cility shall meet the requirements set e department in §§1.131 - 1.137 of this ng to Definition, Treatment, and n of Special Waste from Health ted Facilities).		
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exas Hea	alth and Human Servi	ces Commission			FORM APPROVE
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		008028	B. WING		01/08/2019
VAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATI	E, ZIP CODE	
UBURBA	N WOMENS CLINIC		CHMOND #250 DN, TX 77098		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	id PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
6 038	Continued From page	e 21	6 038		
		sultant shall be responsible supervising the medical and facility.		-	
	facility, with the except procedure, shall be p	clinical services of the ption of the abortion rovided under the direction stered nurse who assumes			
,	responsibility for the performance in the fa	clinical employees'		-	
	(3) A licensed abort	ion facility shall ensure:			
	(A) the physician(s is able to accurately of	 providing medical abortion date a pregnancy; 			
	(B) the physician(s the pregnancy is not) is able to determine that an ectopic gestation;			
		 is able to provide surgical e for the patient to receive a ecessary; and 			
		access to medical facilities blood transfusion and patient ssary.			
		ion facility shall ensure n and services are provided g medical abortion.			
	the attending physicia registered nurse, or p obtained and docume history, physical exar	ion facility shall ensure that an, advanced practice ohysician assistant has ented a pre-procedure n, and laboratory studies,			SS.
Ĩ	including verification	or pregnancy.			Americar
) - State Fo TE FORM	prm		6899 0	V8014	Inito
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ATEMENT	OF DEFICIENCIES	Ces Commission (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY
		008028	B. WING		01	/08/2019
AME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
UBURBA	N WOMENS CLINIC		CHMOND #250			
	SUMMARY ST	ATEMENT OF DEFICIENCIES	DN, TX 77098	PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE	COMPLETE DATE
6 038	Continued From page	e 22	6 038			
	(6) A licensed abort	ion facility shall ensure:				
		t is obtained from the patient cement of the abortion				
	(B) the patient is in benefits of the procee	nformed of the risks and dure;		-		
	(C) the patient is ir a surgical abortion m	nformed of the possibility that ay be required;				
	(D) the patient is ir abortion; and	nformed of the alternatives to				
	rules adopted by the Panel under §601.2 d	ent is in accordance with Texas Medical Disclosure of this title, §601.4 of this Safety Code, §171.011 and				
	patient with written d	erral to a physician who shall			~	
	performing or inducir date the abortion is p	a physician. A physician ng an abortion must, on the performed or induced, have leges at a hospital that:				
		rther than 30 miles from the abortion is performed or			C	
	(2) provides obstetr care services.	ical or gynecological health			S	S.S.
					Ame	ericai
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 01/08/2019	
		008028 B. WING				
AME OF P	ROVIDER OR SUPPLIER	STREET A	DÓRESS, CITY, ST	TATE, ZIP CODE		
			HMOND #250			
UBURBA	N WOMENS CLINIC	HOUSTO	DN, TX 77098			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
6 038	Continued From page	e 23	6 038			
	The facility failed to e consent shall be in a	ccordance with rules 🦇 s Health and Safety Code,				
	Findings included:					
		nd Safety Code, §171.011 Consent Required)stated in				
		UNTARY AND INFORMED sent to an abortion is ed only if				
	informs the pregnant abortion is to be perf (4) before any sedat					
	before the abortion if this requirement by o lives 100 miles or mo provider that is a faci	abortion or at least two hours the pregnant woman waives certifying that she currently pre from the nearest abortion lity licensed under Chapter performs more than 50				
	abortions in any 12-n (A) the physician wh or an agent of the ph sonographer certified	nonth period: to is to perform the abortion ysician who is also a I by a national registry of				
	the pregnant woman be performed; (B) the physician wh	rs performs a sonogram on on whom the abortion is to no is to perform the abortion			Ş	SS -
	consistent with curre	m images in a quality nt medical practice in a Inant woman may view			Ame	ricar
D - State F	orm			······································		1
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STATEMENT	alth and Human Servic of Deficiencies F CORRECTION	Ces Commission (X1) Provider/Supplier/Clia Identification Number:	(X2) MULTIPLI A. BUILDING:	ECONSTRUCTION	(X3) DATE S COMPL	
		008028	B. WING		01/0	8/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
SUBURBA	N WOMENS CLINIC		HMOND #250 N, TX 77098			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETE DATE
6 038	Continued From page them;"	9 24	6 038			
÷	* One of six medicati an ultrasound comple 09:04AM. The "Media patient indicated that on 06/01/18, no time administered was no when the medication be determined that the performed 24 hours p	cords revealed the following: on abortions (Patient #4) had beed on 05/31/18 at cal Abortion" form for the RU486 was administered when the medication was ted. With no time noted for was administered, it cannot nat the sonogram was prior to administering the the process of the medical		I, The Medical Direct sure The Hospital n to each patient is co the hospital zip cod The State even tho patients protest tha hospital is more con them to get to.	umber provided nsistent with e provided by ugh some another	02/28/19
	The above findings w interview with the me	vere confirmed in an dical director on 01/07/19.				
6 041	accessible written pre emergencies and the requiring further eme	on facility shall have a readily otocol for managing medical transfer of patients orgency care to a hospital. ure that the physicians who	6 041	I, The Medical Dire sure every employ current CPR consis TAC 139.56.	ee has	
	that provides obstetri	itting privileges at a hospital ical or gynecological health located not further than 30 on facility;				
	woman may reach th care personnel empli facility at which the a	nant woman with: Imber by which the pregnant e physician, or other health oyed by the physician or the bortion was performed or to the woman's relevant	J		Se ane	rican
DD - State Fo	orm				In	1100
		2	NEAT	-GK8011		lion sheat 25 of 28
					101	Life

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		008028	B. WING		01/08/2019	
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
UBURBA	N WOMENS CLINIC		CHMOND #250			
			ON, TX 77098	PROVIDER'S PLAN OF CORR	ECTION (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETE	
6 041	Continued From page	e 25	6 041			
	modical records 24 h	nours a day to request				
		mplications that arise from				
1	the performance or in	nduction of the abortion or				
		estions regarding the				
	abortion; and					
	(B) the name and	telephone number of the				
		e home of the pregnant				
		mergency arising from the				
	abortion would be tre					
	//		1			
	(b) The facility shall h	have the necessary				
	resuscitation as desc	ribed in §139.59 of this title				
	(relating to Anesthesi					
		ng direct patient care shall				
		in basic life support by the				
		ciation, the American Red				
		an Safety and Health				
		ance with their individual e requirements, and if				
	required in their job o					
1	responsibilities.					
		not met as evidenced by:				
	Based on a review of	ailed to ensure that the				
		ice at the facility provide the		Autoración de la companya de la companya de la companya de la companya de la companya de la companya de la comp	·	
		h: the name and telephone				
		st hospital to the home of the				
	pregnant woman at v	which an emergency arising				
		uld be treated. The facility				
		the personnel providing			92	
	basic life support by	all be currently certified in			Chrs).	
		rican Red Cross, or the			Ψ	
		Health Institute, or in			Amorioar	
	accordance with their	r individual professional			Americal	
D - State Fo	orm		6899		il/continuation sheet 26 of 2	
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ATEMENT	alth and Human Servic	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE	
ID PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		008028	B. WING		01/	08/2019
ME OF PI	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STATE	, ZIP CODE		
IBURBA	AN WOMENS CLINIC		CHMOND #250			
			ON, TX 77098			T
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
6 041	Continued From page	≥ 26	6 041			
		ts, and if required in their job				
	Findings included:					
		cords revealed the following:				
•		and Surgical Patient # 1 n Houston, Texas. However				
		provided the name and				
		hospitals that were not of the pregnant women, per				
		n. Both patients had other				
		ser to their home based on				
	their home addresses	s. S's home address was				
		vever the facility provided the				
		number of a hospital located				
	in Houston, Texas.					
		's medical record had s which did not include the				
		per of nearest hospital to the				
	home of the patient a	t which an emergency				
	arising from the abor	tion would be treated.				
	Facility based policy Policies" stated in pa	entitled, "Administrative				
	"1. PERSONNEL	ι ι ,				
	* personnel will be C	PR certified				
	PERSONNEL POLIC	IFS				
		R certified/copy in file,"				
		I files revealed that 1 of 3				
	direct staff members	at facility (#3) obtained				
		uscitation (CPR) through an			C	YZ
		contained a "basic skills vidence of hands-on skills			Ç	すい 、
	practice and in-perso					
	demonstration of CP				Ame	ericar
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te form			6899 G	K8011		ation sheet 27 of 2
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Texas He	alth and Human Servi	ces Commission					
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE S COMPLE	
			A. BUILDING:				
		008028	B. WING	. <u></u> .		01/08/2019	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E. ZIP CODE			
			CHMOND #250				
SUBURBA	AN WOMENS CLINIC		DN, TX 77098				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLA (EACH CORRECTIVE			(X5) COMPLETE
PREFIX TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED	TO THE APPRO		DATE
		· · ·			XIENCY)		
6 041	Continued From pag	e 27	6 041				
		& Safety Institute and the		·			
	National Safety Cour	ncil website found at onlineonlycpr reveals that,					
		recognized training program					
	in the United States	endorses certification without					
		ion of hands-on skills. cupational Safety and Health	`				
		A) online training alone does					
	not meet OSHA first	aid and CPR training					I
	requirements."						
	In an interview on 01	/08/19 staff member #1					
	verified the above fin						
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						Ame	'ican
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						for	Iif
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	alth and Human Servic	Ces Commission	(X2) MULTIPLE CO	ONSTRUCTION		(X3) DATE S	
	OF CORRECTION	IDENTIFICATION NUMBER	A, BUILDING:			COMPLI	
		008444	B. WING			01/0	8/2019
ME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE E D OAK DRIVE SU I				1
JBURBA	N WOMENS MEDICAL C	ENTER HOUSTO	N, TX 77090				
X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE		D BE	(X5) COMPLE DATE
6 000	TAC 139.1 Initial Con	nments	6 000				
	space. Any discrepan citation(s) will be refe Texas Attorney Gener If information is inadv provider/supplier, the should be notified imm (a) Purpose. The purp implement the Texas and Licensing Act, He Chapter 245, which p Human Services Con to establish rules gov regulation of abortion annual reporting requ performed. This chap	ation must remain r entering the plan of dates, and the signature ncy in the original deficiency wred to the Office of the ral (OAG) for possible fraud. retently changed by the State Survey Agency (SA) mediately. pose of this chapter is to Abortion Facility Reporting ealth and Safety Code, provides the Health and mission with the authority reming the licensing and facilities and to establish inements for each abortion oter also implements the ow Act, Health and Safety					
	abortion facility in Tex under this chapter un from licensing require	not establish or operate an kas without a license issued less the person is exempt					
	this chapter:	ised under Health and				S	S
	· · ·	v surgical center licensed			A	mer	ica
- State F		June Participation and the second sec	RE			Jni	(X6) DATE
				DIREC	TOR	ØI	tode

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TATEMENT	aith and Human Serv	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMPL	
-		008444	B. WING		01/	08/2019
IAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			1
SUBURBA	N WOMENS MEDICAL	CENTER	ED OAK DRIVE SU ON, TX 77090	11E 509		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE
6 000	Continued From pag	je 1	6 000		·	
	1	afety Code, Chapter 243; or				
	(iii) the office of a	a physician licensed by the				
		d and authorized to practice				
		e of Texas, unless the office				
	50 abortions in any	ose of performing more than 12-month period.				
		rements. All licensed abortion				, ,
		s and persons exempt from ly with §139.4 of this title] :
		Reporting Requirements for All				
	Abortions Performed	1).				
		nce was held with the facility f 1-7-19. The purpose and				
	process of the licens					
	discussed, and an o questions.					
	Continued licensure approved plan of co	is recommended, with an rrection.				
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Texas He	alth and Human Servio	ces Commission					
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SU COMPLE	JRVEY
	DF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			00111 22	
		008444	B. WING			01/08	B/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE			
		17070 RE	D OAK DRIVE			•	1
SUBURBA	N WOMENS MEDICAL	HOUSTON	I, TX 77090				į
(X4) ID			ID		OF CORRECTION		(X5)
• PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	TO THE APPROPR		DATE
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SUBURB	AN WOMENS MEDICAL	CENTER	RED OAK DRIVE SU FON, TX 77090	ITE 509	
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPL	SURVEY ETED
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	ROVIDER OR SUPPLIER	• · · · ·	ET ADDRESS, CITY, STA			
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SUBURB/	AN WOMENS MEDICAL	CENTER	STON, TX 77090	· · ·		
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN C (EACH CORRECTIVE AC		(X5) COMPLETE
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Texas He	alth and Human Servic	ces Commission	<u> </u>			
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NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
SUBURBA	N WOMENS MEDICAL C	CENTER	ED OAK DRIVE SUI DN, TX 77090	ITE 509		
	CI MANA DV ST	ATEMENT OF DEFICIENCIES	· · · · · · · · · · · · · · · · · · ·		N OF CORRECTION	(X5)
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	alth and Human Servi	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPL	
		008444	B. WING		01/0	8/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE		
SUBURBA	AN WOMENS MEDICAL	CENTER	ED OAK DRIVE S	SUITE 509		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE) CROSS-REFERENCED DEFICI	ACTION SHOULD BE	(X5) COMPLETE DATE
6 033	Continued From pag	e 9	6 033			
6 033		I and Environmental vironmental requirements for acility are as follows.	6 033	I, The Medical Dire maintaining equipr working condition The Cosmetic app instruments and ec properly maintaine consistent with TA	nents in safe will make sure earance of all uipments is d to be	02/28/
tu s p	properly constructed	nd sanitary environment, and safety of patients and		,		
	procedures can be p	ocedure room so that performed in a manner that I safety of all individuals in the				
, ;	sedation/analgesia,	te recovery room if moderate deep sedation/analgesia, or are administered at the				
	evacuation for fire an the facility's geograp member employed b facility shall be able responsibility to impl	protocol for emergency nd other disasters tailored to whic location. Each staff by or under contract with the to demonstrate their role or lement the facility's on protocol required by this				
		us cleaning solutions and ure manner and label			S	SS
	liquids. The facility n	city to provide patients with nay provide commercially ttients in individual servings.			Ame	
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE S COMPL	
			_			
		008444	B. WING		01/0	8/2019
AME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
SUBURBA		CENTER	ED OAK DRIVE SU	ITE 509		
		HOUSTO	ON, TX 77090			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
6 033	Continued From page 10		6 033			
	If other food is provid	led by the facility, it shall be ments of Chapter 228 of this				
		hand washing facilities for luding running water, and				
	(H) have two funct functioning toilet; and					
	instruments, equipme accordance with §13	t available to stenlize ent, and supplies in 9.49(d) of this title (relating standards) before use in the				
	be electrically safe a	for vacuum aspiration shall nd designed to prevent in facilities that provide				
	to existing buildings phased so that on-si minimize disruptions Access, exit ways, a maintained so that th	g alterations of and additions shall be programmed and te construction shall of existing functions. Ind fire protection shall be he safety of the occupants zed during construction.				
	Based on observatio failed to ensure a sa	not met as evidenced by: n and interview, the facility fe and sanitary environment, to protect the health and d staff at all times.			Ś	3
	Findings included:				Ame	ricai
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.			SURVEY
			A. BUILDING:			
		008444	B. WING		01	/08/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
UBURBA	N WOMENS MEDICAL	CENTER	ED OAK DRIVE ON, TX 77090	SUITE 509		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLA	N OF CORRECTION	(X5)
PREFIX TAG	•	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED	ACTION SHOULD BE TO THE APPROPRIATE CIENCY)	DATE
6 033	Continued From pag	je 11	6 033			
	During a tour of the January 8, 2019, alc	facility on the afternoon of ong with Clinic Nurse				
	(Employee ID #2) ar					
	finished exam lamp	1, a free standing chrome was seen to have visible				
	surface rust on the b In procedure room #	base of the unit. 				
	edges of the back a	surface rust on the bottom nd sides of suction mulation of dust and debris				
		inderneath and behind the				
		3, a suction machine was surface rust on the bottom				
	along with an accum	nd sides of the equipment nulation of visible dust on the f the suction equipment.				
	2019 at 3:30 p.m. co	nical nurse on January 8, onfirmed the findings of the				
		in the procedure rooms. Ted that she had not noticed				
6 041	TAC 139.56 Emerge	ency Services	6 041	I, The Medical Di		02/28
	accessible written p emergencies and th	on facility shall have a readily rotocol for managing medical e transfer of patients ergency care to a hospital.		provisions for cor safety. The Media concern for the m case was absolut	al Director's entioned specific	
		sure that the physicians who		sure the patient w I, The Medical Di sure the Clinic Er	as safe post op ector will make nergency service	3
		nitting privileges at a hospital rical or gynecological health		are in accordance	• with TAC 139.50	rica
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY
		008444	B. WING		01	/08/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
SUBURBA	AN WOMENS MEDICAL	CENTER	RED OAK DRIVE TON, TX 77090	SUITE 509		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT) CROSS-REFERENCI	LAN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETE DATE
6 041	care services and is miles from the aborti (2) provide the press (A) a telephone nu woman may reach the care personnel empt facility at which the a induced with access medical records, 24 assistance for any ca the performance or in ask health-related qu abortion; and (B) the name and nearest hospital to the woman at which and abortion would be tra- (b) The facility shall be equipment and perso resuscitation as deso (relating to Anesthess (c) Personnel provid be currently certified American Heart Asso Cross, or the America Institute, or in accord professional licensus responsibilities.	located not further than 30 on facility; gnant woman with: umber by which the pregnant he physician, or other health oyed by the physician or the abortion was performed or to the woman's relevant hours a day to request omplications that arise from induction of the abortion or uestions regarding the telephone number of the ne home of the pregnant emergency arising from the eated. have the necessary onnel for cardiopulmonary cribed in §139.59 of this title tia Services). ing direct patient care shall in basic life support by the potation, the American Red an Safety and Health dance with their individual re requirements, and if description or job	6 041	current CPR car (The State has r	not required irry or have CPR	02/28/1
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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A, BUILDING:			(X3) DATE SU COMPLE	
		008444	B. WING			01/0	8/2019
AME OF PR	OVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	ADDRESS, CITY, STATI	E, ZIP CODE			
UBURBA	N WOMENS MEDICAL	CENTER	ED OAK DRIVE SL ON, TX 77090	NTE 509	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED		BE	(X5) COMPLE DATE
6 041	Continued From page	e 13	6 041				
	woman at which an e abortion would be tre to ensure the person	e home of the pregnant emergency arising from the eated. The facility also failed nel providing direct patient ertified in basic life support b description or job					
1	Findings included:						
	reviewed the patient place of residence to and the facility provid number of Huntsville Huntsville, Texas as to her home of the pa provided to the patient	t of 22 clinical records s driver's license listed their be in Milwaukee, Wisconsin ded the name and telephone Memorial hospital in the hospital located nearest atient. The information nt was not the nearest of the patient's residence.					
		rmed in an interview with the administrator (Employee ID of January 7, 2019.					
	Physician/Administra documented a signer 12/04/2016 titled "SI Responsibilities: Over	ng of Januray 8, 2019 of ttor (Employee #1) file d job description dated WMC - Administrator", erall coordination of clinic esponsibilities:9) Have a ttion.					
	ID #1) employee file Adult/Child/Infant CF October 7, 2016 and	cain/Administrator (Employee documented an PR card with a date issued expiration date October 7, R card was documented in				S	33
		yee ID #1 on the morning		<u></u>	A	mer	ica
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		008444	B. WING			01/08/2019	; • :
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE			
		17070 R	ED OAK DRIVE S	UITE 509			
SUBURBA	AN WOMENS MEDICAL	HOUST	DN, TX 77090				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED		BE COM	(5) PLETE NTE ₁
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, ,	January 8, 2019 conf	îrmed he did not have a itional documentation was					
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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION]			
		140013	B. WING							
AME OF F	PROVIDER OR SUPPLIER	STREET #	DDRESS, CITY, ST.	ATE, ZIP CODE	04	/23/2019	-			
HOLE V	WOMAN'S HEALTH ALL	ANCE 8401 NO	RTH IH 35 SUIT							
(X4) ID	SUMMARY S	ATEMENT OF DEFICIENCIES	TX 76753	PROVIDER'S PLAN OF CORREC	TION					
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6 000	TAC 139.1 Initial Cor	nments	6 000							
	Note: The State Fom	is an official, legal				-		v		
	document. All information unchanged except for	ation must remain rentering the plan of								
	correction, correction	dates, and the signature								•
	citation(s) will be refe	rred to the Office of the								
	Texas Attorney Gene	ral (OAG) for possible fraud								
	provider/supplier, the	ertently changed by the State Survey Agency (SA)								
	should be notified imr	nediately,								
j	(a) Purpose. The purp	ose of this chapter is to								
	implement the Texas A	bortion Facility Reporting								
	Chapter 245, which p	aith and Safety Code, ovides the Health and	+							
	Human Services Com	mission with the authority erning the licensing and	· · · · · · · · · · · · · · · · · · ·							
	regulation of abortion	facilities and to establish						•		
	annual reporting requi	rements for each abortion er also implements the								
	Woman's Right to Kno Code, Chapter 171.	w Act, Health and Safety	**************************************							
*******	(b) Scope and applical	bility.								
	(1) Licensing requirer	nents.				ĺ				•
	abortion facility in Texa	ot establish or operate an s without a license issued								
(I	under this chapter unle from licensing requiren	ess the person is exempt								
1	(B) The following nee his chapter:	ed not be licensed under								
5	(i) a hospital license Safety Code, Chapter 2	d under Health and 241;								
	(ii) an ambulatory s	urgical center licensed						S'S		
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		140013	B. WING	B. WING		
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			23/2019
		8401 NC	ORTH IH 35 SUITE 2			
HOLE W	OMAN'S HEALTH ALLI		I, TX 78753			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
6 000	TAC 139.1 Initial Cor	mments	6 000			
	correction, correction space. Any discrepan citation(s) will be refe Texas Attorney Gene If information is inady provider/supplier, the should be notified im (a) Purpose. The pur implement the Texas and Licensing Act, H Chapter 245, which p Human Services Corr to establish rules gov regulation of abortior annual reporting requ performed. This chap Woman's Right to Kr Code, Chapter 171.	ation must remain or entering the plan of n dates, and the signature ncy in the original deficiency erred to the Office of the eral (OAG) for possible fraud. vertently changed by the e State Survey Agency (SA) mediately. The state Survey Agency (
	(b) Scope and applic(1) Licensing requir					
	(A) A person may abortion facility in Te:	not establish or operate an xas without a license issued nless the person is exempt				
	(B) The following r this chapter:	need not be licensed under			S.	ß
	(i) a hospital licer Safety Code, Chapte	nsed under Health and er 241;			Amer) ican
	(ii) an ambulatory	/ surgical center licensed			Ini	tor
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		140013	B. WING	04/	04/23/2019	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		04/	23/2019
		8401 N	ORTH IH 35 SUITE 2			
WHOLE W	OMAN'S HEALTH AL	LIANCE AUSTI	N, TX 78753			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
6 000	Continued From pa	age 1	6 000			
	under Health and S	Safety Code, Chapter 243; or				
	Texas Medical Boa medicine in the Sta	a physician licensed by the and authorized to practice the of Texas, unless the office pose of performing more than 12-month period.				
	facilities and faciliti- licensing shall com (relating to Annual Abortions Performe An entrance confer Director of Clinical 04/22/19. The purp	uirements. All licensed abortion es and persons exempt from ply with §139.4 of this title Reporting Requirements for All ed). rence was held with the facility Services on the morning of tose and process of the were discussed, and an				
	opportunity given for Continued licensure approved plan of co	e is recommended, with an				
	Director of Clinical Coordinator on the Preliminary findings	was held with the facility Services and Clinical afternoon of 04/23/19. s of the survey were opportunity given for				
6 033	TAC 139.48 Physic Requirements	cal and Environmental	6 033			
		nvironmental requirements for facility are as follows.			S.	R
	(1) A facility shall:				S.	
		and sanitary environment, ed, equipped, andmaintained			Ameri	can
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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE S COMPL	
		140013	B. WING		04/2	23/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, STATI	E, ZIP CODE		
	OMAN'S HEALTH ALL	IANCE 8401 NC	ORTH IH 35 SUITE 2	200		
			, TX 78753			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
6 033	Continued From pag	e 2	6 033			
	to protect the health staff at all times;	and safety of patients and				
	procedures can be p	ocedure room so that erformed in a manner that safety of all individuals in the				
ç	sedation/analgesia, o	te recovery room if moderate deep sedation/analgesia, or are administered at the				
	evacuation for fire an the facility's geograp member employed b facility shall be able to responsibility to impl	protocol for emergency ad other disasters tailored to hic location. Each staff y or under contract with the to demonstrate their role or ement the facility's on protocol required by this				
		us cleaning solutions and ure manner and label				
	liquids. The facility m packaged food to pa If other food is provid	city to provide patients with nay provide commercially tients in individual servings. ded by the facility, it shall be ements of Chapter 228 of this il Food);				
		hand washing facilities for luding running water, and			S.	ŝ
	(H) have two funct functioning toilet; and				Ameri	can
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE COMP	
		140013	B. WING		04/	23/2019
	ROVIDER OR SUPPLIER VOMAN'S HEALTH ALL	IANCE 8401 NO	ADDRESS, CITY, S DRTH IH 35 SUIT I, TX 78753			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
6 033	 (I) have equipment instruments, equipm accordance with §13 to Infection Control S facility. (2) The equipment be electrically safe a reverse pump action vacuum aspiration. (3) Projects involvin to existing buildings phased so that on-si minimize disruptions Access, exit ways, a maintained so that th shall not be jeopardia 	at available to sterilize ent, and supplies in 19.49(d) of this title (relating Standards) before use in the for vacuum aspiration shall nd designed to prevent in facilities that provide ag alterations of and additions shall be programmed and te construction shall of existing functions. nd fire protection shall be he safety of the occupants zed during construction.	6 033	The Clinic Manager is respons insuring the physical and environmental safety for all pa that come to WWHA. The Clinic Manager installed a the door of the laundry room 04/24/2019 to ensure that pa not able to access hazardous of solutions. Staff was instructed 4/24/2019 to ensure that they	atients a lock on on tients are cleaning d on	04/24/20
	store hazardous clea compounds in a secu increases the risk of Findings were: During a tour of the f unlocked laundry roo Caviwipes, Lysol spr Citrace deodorizer. The above was confi	ure manner. Failure to do so		initiating the lock after each a any hazardous cleaning soluti In order to monitor continued compliance, the Clinic Manag randomly observe that the sta utilizing the lock after each ac 90 days to ensure that only sta access to hazardous cleaning s	ccess to ons. d er will ff is cess for aff has	S icans

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE S COMPL	
140013		B. WING				
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		04/2	23/2019
	ROVIDER OR SUPPLIER		ORTH IH 35 SUITE 2			
VHOLE W	OMAN'S HEALTH ALL	IANCE AUSTIN	l, TX 78753			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
6 041	Continued From pag	e 4	6 041			
6 041	TAC 139.56 Emerge	ncy Services	6 041			
	accessible written pr emergencies and the requiring further eme	ergency care to a hospital. ure that the physicians who				
	that provides obstetr	itting privileges at a hospital ical or gynecological health located not further than 30 on facility;				
	(2) provide the preg	nant woman with:				
	woman may reach th care personnel empl facility at which the a induced with access medical records, 24 assistance for any co the performance or in	Imber by which the pregnant ne physician, or other health oyed by the physician or the abortion was performed or to the woman's relevant hours a day to request omplications that arise from nduction of the abortion or uestions regarding the				
	nearest hospital to th	telephone number of the ne home of the pregnant emergency arising from the eated.				
		onnel for cardiopulmonary cribed in §139.59 of this title			S	S
		ng direct patient care shall in basic life support bythe			Ameri	can
- State Fo	rm		6899 DIL	NA/4.4		ationshare
			PIF	łW11	for	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	AN OF CORRECTION IDENTIFICATION NUMBER:		(X3) DATE SURVEY COMPLETED	
		140013				
	ROVIDER OR SUPPLIER		ADDRESS, CITY, S		04/2	23/2019
	CONDER OR SUFFLIER		ORTH IH 35 SUI			
HOLE W	'OMAN'S HEALTH ALL	IANCE	I, TX 78753			
(X4) ID PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE DATE
TAG	REGULATORTOR	R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
6 041	Continued From pag	ie 5	6 041			
				The Clinic Menager is response	uble for	05/21/20
		ociation, the American Red an Safety and Health		The Clinic Manager is response		
		dance with their individual		providing each pregnant patie		
		re requirements, and if		the name and telephone numb		
	required in their job	-		nearest hospital to the home of		
	responsibilities.			pregnant patient at which an e		/
				arising from the abortion wou treated.	ld be	
	This Requirement is	not met as evidenced by:				
	Based on a review of	f documentation and		The Director of Clinical Servic		
	interview the facility	failed to ensure that the		conducted a re-training on 05.		
	physicians who prac	tice at the facility provide the		with the Whole Woman's Hea	lth Clinic	
	pregnant woman wit	h: the name and telephone		Coordinator, and all clinical st	aff.	
		st hospital to the home of the		Aftercare staff will review nor	mal and	
		which an emergency arising		abnormal signs and symptoms	s with the	
	from the abortion wo	ould be treated.		patient, and what to do if an el should arise from their abortio	mergency	
		d to ensure that personnel		are aware they will the US hos		
		ent care shall be currently		finder to look up the nearest h		
		support by the American				
		ne American Red Cross, or		and phone number, provide th		
	-	and Health Institute, or in		information to the patient, and		
		ir individual professional		document the information on		
		nts, and if required in their job		surgical record in the aftercare	e section.	
	description or job res	sponsibilities.		In order to monitor continued	1	
	Findings included:			In order to monitor continued compliance, the Clinic Manage	er will	
	Review of modical r	ecords revealed the following:		monthly conduct chart audits		
		ecords did not have		that staff is documenting near	est	
		the name and telephone		hospital and phone number or	ר the	
		st hospital to the home of the		surgical record.		
		which an emergency arising			~	
		ould be treated was provided				h
	to the patient.				Nº N	ĸ
	-	5 indicated on their				
		at they lived in Uvalde, Texas.				
		charge paperwork, they were		A	moni	0000
		me and phone number for a		A	meri	Calls
		ocated on Del Rio, Texas.		T	Ind	toc
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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		140013	B. WING		04/23/2019	
					04/2	5/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, S			
WHOLE W	OMAN'S HEALTH ALL	IANCE	, TX 78753			
(X4) ID	SUMMARY S		ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	COMPLET DATE
6 041	Continued From page	ge 6	6 041			
	This would not be th	e name and telephone				
		est hospital to the home of the				
		l be in Uvalde, Texas.				
		1 listed their home address				
		However on their discharge e provided with the name and				
		Medical Services Center.				
		provided was for a family				
		would not be the name and				
		f the nearest hospital to the				
	-	The nearest hospital would				
		as. Also a physician office is				
	not a hospital.	3 listed their home address				
	in San Antonio, Texa					
		k, they were provided with the				
		mber for a free standing				
		h Austin Texas, this would not		The Clinic Manager is responsib		04/23/2
		ephone number of the		ensuring all staff providing dire		
		he home of the patient. The		patient care will be currently ce	rtified in	
	-	uld be in San Antonio, Texas. g emergency clinic is not a		basic life support.		
	hospital.	g emergency clinic is not a				
				The staff member #10 was notif		
	The facility based jo	b description for Medical		they were out of compliance and		
	Assistant stated in p			deadline to complete course. Th		
		eneral Requirements		member was attending the CPR the time of the inspection. On	ciass at	
	* Certification in Bas	ac Life Support.		04/23/2019 staff member did c	omnlete	
	Review of personne	I files revealed the following:		the approved Basic Life Support		
		D's CPR expired in February		training successfully and a copy		
	2019.			completed training was placed i		
				staff personnel record.		
		4/23/19 staff member # 12			Cur	2
	confirmed the above	e indings.		In order to monitor continued	Cri	\mathbf{O}
				compliance, the Clinic Manager		
				conduct monthly personnel cha		can
				to ensure that all staff Basic af		Lall
				Support CPR training is current	nit	0
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Texas Department of State Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING ð B. WING 140000-03/20/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3256 LACKLAND ROAD WHOLE WOMANS HEALTH OF FORT WORTH, LLC: FORT WORTH, TX 76116 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION D (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 000 Initial Comments A 000 Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of i lad 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. REVIEWED An entrance conference was held with the Clinic Manager the morning of 3-19-18. The purpose APR 10 2018 and process of the licensure resurvey were BY: Weinda Wilson, p) 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. A 043 A 043 Quector of augral 1 TATIVE'S SIGNATURE If continuation sheet 1 of 13

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AME OF PROVIDER OR SUPPLIER 140000 B. WING 03/20/2018 AME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE ZIP CODE 3256 LACKLAND ROAD FORT WORTH, LLC FORT WORTH, TX 76116 STREET ADDRESS. CITY, STATE ZIP CODE	Texas De	partment of State He	alth Services			5	FURMA	PROVED
14000 B.WMS 103/20/2018 AME OF PROVIDEROR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE INFOLE WOMANS HEALTH OF FORT WORTH, LLC Task LockMan Road Provide and the strength of the str	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SUR COMPLETE	VEY ED
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Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: ŭ B. WING 140000 03/20/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3256 LACKLAND ROAD WHOLE WOMANS HEALTH OF FORT WORTH, LLC FORT WORTH, TX 76116 PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES iD COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY A 143 A 143 Continued From page 3 A 143 A 143 A 156 A 156 TAC 139.44(c) Orientation/Training/Demonstrated Competency. (c) The facility shall ensure that staff responsible SOD - State Form fromtinuation sheet STATE FORM 6892 GQMD11 ją.

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HOLE W	OMANS HEALTH OF	FORT WORTH LLC	KLAND ROAD			
170.0	SUMMARY	STATEMENT OF DEFICIENCIES	DRTH, TX 7611	<u>i na seconda da da companya da</u>	PLAN OF CORRECTION	(X5)
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A 156	Continued From pa	age 4	A 156		n ya zalana ila izalakin nanazari a ila akina akina kura ku	
	trained by the facil §139.49(d) of this Control Standards	ntical surgical instruments are ity to meet the requirements of title (relating to Infection) and demonstrate competency terilization procedures at the				n de service de la constante de la constante de la constante de la constante de la constante de la constante d
	Based on a review interview with staff that staff responsil surgical instrumen meet the requirem (relating to Infection demonstrate comp	is not met as evidenced by of personnel records and an , the facility failed to ensure ble for sterilization of critical ts were trained by the facility to ents of §139.49(d) of this title on Control Standards) and betency in performing the Jures at the facility.				
	personnel record f for sterilization at documentation that sterilization or den performing the ster facility. The person marked "Setting u training was document staff #13, she stat medical assisting instruments, but in sterilizer machine that the clinic man operate the machine documentation of personnel file for s	onfirmed in an interview with the		responsible for sterilization requirements. All WWH staff are current competency on sterilization approach to staff fraining in performing sterilization immediately, we will updo checklist to specifically 1 A staff in service with all conducted on 04/11/2018 user manual and to updat To monitor continued co utilize the updated comp	sponsible for ensuring that staf in are trained to meet facility only trained and have demonstra- on procedures. We take a proad- and compliance with competen r procedures, and so effective ate our current competency ate our current competency st autoclave model numbers. trained pathology staff will be to review current autoclave ma- e current training documentation mpliance, the Clinic Manager ve- tency checklist when training of clinic staff files monthly.	ated frive 04/11/201 odel m. vill new Cans
D - State F		the afternoon of 3-20-18.	: 	n and a state of the state of t	Uni	
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Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL A. BUILDING	ECONSTRUCTION	(83)	DATE SURVE	e.
		140000	B. WING	an an an an an an an an an an an an an a		03/20/201	18
NAME OF PR	NOVIDER OR SUPPLIER	STREEFAD	DRESS, CITY, SI	ATE, ZIR CODE			
WHOLE W	OMANS HEALTH OF F	ORT WORTH LLC	KLAND ROAD				
terreterester po		FORT WO	RTH, TX 7611	Conservation of the second sec	AN OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI CROSS-REFERENCE	VEACTION SHOULD BE D TO THE APPROPRIATE ICIENCY)	CO	(X5) MPLETE DATE
A 197	Requirements	hysical & Environmental	A 197			an an an an an an an an an an an	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	a licensed abortion 1 (1) A facility shall: (A) have a safe and properly constructed	acility are as follows sanitary environment, equipped, and maintained and safety of patients and	a de la constante en la constante en la constante en la constante en la constante en la constante en la consta			-	
:	Based on a tour of t documentation, the safe and sanitary er constructed, equipp the health and safet times.	not met as evidenced by: he facility and a review of facility failed to maintain a wironment, properly ed, and maintained to protect y of patients and staff at all		The Clinic Manager is resp		physical	:
	an unsecured labor procedure and cons refrigerator contain Pitocin®, Methergir vaccine), Depo-Pro External shipping b of the clean instrum	ation refrigerator was found in atory area, adjacent to patient sultation rooms. The ed medications such as ne®, Engerix-B® (Hepatitis B vera® and RhoGAM®. oxes were found on the floor nent/sterilization preparation ument wrapping cloth was on the floor.	A197	and environmental requiren Whole Woman's Health of sanitary environment for or question was in a non-path only signs. In order to furth placed on the door to comp from patients. An in-service will be held review ensuring that the ab when patients are in the bu	Fort Worth maintains a r patients. The refrigera at care area, with posted er secure the area, a loc letely seal the laboratory n 04/11/2018 with all st ove mentioned lock is se	tor in staff k will be γ area. 04/1 aff to	1/2018
DD-State F	milliliters per vial) b quantity of 63 vials for the same medic	ed® single dose vials (2 y the surveyor revealed a A review of the narcotic count ation revealed that there			Un	erica l ite	d
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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	ECONSTRUCTION		(X3) DATE SL COMPLE		
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	OVIDER OR SUPPLIER OMANS HEALTH OF F	ORT WORTH LLC	ADDRESS, CITY, S CKLAND ROAI IORTH, TX 761		*		
(4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	id Prefix TAG	(EACH CORRECTIV CROSS-REFERENCE	N OF CORRECTION E ACTION SHOULD TO THE APPROPE CIENCY)	BE I	(X5) COMPLET DATE
	Continued From page 6 should be 64 vials. The quantity on the narcotic count sheet had been performed by staff #11 and verified by staff #13. In an interview with staff #11, 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		A.197 A197	Whole Woman's Health of F tight containers to store "insh wrap) An in-service will be held on review receiving, unpacking In order to monitor complian check monthly to ensure that correctly.	ument wrapping cl 04/11/2018 with al and storing clinic su ce, the Clinic Mana clinic supplies are ed by the Clinic M	oth" (CSR II staff to upplies, iger will, stored	04/11/2018
	medication log. Facility policy titled " Practices" states, in "Controlled Medicati 1) Each day, prior to any medications, tw count each drug on Log.	Medication Therapy part:		the clinic nurse. The narcoti narcotic count deviation was The Director of Clinical Serv with all clinic management i current Whole Woman's He Practice policy on 04/12/201 In order to monitor continue Manager will complete a too and count.	completed: ices will conduct a nd nursing staff to the Medication The 8 1 compliance, the C	n ins-service review the rapy	04/12/201
	1. Each patient adm medication will be lo Medications Log. Th of medication admir Controlled Medicati 1. Each deay that C administered, at the	inistered controlled ogged in the Controlled is patient name and amount istered will be recorded. ons Closing Count ontrolled Medications are end of the day, two staff will count each drug on the			× ••	4. Solution of the second se Second second Second second s Second second br>Second second	
	6. The second staff count."	person will verify the reported firmed in an interview with the he afternoon of 3-20-18.	A 201	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		S.S.	5
	Requirements) Physical & Environmental			An U	nit	ans ec
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	ne stand and the second second second	140000	B. WING	ter talente vil etymeter terreter and	03/2	20/2018
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	OMANS HEALTH OF I	FORT WORTH, LEC	ORTH, TX 7611	6		
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A 201	Continued From pa	ge 7	A 201			
		vironmental requirements for facility are as follows.				
	(1) A facility shall:	benefiting the second from a second second		9. 		
		cleaning solutions and				
		cure manner and label	2			The second second second second second second second second second second second second second second second s
	substances;	···				1. 1977 - C. 87-1
		ty to provide patients with				
		may provide commercially atients in individual servings.		100 FT 1		
	If other food is prov	ided by the facility, it shall be				
		rements of §§229.161 -				
		(relating to Texas Food				7 455 2.50
	Establishments);					
	This Ponuirement	s not met as evidenced by:				
		the facility, the facility failed to	A201	The Olinic Manager is resno	nsible for ensuring the physica	il I
		eaning solutions and	A201		environmental requirements	
]	compounds in a se	cure manner.		are met.	5 ev.	
		ст.		Cabinet locks will be installe	d in all patient care areas. An	
	Findings were:			in-service will be held on 04/	11/2018 to review procedures	04/11/20
	During a four of the	facility on 3-19-18, hazardous		to ensure that all cleaning so cabinets during patient care l		
		and compounds were found in				
		unsecured, throughout the		to ensure continued complia ensure that all locks are work	nce, the Clinic Manager will ing properly during monthly	
	facility.			site inspection.	ವಗಡಬಾದ್ಯ ಕಾಂತರ್ಮ ನಾಂ	
	The share in a second	nfirmed in an interview with the				0. 0.01
		the afternoon of 3-19-18.	- 124 24252			
	Chine Manager on		A 328			-
A 328	HSC Code D173 ()63(d)((1)(2)(e)(1)(2)(f)				14 14 19
	Abortion-inducing		and the second se		-0	
			1		Cre	
		who gives, sells, dispenses, 👒			C'r	
		les, or prescribes an				1
	woman with:	trug shall provide the pregnant		×.	Ameri	can
		inal printed label of that			.	
		ere viewen ook in the end of the second second second second second second second second second second second s			n1	P
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Texas Department of Sta	te Health Services
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLU

Texas De	partment of State Heal	th Services				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER				(X3) DATE S COMPL		
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A 328	Continued From page	e 8	A 328	1 . dis 1 (2) his columns the star of a section (2) high Date	29 - Jande of Landard Linner, 1981, p. 1. 1991, and	
	abortion-inducing dru (2) a telephone number woman may reach the care personnel emploi the facility at which the with access to the wor- records, 24 hours a car any complications the administration or use health-related questi administration or use (e) The physician wor- administration or use (e) The physician wor- administration or use follow-up visit, the phy- (1) confirm that the terminated; and (2) assess the degree (1) The physician wor- administers, provide abortion-inducing dru shall make a reason woman returns for the under Subsection (e- physician's agent shi description of any ef-	ig; and ber by which the pregnant is physician, or other health oyed by the physician or by the abortion was performed oman's relevant medical day to request assistance for at arise from the of the drug or ask ons regarding the of the drug. The gives, sells, dispenses, s, or prescribes the ig, or the physician's agent, ow-up visit for the woman to 14 days after the of the drug. At the hysician must: pregnancy is completely ee of bleeding: o gives, sells, dispenses, s, or prescribes the ug, or the physician's agent, able effort to ensure that the te scheduled follow-up visit). The physician or the			Ameri	Sans
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A 328	Continued From pag	e 9.	A 328			
	Based on a review o physician who gave, administered, provid abortion-inducing dru did not make a reaso the woman returned visit under Subsection physician's agent did description of any ef subsection, including				βų į	
	had received a medi (medical procedure) patients (medical pro return for her schedu clinical record conta	e reviewed for 6 patients who cal abortion procedure patients #1- #6). 1 of the 6 ocedure patient #2) did not uled follow-up visit; but the ined no documentation of any ontact the patient when she	A328	with all policies regarding mo Whole Woman's Health of requirements set forth in HS D173.063(d)((1)(2)(e)(1)(2) by contacting medical proce return for the follow up 3 ti #2 was contacted after not r such calls were documented book.	Fort Worth complies with the C Code, (1) Abortion-Inducing Drugs dure patients who do not nes. Medical procedure patient etuming for her follow up and in our Mifeprex follow up	
	Medical Abortion Fo "A designated stat supervision of the C responsible for mon received Mifeprex re (S)he will keep track follow up appointme follow up appointme phone 3 x's [three ti contacts will be kep book and in the pati	Policy for Management of Ilow Up" states, in part: If member under the direct linic Manager will be itoring that every patient who sturned for their follow up visit. of any patient who misses a int and if a patient misses a int she will be contacted by s mes]. Documentation of these t in the Mifeprex Follow up ent's medical record."		Management of Medical Al reinforce the requirement to in patient medical record.	e Woman's Health Policy for ortion Follow Up and also document follow up calls ce, the Clinic Manager will	S
)-State F	Page 1	a na sana ana ang kana ang kanang br>Kanang kanang	<u>I</u>			
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A 356	TAC 139.56(b)(c) En	Iergency Services	A 356			S'2	
	(b) The facility shall h						
	equipment and perso	nnel for cardiopulmonary			An	nerica	ns
	resuscitation as desc (relating to Anesthes	ribed in §139,59 of this tille. ia Services).				nito	1
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	be currently certified American Heart Ass Cross, or the Americ Institute, or in accord	ing direct patient care shall in basic life support by the ociation, the American Red an Safety and Health lance with their individual re requirements, and if description or job				n no martinina, anto a 1000 angola ngananian ing nang
and and a state of the	Based on a review of failed to ensure that patient care were ce the American Heart Red Cross, or the A	not met as evidenced by: f documentation, the facility all personnel providing direct rtified in basic life support by Association, the American merican Safety and Health dance with their individual re requirements.				and a state of the second second second second second second second second second second second second second s
54 24 mil 100 000 000 000 000 000 000 000 000 00	Findings were:	بې	بالم مراجعة الم م	The Clinic Manager is respon- direct patient care shall be curr support by the American Heart	ently certified in basic life	ling fe
tan Antonio de la seconda de la seconda de la seconda de la seconda de la seconda de la seconda de la seconda de la Antonio de la seconda de la seconda de la seconda de la seconda de la seconda de la seconda de la seconda de la	personnel record for (cardiopulmonary re	ersonnel records, the r staff #15 contained CPR suscitation) certification	A356	Staff member #15 will complet on or before 04/13/2018.		port 04/13/2015
station of the static state of the state of	the card stated "Thi individual has succe National Cognitive I ProTrainings Curric Association® guide) on 2-21-17. A statement on s card certifies that the essfully completed the Evaluation in accordance with ulum and the American Heart lines." The card gave no		In order to monitor compliance prepare a list of certified basic trainers and complete a month	life support accredited	
	skills demonstration associated with can This presents a risk	#15 had performed a return to verify the hands-on skills diopulmonary resuscitation. that staff may not be nd in a medical emergency.			. 8	ß
	National Safety Con http://news.hsi.com	th & Safety Institute and the uncil website found at /onlineonlycpr reveals that, y recognized training program			Ame	erican
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A 356	in the United State practice and evalu According to the C Administration (OS not meet OSHA fir requirements." Fur https://www.osha.	age 12 as endorses certification without ation of hands-on skills. Occupational Safety and Health SHA) online training alone does st aid and CPR training other guidance can be found at gov/pls/oshaweb/owadisp.show a=INTERPRETATIONS&p_id=	A.356			
		nfirmed in an interview with the the afternoon of 3-20-18.			- -	
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6 000	TAC 139.1 Initial Co	mments	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. (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 applic(1) Licensing requir	-				
	abortion facility in Te	not establish or operate an xas without a license issued nless the person is exempt ements.				
	(B) The following this chapter:	need not be licensed under			S	ß
	(i) a hospital lice Safety Code, Chapte	nsed under Health and er 241;			Amer) ican
	(ii) an ambulator	y surgical center licensed			IIni	tor
- State Fo		/SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITLE		(X6) DATE

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Texas De	partment of State Hea	Ith Services				
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	under Health and Saf	fety Code, Chapter 243; or				
	Texas Medical Board medicine in the State is used for the purpos 50 abortions in any 12 (2) Reporting require facilities and facilities licensing shall comply (relating to Annual Re Abortions Performed) An entrance conferent Administrator on 11/0 process of the licensu discussed, and an op questions. The surve the Texas Administrat 139 Abortion Facility An exit conference wa Administrator on the a Preliminary findings of discussed, and an op	ements. All licensed abortion and persons exempt from y with §139.4 of this title eporting Requirements for All). nee was held with the Facility 17/18. The purpose and ure resurvey were oportunity given for ey will be conducted using tive Code Title 25, Chapter Licensing Regulations. as held with the Facility afternoon of 11/07/18. of the survey were oportunity given for e thanked for their time and survey.			Ş	
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	should be notified in	e State Survey Agency (SA) mmediately,					
	(a) Purpose. The pu	rpose of this chapter is to					İ
	implement the Texas	5 Abortion Facility Reporting					!
	Chapter 245, which	lealth and Safety Code, provides the Health and				1	
i	Human Services Co	mmission with the authority					
	to establish rules go	verning the licensing and in facilities and to establish					
	annual reporting rec	uirements for each abortion					
	performed. This cha	pter also implements the	1				
	Code, Chapter 171,	now Act, Health and Safety					1
 	b) Scope and appli	cability.					
	(1) Licensing requi	irements.					
	(A) A person may	not establish or operate an			· · .		1
		exas without a license issued					1
	trom licensing requi	inless the person is exempt rements.					-CC-
	(B) The following	noed not be licensed under					SAS
	(i) a hospitat line	ensed under Health and					
	Safety Code, Chap					An	nerica
	(ii) an ambulato	ry surgical contor licensed					nite
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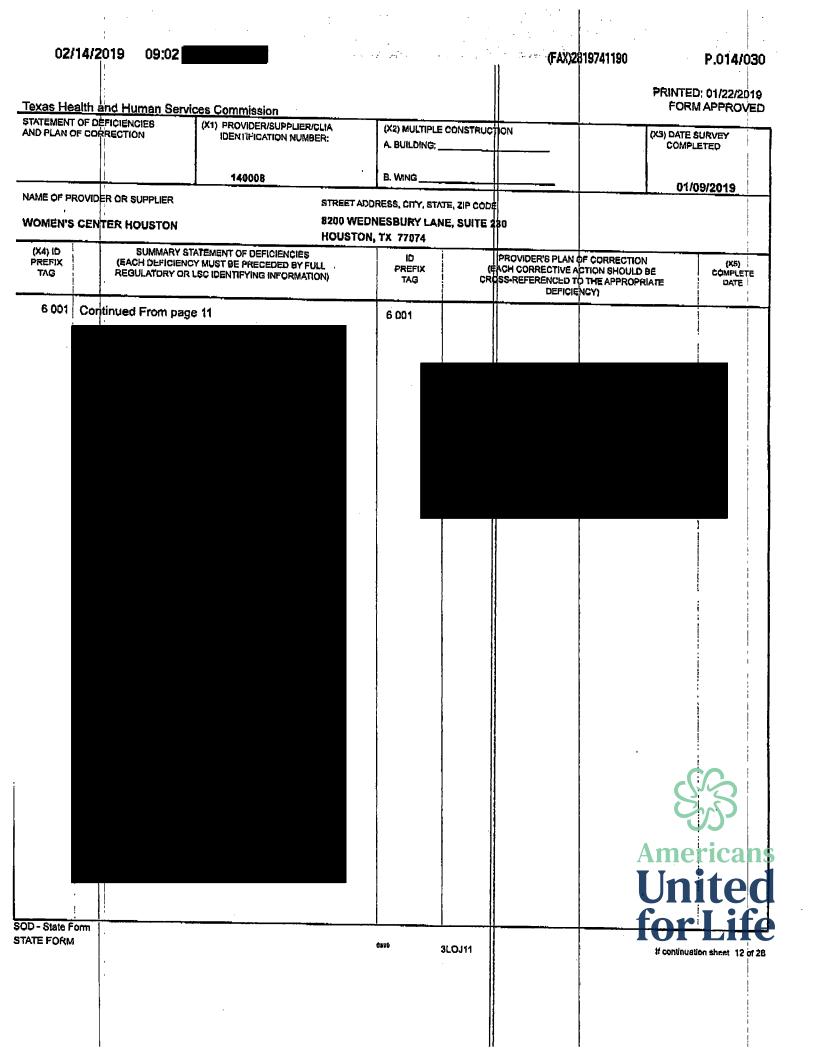
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6 D4	1 TAC 139.56 Emerg	gency Services	6 041				
	(a) A licensed abo	rtion facility shall have a readily					
	accessible written	protocol for managing medical the transfer of patients					
	requiring further e	mergency care to a hospital. Insure that the physicians who					
	practice at the fac						
	(1) have active a	dmitting privileges at a hospital					
		tetrical or gynocological health I is located not further than 30					1
	miles from the ab	ortion facility;					
	(2) provide the p	pregnant woman with:					20
		e number by which the pregnant					85
	care personnel er	h the physician, or other health mployed by the physician or the					
	induced with acco	ne abortion was performed or ess to the woman's relevant				Ar	nerica
	medical records,	24 hours a day to request y complications that arise from					nite
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	nearest hospital to t woman at which an	telephone number of the he home of the pregnant emergency ansing from the					1	
	abortion would be tr							
	(b) The facility shall equipment and pers	have the necessary connel for cardiopulmonary		The of	fice administ	rator will	provide	3-30-1
		scribed in §139.59 of this title		home	with hospital	name, a	ddress,	:
	-	•		and p	hone number d, and dated	i, which v	vill be	
		ding direct patient care shall d in basic life support by the		j.g.ie.				
	American Heart As	sociation, the American Red						· .
		ican Safety and Health rdance with their individual						•
	professional licensu required in their job	ure requirements, and if						
	responsibilities.	description of job						:
		is not met as evidenced by:						•
		of documentation and y failed to ensure that the		1				;
		actice at the facility provide the						i
		vith: the name and telephone rest hospital to the home of the						i
	pregnant woman a	t which an emergency arising					C	
	from the abortion v	vouid de treated.					<u>C</u>	2
	Findings included:						ų C	<i>xy</i>
		records revealed the following:					Amo	rico
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	number of the nea	rest hospital to the home of the					Uni	ITP
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 6 045 Continued From page 27 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 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. 			pro dist con me tota	e office admi vide a daily ribution forn tain the data dication,dos il amount dis hitored by La	medication , which wil aname of age ,quanti spensed, w	l ty and ill be	-30-19		
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CASE NO. 1068112613

9

IN THE MATTER OF

REPRODUCTIVE SERVICES

EL PASO, TEXAS

BEFORE THE

DEPARTMENT OF STATE HEALTH SERVICES

AUSTIN, TEXAS

Americans

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 16 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 cashiers 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 privational violations that Respondent may commit and may consider this Order in the processing of any nited other enforcement actions. for Life

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;
- 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;
- 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.

Hatturn C. Luchis

Kathryn C. Perkins, RN, MBA Assistant Commissioner Division for Regulatory Services

Agreed As to Form; Mu V Bam

Mark J. Hanna, Attorney Law Offices of Hanna & Anderton

Date

Agreed As to Form and Substance:

President

Reproductive Services License Number 007263

November 3,2011 Date





TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D. COMMISSIONER P.O. Box 149347 Austin, Texas 78714-9347 1-888-963-7111 TTY: 1-800-735-2989 www.dshs.state.tx.us

June 2, 2011

Certified Mail Number 7010 2780 0002 9830 3707 and First Class Mail Service

Administrator 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

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 and 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 content of the performance of the performa

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

Notice of Violation Reproductive Services Page 2

• 25 TAC §139.60. Other State and Federal Compliance Requirements (I) 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:

- 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 CALENDER DAYS AFTER YOU RECEIVE THIS NOTICE. If you do not respond to this notice, mericans

- 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 form of fee \$1,300.00 by default.

United



Notice of Violation Reproductive Services 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





V OFFICES OF HANNA & ANDERTON

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

Respondent's Frinted Name

DO 7263 License Number



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





TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D. COMMISSIONER P.O. Box 149347 Austin, Texas 78714-9347 1-888-963-7111 TTY: 1-800-735-2989 www.dshs.state.tx.us

Americans

Rd t **E**C

September 14, 2011

<u>Certified Mail Number 7010 1870 0001 3528 7066</u> and First Class Mail Service

, 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

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 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.

Notice of Violation Whole Women's Health of Fort Worth, LLC Page 2

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:

- 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
- 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 **frount** \$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



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

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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, INS posted by the Department on February 12, 2013, (Remittance No. M150344000PI. Respondent signed a Response document, which is adopted and incorporated by reference into his Dider, d admitting to the conduct and violation outlined in the Notice, accepting the assessment of an earling administrative penalty, agreeing to the issuance of an Order for an administrative peralty and earling 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 _____ day of _____ 2013.

Kathryn C. Perkins, RN, MBA Assistant Commissioner Division for Regulatory Services





TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D. COMMISSIONER P.O. Box 149347 Austin, Texas 78714-9347 1-888-963-7111 TTY: 1-800-735-2989 www.dshs.state.tx.us

January 31, 2013

<u>Certified Mail Number 7010 2780 0002 9830 3714</u> and First Class Mail Service

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

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 spired e 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.

Notice of Violation Reproductive Services Page 2

• 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:

- 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, cans regarding the occurrence of the alleged violation, the amount of the penalties tred both; or,
- 3) Submit a written request for a contested case hearing to be held **a bet** 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 \$500.00 by default.

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 4505.

Sincerely,

Imi

Adrian Watson, Enforcement Specialist Division for Regulatory Services Enforcement Unit

Enclosure



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.

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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

2/6/13 DATE

008033

License Number



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.

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SIGNATURE

DATE

Respondent's Printed Name

License Number





TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D. COMMISSIONER P.O. Box 149347 Austin, Texas 78714-9347 1-888-963-7111 TTY: 1-800-735-2989 www.dshs.state.tx.us

Americans

January 31, 2013

<u>Certified Mail Number 7010 2780 0002 9830 3714</u> and First Class Mail Service

, 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 :

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 e 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.

An Equal Opportunity Employer and Provider

Notice of Violation All Women's Medical Center Page 2

• 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:

- 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 of 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.

An Equal Opportunity Employer and Provider

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 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 \$500.00 by default.

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 4505.

Sincerely,

dring L Sal

Adrian Watson, Enforcement Specialist Division for Regulatory Services Enforcement Unit

Enclosure



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



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IN THE MATTER OF

REPRODUCTIVE SERVICES

HARLINGEN, TEXAS

BEFORE THE

DEPARTMENT OF STATE HEALTH SERVICES

AUSTIN, TEXAS

Americans

for Life

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 *faxed 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 cashiers 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.

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06/14/2013

12:50

12:40:05 p.m. 06-14-2013

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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:

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- 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;
- 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;
- 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
- 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 ______ day of ______ __, 2013.

Kathun C. Perkins, RN, MBA

Assistant Commissioner Division for Regulatory Services

Agreed As to Form and Substance:

Administrator 🗸

Reproductive Services License Number 008700

Date

VIC NEXTHING 17



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

DATE

Respondent's Printed Name

License Number





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

I COPY

DAVID L. LAKEY, M.D. COMMISSIONER

January 31, 2013

Certified Mail Number 7010 2780 0002 9830 3721 and First Class Mail Service

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

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 ascess 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 cays of its ans receipt of the Statement of Deficiencies regarding the operations at the Facility As of the October 12, 2012, an acceptable plan of correction for the deficiency liter 11 the O 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 O December 21, 2012, of \$100 per month for each of the 11 months past the deadline, for a total amount of \$1,100.00 for this violation.

Notice of Violation Reproductive Services Page 2

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 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 \S §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:

- 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
- 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 the S Office of Administrative Hearings regarding the occurrence of the alle violation, the amount of the penalty, or both.



Notice of Violation Reproductive Services Page 3

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- 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, Adrian Watson, Enforcement Specialist Division for Regulatory Services Enforcement Unit Enclosure



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.

- Respondent accepts the proposed action in the Department's Notice. OPTION 1 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.
- Respondent does not accept the proposed action in the Department's OPTION 2 Notice and requests an informal conference and, if necessary, a hearing.
- Respondent does not accept the proposed action in the Department's OPTION 3 Notice and requests a hearing before the State Office of Administrative Hearings.

If you select OPTION 2 or 3, fax or mail your response to: PLEASE NOTE: 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 (/ U						
		0	7	(SIGNATURE	
Réspondent's Printed Name	 					

<u>X-10-201</u>



CASE NO. 1068141955

IN THE MATTER OF	§
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A DODTION A COLOR AFEILIATES	§
ABORTION ACCESS AFFILIATES	§
CONCERNED WOMEN'S CENTER	Ş
	§
HOUSTON, TEXAS	š
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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. United for Life NOW THEREFORE, IT IS ORDERED that License #007287 is cancelled.

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Ordered this //the day of October , 2014.

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Kathryn G. Perkins, RN, MBA Assistant Commissioner Division for Regulatory Services





TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D. COMMISSIONER

P.O. Box 149347 Austin, Texas 78714-9347 1-888-963-7111 TTY: 1-800-735-2989 www.dshs.state.tx.us

June 5, 2014

<u>Certified Mail Number:</u> 7010 2780 0002 9830 3974 and First Class Mail Service

Registered Agent 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

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 cans rule violation. United

An Equal Opportunity Employer and Provider

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 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:

- 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,

Waine provada

Dianne Estrada, MBA Program Specialist Enforcement Unit Division for Regulatory Services

Enclosure



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



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.
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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

6-9-14 DATE

____007287_____ License Number



CASE NO. 1068141955

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IN THE MATTER OF	
ABORTION ACCESS AFFILIATES CONCERNED WOMEN'S CENTER	
HOUSTON, TEXAS	

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.

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Ordered this At day of Movember , 2014.

Kithigh C. Leekine

Kathryn C. Perkins, RN, MBA Assistant Commissioner Division for Regulatory Services



CASE NO. 1068141955

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IN THE MATTER OF

ABORTION ACCESS AFFILIATES CONCERNED WOMEN'S CENTER

BEFORE THE

DEPARTMENT OF STATE HEALTH SERVICES

HOUSTON, TEXAS

AUSTIN, TEXAS

United for Life

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, <u>and considers</u> <u>such surrender as being in lieu of further enforcement action.</u> NOW THEREFORE, IT IS ORDERED that License #007287 is cancelled.

×.

Ordered this //the day of October , 2014.

Kathryn C. Perkins Kathryn G. Perkins, RN, MBA

Kathryn Ø. Perkins, RN, MBA Assistant Commissioner Division for Regulatory Services





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

DAVID L. LAKEY, M.D. COMMISSIONER

June 5, 2014

Certified Mail Number: 7010 2780 0002 9830 3974 and First Class Mail Service

Registered Agent 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

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 Amer



An Equal Opportunity Employer and Provider

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 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:

- 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,

Marin conada

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



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.

- Respondent accepts the proposed action in the Department's Notice. Respondent OPTION 1 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.
- Respondent does not accept the proposed action in the Department's Notice and OPTION 2 X requests an informal conference and, if necessary, a hearing.
- Respondent does not accept the proposed action in the Department's Notice and OPTION 3 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

6-9-14 DATE

007287 License Number





TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D. COMMISSIONER P.O. Box 149347 Austin, Texas 78714-9347 1-888-963-7111 TTY: 1-800-735-2989 www.dshs.state.tx.us

Americans

February 19, 2014

<u>Certified Mail Number</u> 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

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 an abortions M.D. in performing 268 CU abortions without having active admitting privileges at any hospital, are acts that pole

- 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 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(1), 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, **sector** 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 equation of the privileges at a equation o

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. Co 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 Mori-

Alan Morris Enforcement Unit Manager Division for Regulatory Services

cc: 5090 Richmond, Suite 117 Houston, Texas 77056

<u>Certified Mail Number</u> 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 Serna P.O. Box 149347 Austin, TX 78714-9347 Fax: 512-834-6625



for Life

SIGNATURE

DATE

RESPONDENTS PRINTED NAME

008248 LICENSE NUMBER

Case #1068141961

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 an 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 **Sector Constitution** 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. 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 the facility had not stopped performing abortions at the Facility. It was determined that the facility 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 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 Americans

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(2) provides obstetrical or gynecological health care services.

D. The Facility aided, abetted, or permitted the commission of an illegal act in top for be the TAC 139.32(b)(6) by allowing its Medical Director and employee who is also the only physician who performs abortions at the Facility, to perform 268

abortions 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), his 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 Revolution for the being deemed true, and the Department's action will be final.

VI.

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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 <u>Math</u> day of <u>Jubuary</u>, 2014.

Kathun C. Leckens

Kathryn C. Perkins, RN, MBA Assistant Commissioner Division for Regulatory Services



9999999

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.M641724000F); Cans

VI. SETTLEMENT

Respondent's payment of the penalty represents a complete settlement for sue 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 _____ day of _____

Kathryn Ć. Perkins, RN, MBA Assistant Commissioner Division for Regulatory Services





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

DAVID L. LAKEY, M.D. COMMISSIONER

July 2, 2014

<u>Certified Mail Number:</u> 7011 2970 0004 0211 8814 and First Class Mail Service

Registered Agent Houston Women's Clinic, Inc. 4800 Interfirst Plaza 1100 Louisiana Houston, TX 77002

<u>Certified Mail Number:</u> 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 face of 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 both if 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

Notice of Violation Houston Women's Clinic, Inc. Page 2

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 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:

- 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,

Valarine possada

Dianne Estrada, MBA Program Specialist Enforcement Unit Division for Regulatory Services

Enclosure



Notice of Violation Houston Women's Clinic, Inc. Page 3

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 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

SIGNATURE

DATE

Respondent's Printed Name

007326_____ License Number



Notice of Violation Houston Women's Clinic, Inc. Page 3

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 Estude B.O. Ber 149247 Austin TV 79714 0247 and ax it to: 512-834-6625.

DATE

Respondent's Printed Name

SICNATUDE

____007326___ License Number



CASE NO. 1068144095

6000000000

IN THE MATTER OF

SUBURBAN WOMEN'S MEDICAL CENTER

HOUSTON, TEXAS

BEFORE THE

DEPARTMENT OF STATE HEALTH SERVICES

AUSTIN, TEXAS

Americans

nited

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 a 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 is violations that Respondent may commit. The Department may consider this Order in the processing of any other enforcement actions.

forLife

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 16 th day of Necember . 2014.

Athen C. Lukino

Kathryn C. Perkins, RN, MBA Assistant Commissioner Division for Regulatory Services

Agreed as to Form and Substance:

M.D., F.A.C.O.G. MEDICAL DIRECTOR.

Signature, Printed Name, and Title of Respondent's Authorized Representative Suburban Women's Medical Center License Number: 008444



1/18/2014



Americans United for Life



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D. COMMISSIONER

P.O. Box 149347 Austin, Texas 78714-9347 1-888-963-7111 TTY: 1-800-735-2989 www.dshs.state.tx.us

tor Life

July 15, 2014

<u>Certified Mail Number:</u> 7011 2970 0004 0211 9644 and First Class Mail Service

Administrator Suburban Women's Medical Center 17070 Red Oak Drive Ste 509 Houston, TX 77090

Re: Notice of Violation (Notice), Suburban Women's Medical Center, Abortion Facility, License #008444, Case #1068144095

Dear

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 for two patients are number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated for the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

An Equal Opportunity Employer and Provider

Notice of Violation Suburban Women's Medical Center Page 2

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:

- 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,

Unaine porrada

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

____008444____ License Number



DSHS DOCKET NO. A26283-519-2016 CASE NOS. 1068162430 & 1068167002

S

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BEFORE THE

AUSTIN, TEXAS

forLife

IN THE MATTER OF

REPRODUCTIVE SERVICES, INC.

DEPARTMENT OF STATE HEALTH SERVICES

EL PASO, 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 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. United for Life

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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.

721 Ordered this 24 day of Hogosi , 2017. Jon Huss Interim Associate Commission Division for Regulatory Service or Life 3

Agreed as to Form:

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Mark J. Hanna, Attorney Hanna & Anderton

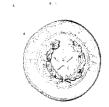
Agreed as to Form and Substance:

Signature, Printed Name, and Title of Authorized Representative for Reproductive Services, Inc. License Number: 140009

5-2017 Date

Resident *6/30/2017* Date





TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DR. JOHN W. HELLERSTEDT COMMISSIONER

October 10, 2016

Certified Mail Number: 7011 2970 0004 0209 4866 and First Class Mail Service

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



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

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 Import 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 (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):

P.O. Box 149347 Austin, Texas 78714-9347 1-888-963-7111 TTY: 1-800-735-2989 www.dshs.state.tx.us

December 8-9, 2015 Initial Licensure Survey:

1. 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 and training by the Facility to meet the requirements of §139.49(d) (relating to Infection Control Standards) and demonstrated competency in performing the sterilization equation 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.

(e) 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 me safety of patients and staff at all times. A tour of the Facility revealed an unlocked close **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 In fection 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 securian 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

(1) 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 indictors 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:

 Admit the allegations and accept the Department's determination to impose an Aurilistrative 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,

Juaine postada



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.

SIGNAT GRE OF RESPONDENT S	
AUTHORIZED REPRESENTATIVE	

tober 27, 2016

dent, Neva Health 140009 LICENSE NUMBER PRINTED NAME AND TITLE OF Susten, & SIGNATORY Forices



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.

- Respondent admits the allegations and accepts the proposed action in the OPTION 1 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.
- Respondent does not accept the proposed action in the Department's Notice and OPTION 2 requests an informal conference and, if necessary, a hearing.
- Respondent does not accept the proposed action in the Department's Notice and OPTION 3 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 140009 nesident, Nava Healer LICENSE NUMBER PRINTED NAME AND TITLE OF System, Inc. doa Aproductive Services SIGNATORY

fober 27, 2016





CASE NO. 1068172086

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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 S 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 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 30 day of March , 2017. Jon Huss Interim Associate Commissioner nited Division for Regulatory Services for Life



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

DR. JOHN W. HELLERSTEDT COMMISSIONER

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

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 of 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 quali assurance activities are necessary, to wit :

The Facility's records revealed there was no quarterly meeting held during April, Mar, 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:

(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 §15941(a)(2)(Game 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 or that Tuberculosis testing was conducted, for five staff members. This is in yola 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 (350×5 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 (350×22 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 themse transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (S. specific educational course requirements; cleaning and laundry requirements; Land 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:

§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 serilization of instruments depends on performing correct methods of cleaning hackaging of arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subset for the provide feetilization 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 (10, 10) (J)(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, Anite cissans 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 feedback compromised.

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

Notice of Violation Houston Women's Clinic Page 8

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 postprocedure 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 late

(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 (650×2 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:

- 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; 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.

Notice of Violation Houston Women's Clinic Page 10

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 Burtheber

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 proppsing 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 \square

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Respondent admits the allegations and accepts the proposed action in the Department's Notice. Respondent waives the right to an administrative hearing or ar appeal. Respondent hereby remits an administrative penalty in the amount o \$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 Healt 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 ar requests an informal conference and, if necessary, a hearing.

Respondent does not accept the proposed action in the Department's Notice an requests a hearing before the State Office of Administrative Hearings. OPTION 3

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 <u>.O. Box 14</u>9347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

Rurkhalfer, P.O. Dox 147547, 1288	2.24.17		
SIGNATURE OF RESPONDENT'S AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE OF Medica SIGNATORY	DATE 007326 LICENSE NUMBER Mericans Unitedor Unitedor		

HHSC DOCKET NO. A27647-519-2018 CASE NO. 1068180072

IN THE MATTER OF	ទ ទ
HILL TOP WOMEN'S REPRODUCTIVE CLINIC, L.L.C.	າ ເອ ເອ ເອ ເອ ເອ
EL PASO, TEXAS	§ §

BEFORE THE

AUSTIN, TEXAS

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HEALTH AND HUMAN SERVICES COMMISSION

EL PASO, TEXAS

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 an 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, enter into the settlement agreement freely, and agrees to the terms and conditions of this Order.

for Life

Americans

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,
- 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:

Signature, Printed Name, and Title of Authorized Representative Hill Top Women's Reproductive Clinic, L.L.C. License Number: 007804



CASE NO. 1068180073

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IN THE MATTER OF

SEFORE THE

REPRODUCTIVE SERVICES, INC

EL PASO, TEXAS

HEALTH AND HUMAN SERVICES COMMISSION

AUSTIN, TEXAS

United

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 alfierer Life Life

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 12th day of December 2018.

David Kostroun Deputy Executive Commissioner Regulatory Services Division

Americans United for Life



July 31, 2018

Certified Mail Number: 7016 1970 0000 8970 4209 and First Class Mail Service

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

Reproductive Services, Inc. 1511 East Missouri El Paso, Texas 79902

Re: Notice of Violation (Notice), Reproductive Services, Inc., Abortion Facility, License No. 140009, Case No. 1068180073, Docket No. A27653-519-2018.

Dear

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 136 (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 submit complaints:

Respondent provided patients with an incorrect address and phone number or submitting complaints. This conduct is in violation of 25 TAC §139.31(c)(1), which states:

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Notice of Violation Reproductive Services, Inc., Page 2

 $\S139.31$ 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 (100.00×5 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 ricans and maintained to protect the health and safety of patients and staff at all the times.

An administrative penalty of \$100.00 is proposed for this rule violation.



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Notice of Violation Reproductive Services, Inc.. Page 3

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(I), which states:

§139.60 Other State and Federal Compliance Requirements.

(I) 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 (350.00×18 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 nonicent personnel, age 18 years or above, to extract blood for laboratory testing to administer intravenous fluids.

Americans

An administrative penalty of \$1,050.00 (\$350.00 x 3 staff) is proposed for thorse Life violation.

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Notice of Violation Reproductive Services, Inc., Page 4

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 \times 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:

- 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
- 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 whice 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 Notice of Violation Reproductive Services, Inc., Page 5

If you have any questions regarding this proposal, please contact me at (512) 834-6634.

Sincerely,

Charles Burgheles

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



AUG 2 2 2018

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 Burkhalter, P.O. Box 149347 Auctin Texas 2021 (2028)47 or fax it to: 512-834-6623.

AUTHORIZED RESPONDENT'S

Maust 19, 2018 DATE

STINTED NAME AND TITLE OF

140009

LICENSE NUMBER



Received AUS 2.7 2018 DSHS/RLU/FLG

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TEXAS HEALTH AND HUMAN SERVICES COMMISSION HEALTH FACILITY LICENSING AND COMPLIANCE ENFORCEMENT ACTIONS

Abortion Facilities

September 2018 - August 2019

Name	License Number	City of Residence	Alleged Violation	Disciplinary Action	Date of Action
Reproductive Services, Inc.	140009	El Paso	Allegations relating to: 25 TAC §139.31(c)(1) 25 TAC §139.43(4) 25 TAC §139.48(1)(A) HSC §139.60(I) 25 TAC §139.54(b)(2) HSC §171.063(e)	Administrative Penalty \$9,450	12/12/2018
Hill Top Women's Reproductive Clinic	007804	El Paso	Allegations relating to: 25 TAC §139. 48(1)(A) 25 TAC §139.49(d)(5)(M) THS §171.063(e)	Administrative Penalty \$2,800	02/28/2019

This page was last revise September 13, 2019.

