

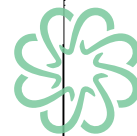
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>007882</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/26/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUSTIN WOMENS HEALTH CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1902 SOUTH IH 35 AUSTIN, TX 78704</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 000	<p><b>TAC 139.1 Initial Comments</b></p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Redacted Signature]

*Admiral*

*4/4/19*

TITLE

(X6) DATE

Texas Health and Human Services Commission

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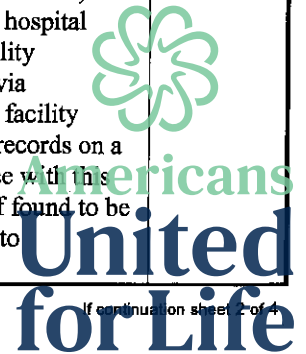
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6 000	<p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.</p> <p>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed). An entrance conference was held with the facility Office Manager in the morning of 03/20/19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility Administrator the afternoon of 03/21/19. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	6 000		
6 041	<p>TAC 139.56 Emergency Services</p> <p>(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:</p> <p>(1) have active admitting privileges at a hospital that provides obstetrical or gynecological health</p>	6 041	<p>6 041: The facility Administrator will be responsible for the plan. The facility Administrator will update the counseling protocols so that in the event a patient gives a PO box address or address that is different from where she verbally reports she is currently residing, the counselor will give the name, location, and phone number of the hospital nearest to both locations. The facility Administrator will notify all staff via memorandum of this change. The facility Administrator will review patient records on a monthly basis to ensure compliance with this protocol change. Any facility staff found to be in non-compliance will be subject to disciplinary action.</p>	04/03/2019

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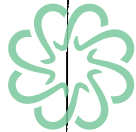
If continuation sheet 2 of 4

Texas Health and Human Services Commission

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6 041	<p>Continued From page 2</p> <p>care services and is located not further than 30 miles from the abortion facility;</p> <p>(2) provide the pregnant woman with:</p> <p>(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion; and</p> <p>(B) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.</p> <p>(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).</p> <p>(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview the facility failed to ensure that the physicians who practice at the facility provide the</p>	6 041		



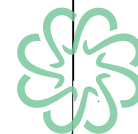
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6 041	<p>Continued From page 3</p> <p>pregnant woman with: the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.</p> <p>Findings included:</p> <p>Review of medical records revealed the following:</p> <ul style="list-style-type: none"> <li>* 2 of 15 medical records did not have documentation that the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated was provided to the patient.</li> <li>* Patient #6's only photo identification did not include a physical address. The patient indicated on their information sheet that they lived in Eagle Pass, Texas. However on their discharge paperwork, they were provided with the name and phone number for a hospital in Austin, Texas. This would not be the name and telephone number of the nearest hospital to the home of the patient, which would be Eagle Pass Texas.</li> <li>* Patient #10 listed their home address in Point Blank, Texas. However on their discharge paperwork, they were provided with the name and phone number for a hospital in Lufkin, Texas. According to <a href="http://www.ushospitalfinder.com">http://www.ushospitalfinder.com</a>, this would not be the name and telephone number of the nearest hospital to the home of the patient. The nearest hospital to Point Blank would be in Livingston, Texas.</li> </ul> <p>In an interview on 03/25/19 staff member # 8 confirmed the above findings.</p>	6 041		



Reviewed 12-3-18  
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Texas Health and Human Services Commission

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NAME OF PROVIDER OR SUPPLIER  HILLTOP WOMENS REPRODUCTIVE CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B EL PASO, TX 79902
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(X4) ID PREFIX IAC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX IAC	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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 LABORATORY DIRECTOR

LABORATORY REPRESENTATIVE'S SIGNATURE

TITLE

DATE

STATE FORM

4400 TXFB11

If continuation sheet 1 of 2



*[Signature]*  
 Nurse Administrator

11-26-18

Texas Health and Human Services Commission

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6 000	<p>Continued From page 2</p> <p>in part,</p> <p>"The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.</p> <p>...</p> <p>(3) Act--Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245.</p> <p>...</p> <p>(28) Licensee--A person or entity who is currently licensed as an abortion facility.</p> <p>Per Texas Health and Safety Code Chapter 245, Subtitle B: Sec. 245.002. DEFINITIONS. In this chapter:</p> <p>(1) "Abortion" means the act of using or prescribing an instrument, a drug, a medicine, or any other substance, device, or means with the intent to cause the death of an unborn child of a woman known to be pregnant. The term does not include birth control devices or oral contraceptives. An act is not an abortion if the act is done with the intent to:</p> <p>(A) save the life or preserve the health of an unborn child;</p> <p>(B) remove a dead, unborn child whose death was caused by spontaneous abortion; or</p> <p>(C) remove an ectopic pregnancy.</p> <p>(2) "Abortion facility" means a place where abortions are performed.</p> <p>(3) Repealed by Acts 2015, 84th Leg., R.S., Ch. 1, Sec. 3.1639(62), eff. April 2, 2015.</p> <p>(4) "Department" means the Department of State Health Services.</p> <p>(4-a) "Ectopic pregnancy" means the implantation of a fertilized egg or embryo outside</p>	6 000		
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6 000	<p>Continued From page 3</p> <p>of the uterus.</p> <p>(4-b) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.</p> <p>(5) "Patient" means a female on whom an abortion is performed, but does not include a fetus.</p> <p>(6) "Person" means an individual, firm, partnership, corporation, or association.</p> <p>Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.</p> <p>Amended by:</p> <p>Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0685, eff. April 2, 2015.</p> <p>Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.1639(62), eff. April 2, 2015.</p> <p>Acts 2017, 85th Leg., R.S., Ch. 441 (S.B. 8), Sec. 8, eff. September 1, 2017.</p> <p>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.</p> <p>(b) Only a physician as defined by Subtitle B, Title 3, Occupations Code, may perform an abortion.</p> <p>(c) Repealed by Acts 2013, 83rd Leg., 2nd C.S., Ch. 1, Sec. 8, eff. September 1, 2014.</p> <p>(d) This section does not authorize the executive commissioner to:</p> <p>(1) establish the qualifications of a licensed practitioner; or</p> <p>(2) permit a person to provide health care</p>	6 000		

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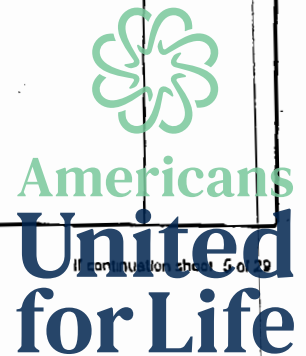
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6 000	<p>Continued From page 4</p> <p>servicos who is not authorized to provide those services under other laws of this state.</p> <p>Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989, Amended by Acts 1997, 75th Leg., ch. 23, Sec. 1, eff. Sept. 1, 1997; Acts 2001, 77th Leg., ch. 1420, Sec. 14.789, eff. Sept. 1, 2001; Acts 2003, 78th Leg., ch. 999, Sec. 4, eff. Sept. 1, 2003.</p> <p>Amended by: Acts 2013, 83rd Leg., 2nd C.S., Ch. 1, Sec. 4, eff. October 29, 2013. Acts 2013, 83rd Leg., 2nd C.S., Ch. 1, Sec. 8, eff. September 1, 2014. Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0689, eff. April 2, 2015.</p> <p>Per Subtitle B, Title 3, Occupations Code: Sec. 162.151. DEFINITIONS. In this subchapter: (1) "Core credentials data" means: (A) name and other demographic data; (B) professional education; (C) professional training; (D) licenses; and (E) Educational Commission for Foreign Medical Graduates certification. (2) "Credentials verification organization" means an organization that is certified or accredited and organized to collect, verify, maintain, store, and provide to health care entities a health care practitioner's verified credentials data, including all corrections, updates, and modifications to that data. For purposes of this subdivision, "certified" or "accredited" includes certification or accreditation by a nationally recognized accreditation organization. (3) "Health care entity" means: (A) a health care facility or other health care organization licensed or certified to provide approved medical and allied health services in</p>	6 000		
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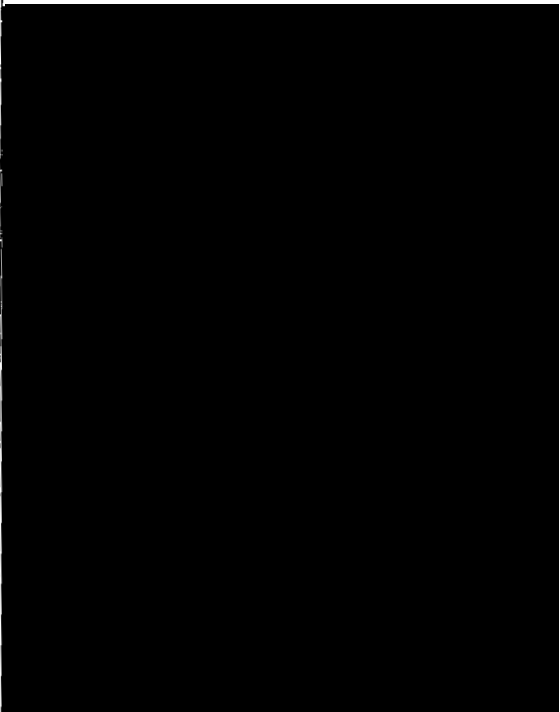
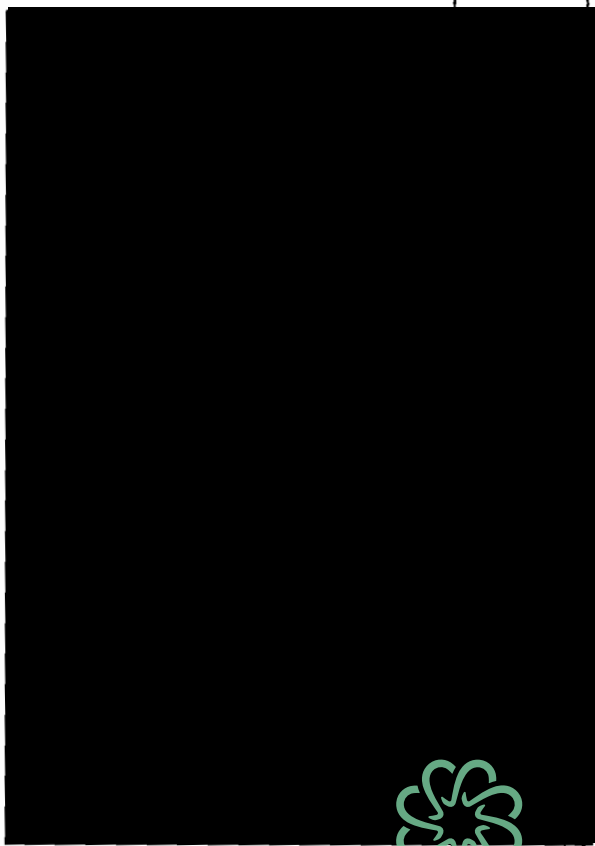
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6 000

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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.

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6 000	<p>Continued From page 6</p> <div style="background-color: black; width: 100%; height: 150px; margin-bottom: 10px;"></div> <p>Facility based policy entitled, "Medication Security and Administration" stated in part, "4. Documentation i) All medications are to be documented by the person who administered the medication."</p> <p>During a review of clinical records for 8 medication abortion patients revealed 7 patients (#2, 5, 7, 9, 15, 16, and 18) had been administered Mifepristone (an abortion-inducing medication), the "Counseling and Medical Report" had the medication administration of Mifepristone documented, however there was no signature indicating the physician dispensed the medication to the patients. In an interview on 11/06/18, staff member #1 confirmed that the physician administered the Mifepristone to patient's for their medical abortion procedures.</p> <p>During a tour of the facility on 11/06/18 , no human trafficking signage was found in any of the 2 facility patient restrooms or patient consultation rooms.</p> <p>The above was confirmed in an interview with the facility Administrator and other administrative staff the on the afternoon of 11/06/18.</p>	6 000	<p>85<sup>th</sup> Leg., R.S., Ch. 858 (H.B. 2552), Sec. 12</p> <p>All patients charts are to be reviewed at the end of each clinical day by physician to ensure all required signatures are properly documented showing that he administered the medication himself.</p> <p>Both Physician and Nurse Administrator will monitor plan of correction to ensure that compliance is meet.</p> <p>Nurse Administrator will be responsible for plan which was implemented as of 11/7/18.</p>	11/07/18
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6 026	Continued From page 7	6 026		
6 026	<p>TAC 139.44 Orientation, Training &amp; Demonstrated Competen</p> <p>(a) A licensed abortion facility shall develop and implement a written orientation and training program to familiarize all employees (including office staff) with the facility's policies, philosophy, job responsibilities of all staff, and emergency procedures.</p> <p>(b) In implementing the orientation and training program, a licensed abortion facility shall orient and train each employee to ensure, through demonstrated competency, that:</p> <p>(1) the employee understands his or her specific job description;</p> <p>(2) the employee understands the facility's policy and procedure manual, including protocols and description of the roles and responsibilities of all personnel;</p> <p>(3) the employee understands, at a minimum but not limited to, the following:</p> <p>(A) coordination and treatment of patient care;</p> <p>(B) sterilization and infection control policies;</p> <p>(C) patient education/information;</p> <p>(D) informed consent policies;</p> <p>(E) abortion techniques provided at that facility;</p> <p>(F) care of the patient before, during, and after an abortion procedure;</p>	6 026	<p>TAC 139.44 Orientation, Training &amp; Demonstrated Competent</p> <p>On November 20, 2018 clinic conducted training session with new employees on "An Introduction to Human Trafficking" developed by the Texas Human Trafficking Prevention Task Force. Session was lead by administrative assistant.</p> <p>The purpose of training was to empower staff members to recognize factors related to human trafficking, identifying potential human trafficking victims and report as legally required.</p> <p>Administrative assistant will make certain "Human Trafficking" training is an ongoing practice at the facility.</p> <p>Henceforth, all staff members will have proper training on "Human Trafficking" as part of their required employment protocol.</p>	11/20/18

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6 026	<p>Continued From page 8</p> <p>(G) patient rights;</p> <p>(H) possible complications of the abortion procedure; and</p> <p>(I) prevention of infectious diseases.</p> <p>(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.</p> <p>(d) The facility shall ensure that all staff are aware of the reporting requirements for child abuse or neglect under Family Code, §261.101; and reporting requirements for family violence under Family Code, §91.002 and §91.003.</p> <p>(e) The facility shall document in each employee's personnel record evidence of all training and orientation received.</p> <p>This Requirement is not met as evidenced by: Based on record review and interview, the facility failed to ensure each employee completed required training in Human Trafficking, in that, Personnel #1 did not have training for Human Trafficking.</p> <p>Findings included</p> <p>Personnel #1's personnel file did not document training in Human Trafficking.</p> <p>During an interview on 11/06/18 at 2:05 PM, Personnel #1 was informed of the above finding. Personnel #1 stated, "No. I don't have that."</p>	6 026	<p>Continued</p> <p>TAC 139.44 Orientation, Training &amp; Demonstrated Competent</p> <p>Nurse Administrator will be responsible for plan implementation and will review employee files for compliance on annual basis.</p>	11/20/18
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6 026	Continued From page 9  The Acts 2015, 84th Legislature, House Bill 416 effective June 19, 2015, Health & Safety Code Subchapter E Section 171.063 Education and Training on Human Trafficking required, "applies to each person who is employed by, volunteers at, or performs services...Abortion facility...a training program to identify and assist victims of Human Trafficking...standardized curriculum..."	6 026		
6 034	TAC 139.49 Infection Control Standards  (a) Written policies. A licensed abortion facility shall develop, implement, and enforce infection control policies and procedures to minimize the transmission of post-procedure infections. These policies shall include, but not be limited to, the prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (S. spp.); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies.  (b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and S. spp.  (1) Universal/standard precautions.  (A) An abortion facility shall ensure that all staff comply with universal/standard precautions as defined in this paragraph.  (i) Universal/standard precautions includes procedures for disinfection and sterilization of reusable medical devices and the appropriate use of infection control, including hand washing,	6 034	TAC 139.49 Infection Control Standards  On clinical day the sterilizer is used, two biological tests indicators will be performed.  A Bowie-Dick plus test which will help monitor the performance of the sterilizer by detecting potential issues which might compromise sterility.  Concurrently the biological Attest will be run to determine sterilization cycle parameters were sufficient to kill the test microorganisms and sterilization process is not compromised.	11/14/18

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6 034	<p>Continued From page 10</p> <p>the use of protective barriers, and the use and disposal of needles and other sharp instruments.</p> <p>(ii) Universal/standard precautions synthesize the major points of universal precautions with the points of body substance precautions and apply them to all patients receiving care in facilities, regardless of their diagnosis or presumed infection status.</p> <p>(I) Universal/standard precautions apply to:</p> <p>(-a-) blood;</p> <p>(-b-) body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood;</p> <p>(-c-) nonintact skin; and</p> <p>(-d-) mucous membranes.</p> <p>(II) Universal/standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in facilities.</p> <p>(B) A licensed abortion facility shall establish procedures for monitoring compliance with universal/standard precautions described in subparagraph (A) of this paragraph.</p> <p>(2) Health care workers infected with the HIV or HBV. A licensed abortion facility shall adopt, implement, and enforce a written policy to ensure compliance of the facility and all of the health care workers within the facility with the Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of</p>	6 034	<p>Continued</p> <p>TAC 139.49 Infection Control Standards</p> <p>Correct Attest Biological Monitoring System Booklet &amp; Log not to read "for dental office" was ordered by administrative assistant on November 9, 2018.</p> <p>Correct Monitoring booklet arrived on November 14, 2018 and was immediately implemented by nurse administrator into facilities sterilization process.</p> <p>Administrative assistant will be responsible for plan of correction to be an on going process and monitored correctly.</p>	11/14/18

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6 034	<p>Continued From page 11</p> <p>HIV and HBV by infected health care workers.</p> <p>(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:</p> <p>(A) HIV infection prevention; and</p> <p>(B) HBV, HCV, TB, and S. spp. infection prevention based on universal/standard precautions as defined in paragraph (1) of this subsection;</p> <p>(C) bidirectional aspect of disease transmission; and</p> <p>(D) epidemic control.</p> <p>(c) Cleaning and laundry policies and procedures.</p> <p>(1) A licensed abortion facility shall develop, implement, and enforce written policies and procedures on cleaning the procedure room(s).</p> <p>(2) A licensed abortion facility shall develop, implement, and enforce written policies and procedures for the handling, processing, storing, and transporting of clean and dirty laundry.</p>	6 034		

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6 034	Continued From page 12  (3) A licensed abortion facility may provide cleaning and laundry services directly or by contract in accordance with Occupational Safety and Health Administration's Standards, 29 Code of Federal Regulations, Subpart Z. Bloodborne Pathogens.  (d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for the decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing and sterilization of critical items (reusable items), as well as those for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.  (1) Supervision. The decontamination, disinfection, and sterilization of all supplies and equipment shall be under the supervision of a person qualified by education, training, or experience.  (2) Quantity of sterile surgical instruments. The facility shall ensure that surgical instruments are sufficient in number to permit sterilization of the instrument(s) used for each procedure and adequate to perform conventional cervical dilatation and curettage if this procedure is available at the facility.  (3) Inspection of surgical instruments.  (A) All instruments shall undergo inspection before being packaged for reuse or storage. Routine inspection of instruments shall be made	6 034		



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6 034	<p>Continued From page 13</p> <p>to assure clean locks, crevices, and serrations.</p> <p>(B) Inspection procedures shall be thorough and include visual and manual inspection for condition and function.</p> <p>(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.</p> <p>(ii) There shall be no evident cracks or fissures in the box locks, and the hinges shall work freely.</p> <p>(iii) Ratchets shall hold and be routinely tested.</p> <p>(iv) There shall be no corrosion or pitting of the finish.</p> <p>(C) Instruments needing maintenance shall be taken out of service and repaired by someone qualified to repair surgical instruments.</p> <p>(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.</p> <p>(4) Items to be disinfected and sterilized.</p> <p>(A) Critical items.</p> <p>(i) Critical items include all surgical instruments and objects that are introduced</p>	6 034		



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6 034	<p>Continued From page 14</p> <p>directly into the bloodstream or into other normally sterile areas of the body and shall be sterilized in accordance with this subsection.</p> <p>(ii) All items that come in contact with the sterile field during the operative procedure shall be sterile.</p> <p>(B) Semicritical items.</p> <p>(i) Semicritical items include items that come in contact with nonintact skin or mucous membranes. Semicritical items shall be free of microorganisms, except bacterial spores. Semicritical items may include respiratory therapy equipment, anesthesia equipment, bronchoscopes, and thermometers.</p> <p>(ii) High-level disinfection shall be used for semicritical items.</p> <p>(C) Noncritical items.</p> <p>(i) Noncritical items include items that come in contact with intact skin.</p> <p>(ii) Intermediate-level or low-level disinfection shall be used for noncritical items.</p> <p>(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.</p> <p>(A) Equipment. A licensed abortion facility shall</p>	6 034		
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6 034	Continued From page 15  provide sterilization equipment adequate to meet the requirements of this paragraph for sterilization of critical items. Equipment shall be maintained and operated to perform, with accuracy, the sterilization of critical items.  (B) Environmental requirements. Where cleaning, preparation, and sterilization functions are performed in the same room or unit, the physical facilities, equipment, and the written policies and procedures for their use shall be such as to effectively separate soiled or contaminated supplies and equipment from the clean or sterilized supplies and equipment.  (i) A facility shall have a sink for hand washing. This sink shall not be used for cleaning instruments or disposal of liquid waste.  (ii) A facility shall have a separate sink for cleaning instruments and disposal of liquid waste. Hand washing shall only be performed at this sink after it has been disinfected.  (C) Preparation for sterilization.  (i) All items to be sterilized shall be prepared to reduce the bioburden. All items shall be thoroughly cleaned, decontaminated and prepared in a clean, controlled environment. Cleaning is the removal of all adherent visible soil from the surfaces, crevices, joints, and lumens of instruments. Decontamination is the physical/chemical process that renders an inanimate object safe for further handling.  (ii) One of the following methods of cleaning and decontamination shall be used as appropriate.	6 034			

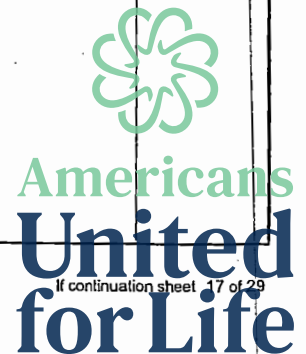
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6 034	<p>Continued From page 16</p> <p>(I) Manual cleaning. Manual cleaning of instruments at the sink is permitted.</p> <p>(II) Ultrasonic cleaning. Ultrasonic cleaning of instruments cleans by cavitation and reduces the need for hand scrubbing. When grossly soiled items are placed in the ultrasonic cleaner the water shall be changed more than once a shift. If using this method for cleaning, chambers shall be covered to prevent potential hazards to personnel from aerosolization of the contents.</p> <p>(III) Washer-sterilizers. Washer-sterilizers clean by using rotating spray arms to create water jets that clean by impingement and appropriate soap and disinfectant. These machines shall reach a temperature of 140 degrees Celsius (285 degrees Fahrenheit).</p> <p>(IV) Washer-decontaminator machines. Washer-decontaminator machines clean by numerous water jets and a high pH of detergent even if instruments are grossly soiled. The thorough cleaning is followed by a neutralizing rinse to quickly restore the pH to neutral.</p> <p>(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.</p> <p>(D) Packaging.</p> <p>(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</p>	6 034		
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6 034	<p>Continued From page 17</p> <p>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.</p> <p>(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.</p> <p>(E) External chemical indicators.</p> <p>(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.</p> <p>(ii) The indicator results shall be interpreted according to the manufacturer's written instructions and indicator reaction specifications.</p> <p>(F) Biological indicators.</p> <p>(i) The efficacy of the sterilizing process shall be monitored with reliable biological indicators appropriate for the type of sterilizer used (e.g., Bacillus stearothermophilus for steam sterilizers).</p> <p>(ii) Biological indicators shall be included in at least one run each day of use for steam sterilizers.</p> <p>(iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.</p> <p>(iv) If a test is positive, the sterilizer shall immediately be taken out of service. A</p>	6 034		
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6 034	<p>Continued From page 18</p> <p>malfunctioning sterilizer shall not be put back into use until it has been serviced and successfully tested according to the manufacturer's recommendations.</p> <p>(v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator.</p> <p>(G) Sterilizers.</p> <p>(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.</p> <p>(ii) Other sterilizers shall be used in accordance with the manufacturer's instructions.</p> <p>(H) Maintenance of sterility.</p> <p>(i) Items that are properly packaged and sterilized shall remain sterile indefinitely unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of being compromised.</p> <p>(ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations.</p> <p>(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</p>	6 034		

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6 034	<p>Continued From page 19 for reprocessing.</p> <p>(I) Commercially packaged items. Commercially packaged items are considered sterile according to the manufacturer's instructions.</p> <p>(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.</p> <p>(i) Sterilized items shall be transported so as to maintain cleanliness and sterility and to prevent physical damage.</p> <p>(ii) Sterilized items shall be stored in well-ventilated, limited access areas with controlled temperature and humidity.</p> <p>(iii) Sterilized items shall be positioned so that the packaging is not crushed, bent, compressed, or punctured so that their sterility is not compromised.</p> <p>(iv) Storage of supplies shall be in areas that are designated for storage.</p> <p>(K) Disinfection.</p> <p>(i) The manufacturer's written instructions for the use of disinfectants shall be followed.</p> <p>(ii) An expiration date, determined according to manufacturer's written recommendations, shall be marked on the container of disinfection solution currently in use.</p>	6 034		
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NAME OF PROVIDER OR SUPPLIER  HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B EL PASO, TX 79902		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 034	<p>Continued From page 20</p> <p>(iii) Disinfectant solutions shall be kept covered and used in well-ventilated areas.</p> <p>(L) Performance records.</p> <p>(i) Performance records for all sterilizers shall be maintained for each cycle. These records shall be retained and available for review for a minimum of two years.</p> <p>(ii) Each sterilizer shall be monitored during operation for pressure, temperature, and time at desired temperature and pressure. A record shall be maintained either manually or machine generated and shall include:</p> <p>(I) the sterilizer identification;</p> <p>(II) sterilization date and time;</p> <p>(III) load number;</p> <p>(IV) duration and temperature of exposure phase (if not provided on sterilizer recording charts);</p> <p>(V) identification of operator(s);</p> <p>(VI) results of biological tests and dates performed; and</p> <p>(VII) time-temperature recording charts from each sterilizer (if not provided on sterilizer recording charts).</p> <p>(M) Preventive maintenance. Preventive maintenance of all sterilizers shall be performed according to individual policy on a scheduled basis by qualified personnel, using the sterilizer</p>	6 034		



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NAME OF PROVIDER OR SUPPLIER  HILLTOP WOMENS REPRODUCTIVE CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B EL PASO, TX 79902
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6 034	<p>Continued From page 21</p> <p>manufacturer's service manual as a reference. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least two years and shall be available for review to the facility within two hours of request by the department.</p> <p>This Requirement is not met as evidenced by: (F) Biological indicators. (ii) Biological indicators shall be included in at least one run each day of use for steam sterilizers. (iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.</p> <p>Based on record review and interview, the facility failed to ensure a biological indicator was included in at least one run each day of use for steam sterilizers, in that,</p> <p>there was no documented biological indicator for 8 of 37 days of (October/November 2018) the sterilizer was used ( 11/05/18, 10/31/18, 10/25/18, 10/22/18, 10/15/18, 10/10/18, 10/08/18, 10/01/18).</p> <p>Findings included</p> <p>The October/November 2018 Sterilizer Log reflected sterilization loads ran on 11/05/18, 10/31/18, 10/25/18, 10/22/18, 10/15/18, 10/10/18, 10/08/18, 10/01/18.</p> <p>The Attest Biological Monitoring System Booklet and Log reflected, "for Dental Office...Use at Least Once a Week Per Sterilizer..."</p> <p>There were no logged Biological Testing for the</p>	6 034		
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NAME OF PROVIDER OR SUPPLIER  HILLTOP WOMENS REPRODUCTIVE CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B EL PASO, TX 79902
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6 034	Continued From page 22  dates of 11/05/18, 10/31/18, 10/25/18, 10/22/18, 10/15/18, 10/10/18, 10/08/18, 10/01/18.  During an interview on 11/06/18 at 2:05 PM, Personnel #1 was informed of the above findings. Personnel #1 agreed with the findings and stated, "We are doing (them) weekly."  The 1/2008 effective date, "Biological Monitoring of the Ritter M11 Steam Sterilizer" policy required, "To document proper performance of the Ritter M11 Steam Sterilizer...A biological indicator test will be processed daily...for the first sterilizer run of the day..."	6 034		
6 038	TAC 139.53 Medical and Clinical Services  (a) Surgical abortion.  (1) The medical consultant shall be responsible for implementing and supervising the medical and clinical policies of the facility.  (2) All medical and clinical services of the facility, with the exception of the abortion procedure, shall be provided under the direction of a physician or registered nurse who assumes responsibility for the clinical employees' performance in the facility.  (3) A licensed abortion facility shall ensure that a surgical consent form is signed by the patient prior to the procedure being started, that the patient is informed of the risks and the benefits of the procedure, and that the patient recognizes the alternatives to abortion. Informed consent shall be in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title (relating to Procedures Requiring Full	6 038		



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6 038	<p>Continued From page 23</p> <p>Disclosure of Specific Risks and Hazards-- List A), §601.4 of this title (relating to Disclosure and Consent Form), and Health and Safety Code, §171.011 (relating to Informed Consent Required), and §171.012 (relating to Voluntary Informed Consent).</p> <p>(4) A licensed abortion facility shall ensure that the attending physician, advanced practice registered nurse, or physician assistant has obtained and documented a preoperative history, physical exam, and laboratory studies, including verification of pregnancy.</p> <p>(5) A licensed abortion facility shall ensure that:</p> <p>(A) the attending physician examines each patient immediately prior to surgery to evaluate the risk to the procedure; and</p> <p>(B) the person administering the anesthetic agent(s) examines the patient immediately prior to surgery to evaluate the risk of anesthesia.</p> <p>(6) The administration of anesthesia shall be in accordance with §139.59 of this title (relating to Anesthesia Services).</p> <p>(7) An abortion shall be performed only by a physician.</p> <p>(8) A physician, advanced practice registered nurse, physician assistant, registered nurse, or licensed vocational nurse shall be in the facility whenever there is a patient in the procedure room or recovery room. While a patient is in the procedure room or recovery room she shall not be left unattended.</p>	6 038		
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NAME OF PROVIDER OR SUPPLIER  HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B EL PASO, TX 79902		
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6 038	<p>Continued From page 24</p> <p>(9) The recovery room(s) at the facility shall be supervised by a physician, advanced practice registered nurse, physician assistant, or registered nurse. This supervisor shall be available for recovery room staff within a recommended 10 minutes with a maximum required 15 minutes while any patient is in the recovery room.</p> <p>(10) A physician shall be available for the facility while any patient is in the recovery room within a recommended 10 minutes and a maximum required 15 minutes.</p> <p>(11) The facility shall ensure that a patient is fully reactive and her vital signs are stable before discharging the patient from the facility upon written order by the attending physician.</p> <p>(12) All fetal tissue shall be examined grossly at the time of the procedure. In the absence of visible fetal parts or placenta, the tissue may be examined by magnification for the detection of villi. If this examination is inconclusive, the tissue shall be sent to a pathology lab. The results of the tissue examination shall be recorded in the patient's clinical record.</p> <p>(13) A facility shall meet the requirements set forth by the department in §§1.131 - 1.137 of this title (relating to Definition, Treatment, and Disposition of Special Waste from Health Care-Related Facilities).</p> <p>(b) Medical abortion.</p> <p>(1) The medical consultant shall be responsible for implementing and supervising the medical and clinical policies of the facility.</p>	6 038		



Texas Health and Human Services Commission

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6 038	<p>Continued From page 25</p> <p>(2) All medical and clinical services of the facility, with the exception of the abortion procedure, shall be provided under the direction of a physician or registered nurse who assumes responsibility for the clinical employees' performance in the facility.</p> <p>(3) A licensed abortion facility shall ensure:</p> <p>(A) the physician(s) providing medical abortion is able to accurately date a pregnancy;</p> <p>(B) the physician(s) is able to determine that the pregnancy is not an ectopic gestation;</p> <p>(C) the physician(s) is able to provide surgical intervention or provide for the patient to receive a surgical abortion if necessary; and</p> <p>(D) patients have access to medical facilities equipped to provide blood transfusion and patient resuscitation, if necessary.</p> <p>(4) A licensed abortion facility shall ensure follow-up examination and services are provided to patients requesting medical abortion.</p> <p>(5) A licensed abortion facility shall ensure that the attending physician, advanced practice registered nurse, or physician assistant has obtained and documented a pre-procedure history, physical exam, and laboratory studies, including verification of pregnancy.</p> <p>(6) A licensed abortion facility shall ensure:</p> <p>(A) written consent is obtained from the patient prior to the commencement of the abortion</p>	6 038		
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6 038	Continued From page 27  Findings included:  HEALTH AND SAFETY CODE, TITLE 2. HEALTH, SUBTITLE H. PUBLIC HEALTH PROVISIONS, CHAPTER 171. ABORTION, SUBCHAPTER A. GENERAL PROVISIONS stated in part,  "Sec. 171.012. VOLUNTARY AND INFORMED CONSENT. (a) Consent to an abortion is voluntary and informed only if:... 4) before any sedative or anesthesia is administered to the pregnant woman and at least 24 hours before the abortion or at least two hours before the abortion if the pregnant woman waives this requirement by certifying that she currently lives 100 miles or more from the nearest abortion provider that is a facility licensed under Chapter 245 or a facility that performs more than 50 abortions in any 12-month period..."  Based on a review of documentation and interview, the facility failed to ensure that A physician must perform a sonogram on a woman seeking an abortion at least 24 hours prior to performing the abortion, unless the woman lives 100 miles from the closest abortion provider in which case the sonogram must be performed at least 2 hours prior to the abortion.  Findings included:  2 of 11 same-day procedure patients had undergone same-day procedures, although they did not qualify to do so (did not live 100 miles or more from the nearest abortion provider). Online search engines www.google.com and www.bing.com were used to calculate distance from the patients' residences to the provider.	6 038	<p>"Sec. 171.012. Voluntary and Informed Consent</p> <p>To comply with "Sec. 171.012 patients from more than 100 miles and <u>HAVE NOT</u> by passed other abortion providers will wait 2 hours from the time of ultrasound before abortion procedure is performed.</p> <p>Patients from more than 100 miles and <u>HAVE</u> passed a closer abortion facility will automatically wait 24 hours from time of ultrasound for abortion procedure.</p> <p>Facility will do a google search to verify distance traveled was more than 100 miles and no other abortion facilities were by passed from city traveled to clinic.</p> <p>Physician and Nurse Administrator will be responsible for plan of correction to be implemented and monitored on each clinical day to verify mileage requirement is meet.</p>	11/08/18

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6 038	<p>Continued From page 26</p> <p>procedure;</p> <p>(B) the patient is informed of the risks and benefits of the procedure;</p> <p>(C) the patient is informed of the possibility that a surgical abortion may be required;</p> <p>(D) the patient is informed of the alternatives to abortion; and</p> <p>(E) informed consent is in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title, §601.4 of this title, and Health and Safety Code, §171.011 and §171.012.</p> <p>(7) A licensed abortion facility shall provide the patient with written discharge instructions including a direct referral to a physician who shall accept the patient for surgical abortion.</p> <p>(c) Requirements of a physician. A physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that:</p> <p>(1) is located not further than 30 miles from the location at which the abortion is performed or induced; and</p> <p>(2) provides obstetrical or gynecological health care services.</p> <p>This Requirement is not met as evidenced by: The facility failed to comply with the requirements of Health and Safety Code, Chapter 171.012 related to Voluntary and Informed Consent".</p>	6 038		

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6 038	<p>Continued From page 28</p> <ul style="list-style-type: none"> <li>* Patient #1 lived only 84 miles from the provider, according to her address in Alamagordo, NM. Patient #7 lived only 46 miles from the provider, according to her address in Las Cruces, NM.</li> <li>* Patient #13 lived within 100 miles of multiple other abortion providers based her address in Ft. Hood, Texas. There are providers in Waco and Austin, as well as other areas within 100 miles of their home address.</li> </ul> <p>- 1 of 11 same-day procedure patients ("same-day" patient #4) received her ultrasound on 07/16/17 at 8:02 am but her surgical procedure started at 9:22 AM on 07/16/18, thus this did not undergo the required, 2 hour wait between the ultrasound and the start of the procedure.</p> <p>The above findings were confirmed on 11/06/18 in an interview with staff members #1 and 2.</p>	6 038		
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Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>007326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOUSTON WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4820 SAN JACINTO HOUSTON, TX 77004</b>
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A 000	<p><b>Initial Comments</b></p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>An entrance conference was held with the facility Clinic Coordinator and Nursing Supervisor the morning of 3-5-18. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility Administrator and other administrative staff the afternoon of 3-6-18. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	A 000	<p>REVIEWED</p> <p>MAR 20 2018</p> <p>BY: <i>Wanda Wilton, RN</i></p>	
A 043	[REDACTED]	A 043		

SOD - State LABORATORY

STATE FORM

TITLE

*Medical Director*

YM0411

(X6) DATE

*3/16/18*



**Americans  
United  
for Life**

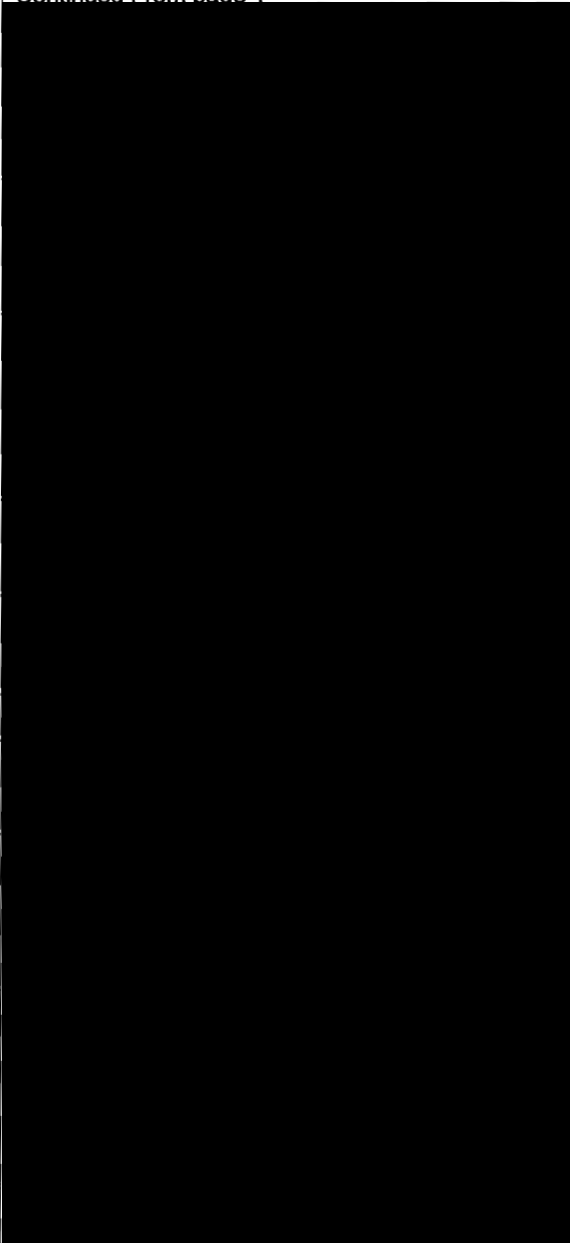
Continuation Sheet 1 of 25

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/06/2018
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A 043	Continued From page 1 	A 043		
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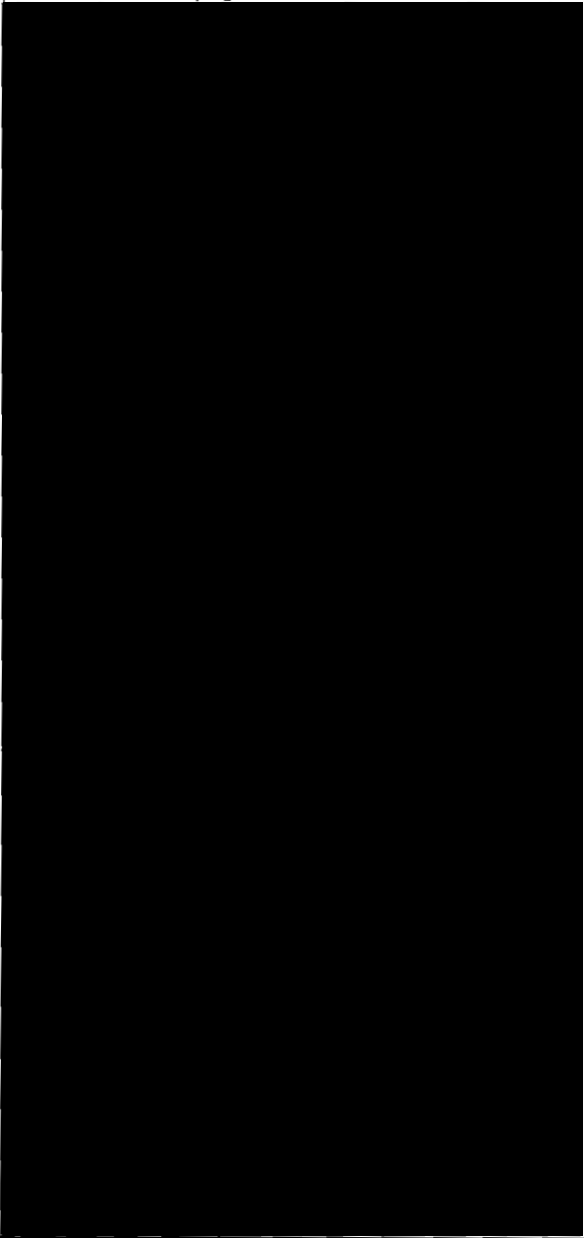
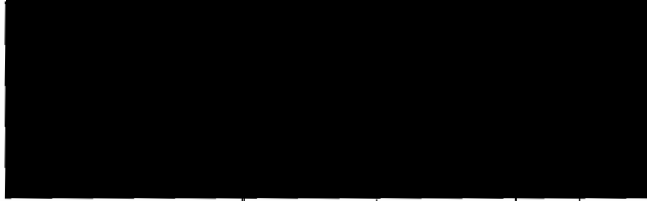


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A 043	Continued From page 2 	A 043		
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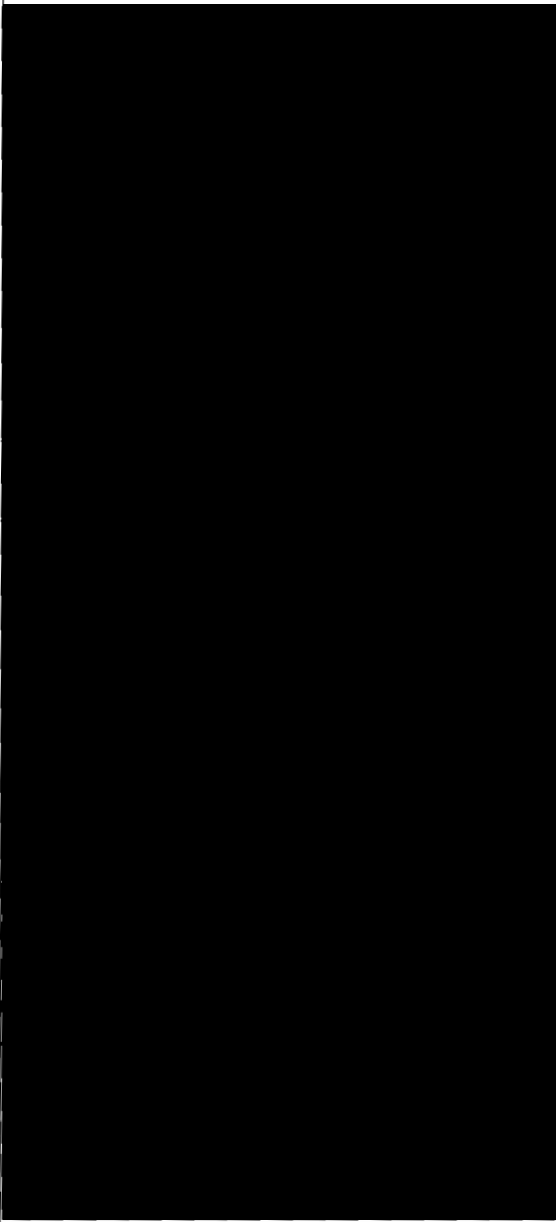


Texas Department of State Health Services

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A 043	Continued From page 3 	A 043		
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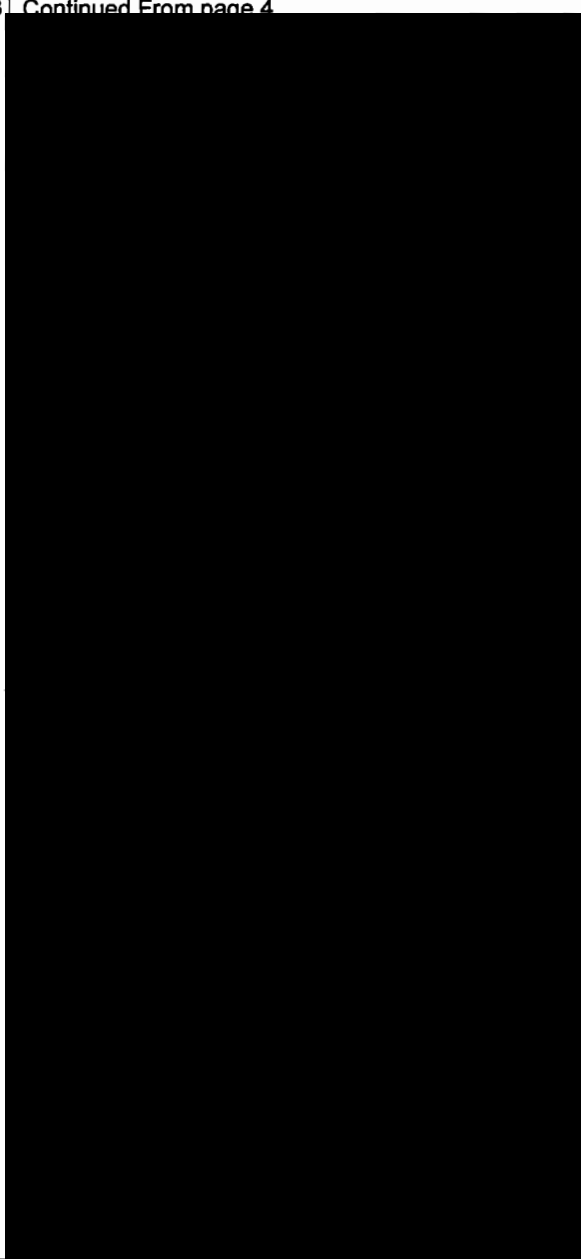



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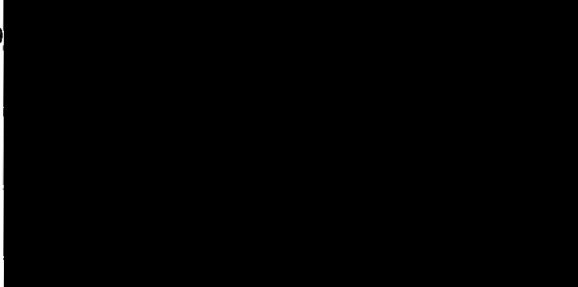
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Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>007326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOUSTON WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4820 SAN JACINTO HOUSTON, TX 77004</b>
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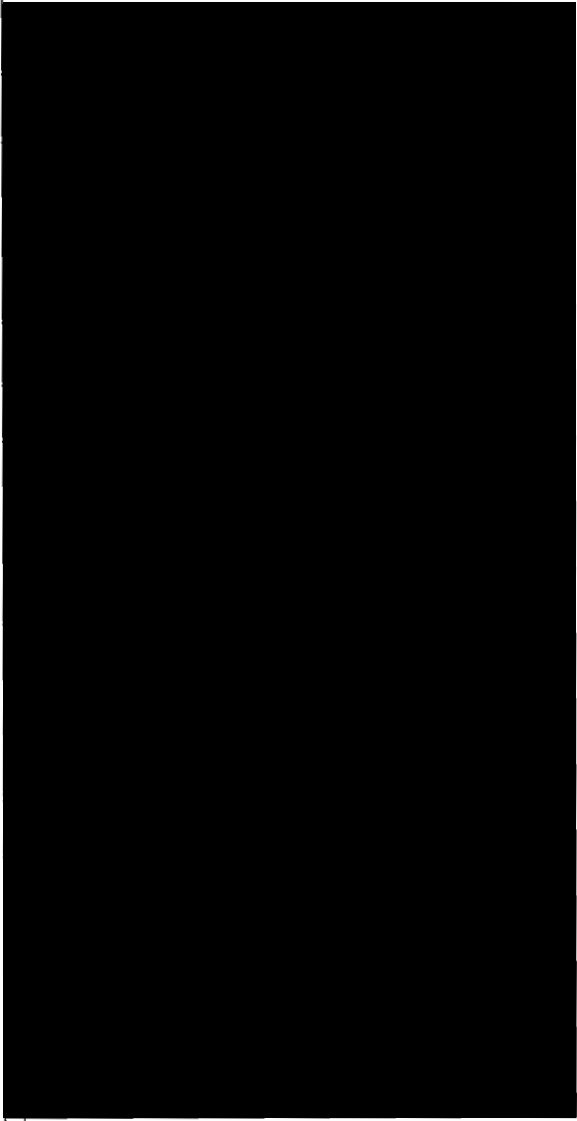
A 043	Continued From page 5 	A 043		
A 129		A 129		

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A 129	Continued From page 6  	A 129		
A 197	TAC 139.48(1)(A) Physical & Environmental Requirements	A-197		



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A 197	<p>Continued From page 7</p> <p>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;</p> <p>This Requirement is not met as evidenced by: Based on tours of the facility and interviews with staff, the facility failed to have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times.</p> <p>Findings were:</p> <p>During tours of the facility conducted on 3-5-18 and 3-6-18, the following observations were made:</p> <p>'A needle (with no syringe attached) was inserted into a multi-dose bottle of Stadol®. Such practice allows a portal of entry for bacteria into the vial.</p> <p>'A plastic baggie containing 18 vials of Ativan® injectable 2mg/ml was found in an unlocked medication refrigerator in the medication/laboratory area. In an interview with staff #4 on 3-5-18, staff #4 was unable to provide the surveyor with a narcotic count sheet for the medication and confirmed that the supply of Ativan® injectable was not being monitored. Facility policy titled "Policy for Preparation and Storage of Medications states, in part: "To ensure safety for patients the following</p>	A 197	<p>Medical Director will ensure all nursing staff follows facility policy for preparation and storage of medications. QA Committee will conduct random inspections to ensure compliance with facility's policies</p>	4.1.18
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A 197	<p>Continued From page 8</p> <p>procedures will take place:</p> <p>...</p> <p>11. An inventory system for narcotic medications to include amounts received, checked out and balances will be used."</p> <p>'Glass ampules of Phenergan® and Methergine® were found in the medication refrigerator in the medication/laboratory area. In an interview with staff #4 on 3-5-18, staff #4 was asked if the facility used filter needles to draw the medications up into syringes for use. Staff #4 stated that the facility had no filter needles.</p> <p>According to the National Institute of Health at <a href="https://www.ncbi.nlm.nih.gov/pubmed/15796427">https://www.ncbi.nlm.nih.gov/pubmed/15796427</a>, "Particle contamination of medications obtained from glass ampules can pose serious hazards to patients. Particle contamination may be reduced by using a filter needle when obtaining medication from glass ampules prior to administration."</p> <p>2 of 3 oxygen tanks were found unsecured in the clean supply area, posing a safety risk.</p> <p>Tape had been placed over the electronic control buttons on 3 of 7 black recliners in the recovery area, creating a sticky surface for bacteria and other pathogens.</p> <p>The exam tables in procedure rooms #2 and #3 had tears/rips in the vinyl covering and rusted, unfinished surfaces on the pull-out footrests, prohibiting proper cleaning.</p> <p>Employee belongings (purses) were found under the sinks of the sonogram room and procedure room #1. Such items present a safety hazard for patients and transport outside pathogens into the patient care areas.</p>	A 197	<p>Nursing Supervisor will be responsible for ordering filter needles to be used with all medications in glass ampules. Nursing Supervisor will be responsible for instructing all nursing staff and developing a new policy to be added to the facility's medication policy.</p> <p>Administrator will be responsible for ensuring Oxygen tanks are properly stored and secured.</p> <p>Nursing Supervisor will be responsible for ensuring no tape is used on patient chairs or tables. Nursing Supervisor will instruct all staff.</p> <p>Administrator will ensure repairs on exam tables with tears/rips, rusted or unfinished surfaces. QA committee will conduct random inspections to ensure compliance.</p> <p>Administrator will obtain more lockers for staff to store belongings out of patient area. QA committee will conduct random inspections to ensure compliance.</p>	<p>4.15.18</p> <p>4.15.18</p> <p>4.15.18</p> <p>4.30.18</p> <p>4.30.18</p>

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A 197	Continued From page 9  The above was confirmed in an interview with the facility Administrator and other administrative staff the afternoon of 3-6-18.	A 197		
A 201	<p>TAC 139.48(1)(E)(F) Physical &amp; Environmental Requirements</p> <p>The physical and environmental requirements for a licensed abortion facility are as follows.</p> <p>(1) A facility shall:</p> <p>(E) store hazardous cleaning solutions and compounds in a secure manner and label substances;</p> <p>(F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings. If other food is provided by the facility, it shall be subject to the requirements of §§229.161 - 229.171 of this title (relating to Texas Food Establishments);</p> <p>This Requirement is not met as evidenced by: Based on a tour of the facility, the facility failed to store hazardous cleaning solutions and compounds in a secure manner, failure to do so increases the risk of harm to patients.</p> <p>Findings were:</p> <p>During a tour of the facility on 03/05/18, cleaning supplies including: Comet cleaner, bleach, 409 cleaner, and Lysol were observed in unlocked cabinets under sinks throughout the facility.</p> <p>The above was confirmed in an interview with staff members #3 and 4 on 03/05/18 during a tour of the facility</p>	A 201	<p>Administrator is responsible for obtaining locks on all cabinets where cleaning solutions are stored.</p>	4.15.18

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A 233	Continued From page 10	A 233		
A 233	<p>TAC 139.49(d)(5)(A) Infection Control Standards</p> <p>(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.</p> <p>(A) Equipment. A licensed abortion facility shall provide sterilization equipment adequate to meet the requirements of this paragraph for sterilization of critical items. Equipment shall be maintained and operated to perform, with accuracy, the sterilization of critical items.</p> <p>This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure the effective sterilization of instruments, by failing to utilize the correct methods of packaging and arrangement of items in the sterilizer.</p> <p>Findings included:</p> <p>During a tour of the facility on 03/05/18 the following observation was made:</p> <p>* In the clean sterilization area 5 of 5 scissors were observed in the closed position and 1 of 7 hinged instruments were observed with the lock box closed and locked. When instruments are closed, the sterilizing agent cannot penetrate all surfaces to ensure complete sterilization of all surfaces of the instruments. The Centers for Disease Control and Prevention (CDC) article, GUIDELINE FOR DISINFECTION AND STERILIZATION IN HEALTHCARE FACILITIES, 2008, by William A. Rutala, Ph.D., M.P.H., David</p>	A 233	<p>Medical Director will develop additional policy to include inspection of hinged instruments. Specifically to ensure hinged instruments are sterilized in the open position. Medical Director will review this policy with all staff working sterilization. QA committee will conduct random inspections to ensure compliance.</p> <p>4.1.18</p>	

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A 233	Continued From page 11  J. Weber, M.D., M.P.H., and the Healthcare Infection Control Practices Advisory Committee (HICPAC), found at: <a href="http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Di_sinfection_Nov_2008.pdf">http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Di_sinfection_Nov_2008.pdf</a> , states on page 74 that "hinged instruments and instruments that close should be opened during the process of sterilization".  In an interview on 03/05/18 staff members # 3 and 27.	A 233		
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A 260	[REDACTED]	A 260	[REDACTED]	
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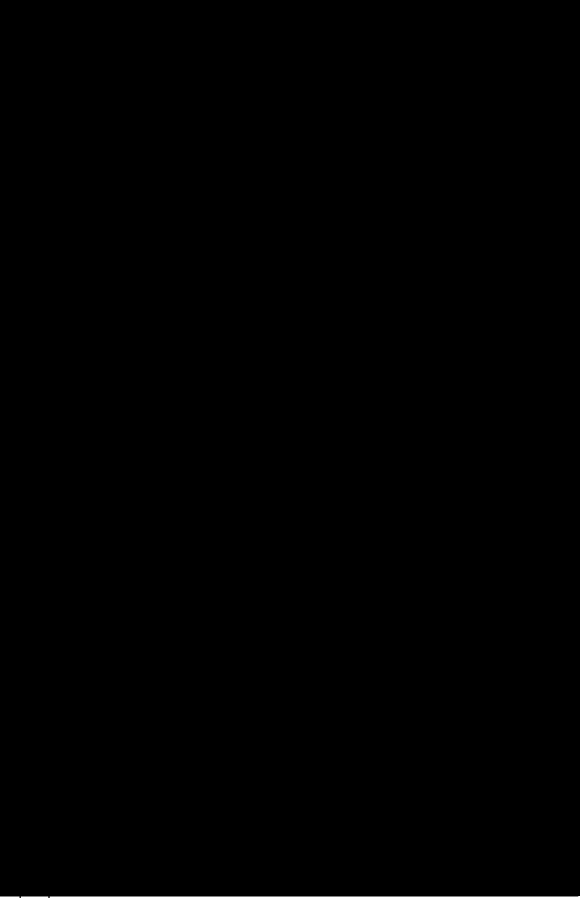
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A 260 Continued From page 12



A 260

A 328 HSC Code, D173.063(d)((1)(2)(e)(1)(2)(f)  
Abortion-Inducing Drugs

A 328

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



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A 328	<p>Continued From page 13</p> <p>woman may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the administration or use of the drug or ask health-related questions regarding the administration or use of the drug.</p> <p>(e) The physician who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, must schedule a follow-up visit for the woman to occur not more than 14 days after the administration or use of the drug. At the follow-up visit, the physician must:</p> <p>(1) confirm that the pregnancy is completely terminated; and</p> <p>(2) assess the degree of bleeding.</p> <p>(f) The physician who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, shall make a reasonable effort to ensure that the woman returns for the scheduled follow-up visit under Subsection (e). The physician or the physician's agent shall document a brief description of any effort made to comply with this subsection, including the date, time, and name of the person making the effort, in the woman's medical record.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and an</p>	A 328	<p>Medical Director shall develop policies for medication abortion (Mifeprex) to include required follow-up appointment, policies for contacting patients who fail to show for their follow-up appointment. All staff will be instructed on these policies.</p>	4.15.18
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A 328	<p>Continued From page 14</p> <p>interview with staff, the physician who gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug failed to schedule a follow-up visit for the woman to occur not more than 14 days after the administration or use of the drug.</p> <p>Findings were:</p> <p>During a review of clinical records for 9 medication abortion patients (patients #1 - #9), none of the 9 patients had been scheduled for a follow-up visit not more than 14 days after the administration of the drug.</p> <p>All patients were discharged with patient instructions that stated: "You must return to the office: In 2 weeks follow-up at clinic . M[Monday]-F[Friday] 2-4PM or Take urine pregnancy test at home"</p> <p>In an interview with staff #3 on 3-6-18, staff #3 confirmed that the patients were instructed to return to the clinic within 2 weeks but were not instructed to return on a certain date and at a certain time.</p> <p>The above was confirmed in an interview with the facility Administrator and other administrative staff the afternoon of 3-6-18.</p>	A 328		
A 356	<p>TAC 139.56(b)(c) Emergency Services</p> <p>(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).</p> <p>(c) Personnel providing direct patient care shall</p>	A 356		



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A 356	<p>Continued From page 15</p> <p>be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.</p> <p>This Requirement is not met as evidenced by: Based on a review of personnel files and an interview with staff, the facility failed to ensure that all direct care personnel were competent in and maintained current certification in cardiopulmonary resuscitation (CPR), as there was no documented evidence of hands-on skills practice and in-person assessment and demonstration of CPR skills. This presents a risk, as staff may not be competent to respond in a medical emergency.</p> <p>Findings included:</p> <p>Facility based policy entitled, "Administrative Policies" stated in part, "1. Personnel... * Personnel will be CPR certified..."</p> <p>A review of personnel files revealed that 7 of 26 direct staff members at facility (#10, 11,12, 13 15, 19, and 20) obtained cardiopulmonary resuscitation (CPR) through an online resource that demonstrated "proficiency by successfully passing the examination" with no evidence of hands-on skills practice and in-person assessment and demonstration of CPR skills. The website for the online resource found at: <a href="https://www.nationalcprfoundation.com/support/states">https://www.nationalcprfoundation.com/support/states</a> in part, "No, we do not offer hands-on training. If your employer has requested you to</p>	A 356	<p>Administrator will ensure CPR training for staff includes hands on skills training.</p>	4.15.18
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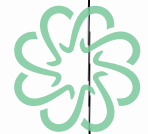
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A 356	<p>Continued From page 16</p> <p>receive hands-on training please visit CPR Near Me (also at CPR Near Me Online)."</p> <p>Review of the Health &amp; Safety Institute and the National Safety Council website found at <a href="http://news.hsi.com/onlineonlycpr">http://news.hsi.com/onlineonlycpr</a> reveals that, "No major nationally recognized training program in the United States endorses certification without practice and evaluation of hands-on skills. According to the Occupational Safety and Health Administration (OSHA) online training alone does not meet OSHA first aid and CPR training requirements."</p> <p>2 staff members (#4 and 16) had CPR that expired in February 2018. Staff member #3 stated they 2 staff members were getting ready to take the training in the next week.</p> <p>The above findings were confirmed in an interview with staff member #3 on 03/06/18.</p>	A 356		
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A 362	<p>TAC 139.57(a)(2)(A)(B)(C)(D)(3) Discharge and Follow-up Referrals</p> <p>(a) A licensed abortion facility shall develop and implement written discharge instructions which shall include:</p> <p>(2) a statement of the facility's plan to respond to the patient in the event the patient experiences any of the complications listed in the discharge instructions to include:</p> <p>(A) a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from</p>	A 362		
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A 362	<p>Continued From page 17</p> <p>the performance or induction of the abortion or ask health-related questions regarding the abortion;</p> <p>(B) the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated;</p> <p>(C) assurance that the responding individual shall be a physician, advanced practice registered nurse, physician assistant, registered nurse, or licensed vocational nurse; and</p> <p>(D) information that the patient may also contact the emergency medical service or present for care at the emergency room of a hospital in addition to contacting the facility; and</p> <p>(3) information concerning the need for a post-abortion examination.</p> <p>This Requirement is not met as evidenced by: Based on a review of medical records and interview, the facility failed to implement written discharge instructions which included the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated.</p> <p>Findings included:</p> <p>Review of medical records revealed the following:</p> <ul style="list-style-type: none"> <li>* The "Post-Operative Instructions" form stated in part, "We recommend that you contact us, but we want you to be fully aware that a hospital Emergency room is always an option. We will ensure that you have the name and phone number of a hospital closet [sic] to your home."</li> <li>* 20 of 20 patient medical records had the above post-operative instructions in their medical</li> </ul>	A 362	<p>**** See Attachment 1 ****</p> <p>Facility's current post-op instruction sheet (on back side) has a section for patients to initial stating (top section #6) that they have received the name and phone number of the hospital closet to their home.</p> <p>The inspector's findings only reviewed the front of the post-op instruction sheet and did not see the back where patients clearly initial they were given the required information.</p>	3.19.18
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Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>007326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOUSTON WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4820 SAN JACINTO HOUSTON, TX 77004</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 362 Continued From page 18

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

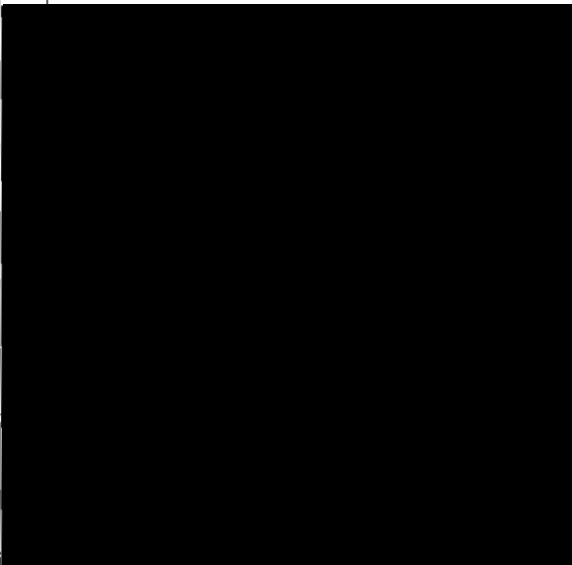
\* In an interview on 03/05/18 staff member #3 showed the surveyors a folder containing a list of all hospitals in Texas with telephone numbers included. The staff member stated this information was included in the post-operative instructions which are provided to the patients at discharge, but this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

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

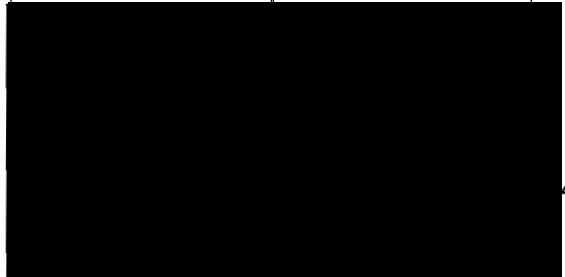
In an interview on 03/06/18, staff member #3 verified the above findings.

A 362

A 371



A 371



4.15.18



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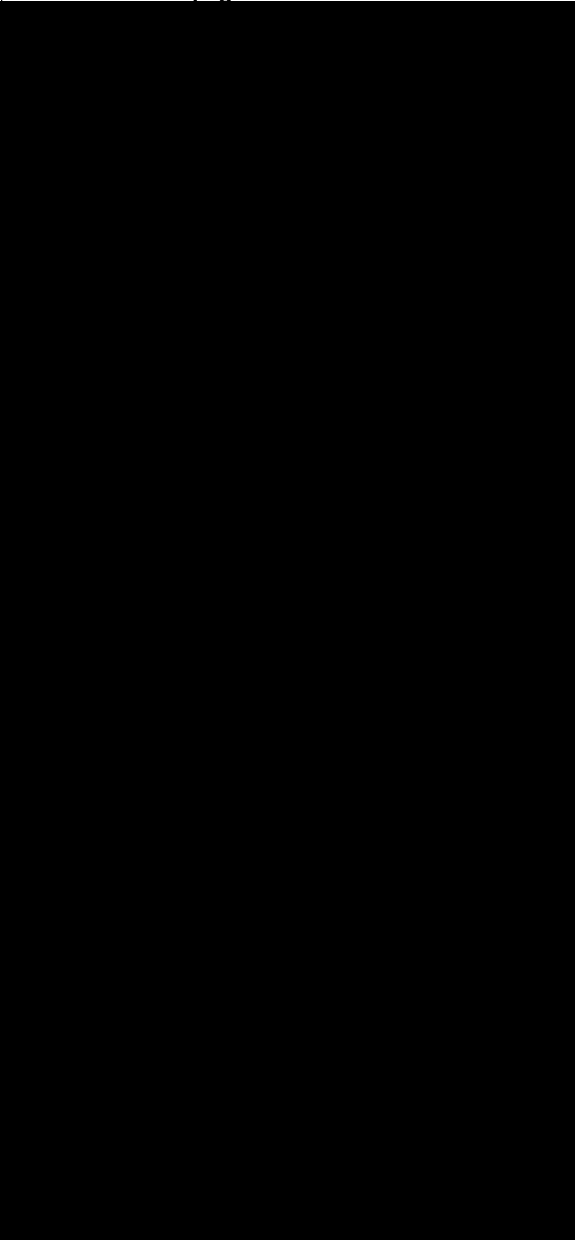
If continuation sheet 12 of 23

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>007326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOUSTON WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4820 SAN JACINTO HOUSTON, TX 77004</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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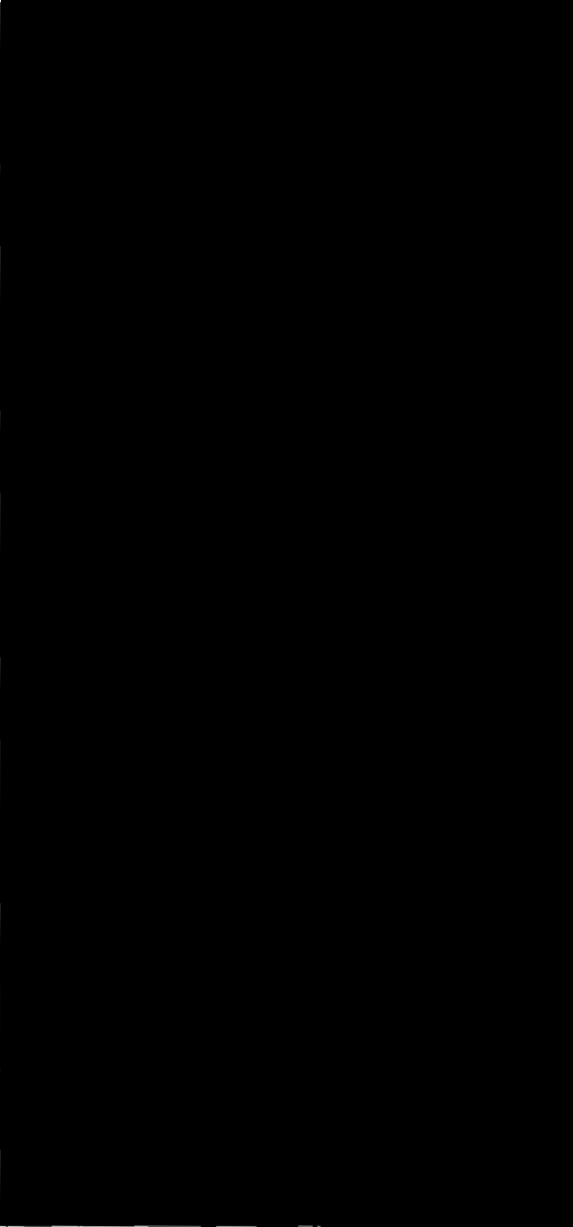
A 371	Continued From page 19 	A 371		
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Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>007326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOUSTON WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4820 SAN JACINTO HOUSTON, TX 77004</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 371	Continued From page 20 	A 371		
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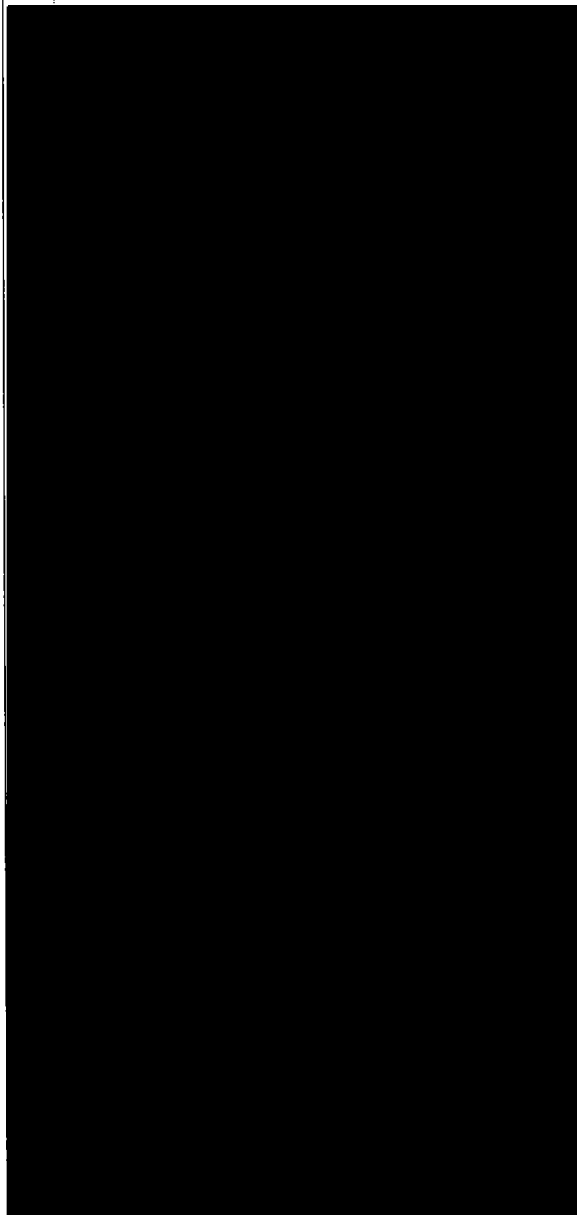
Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>007326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2018</b>
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A 371 Continued From page 21



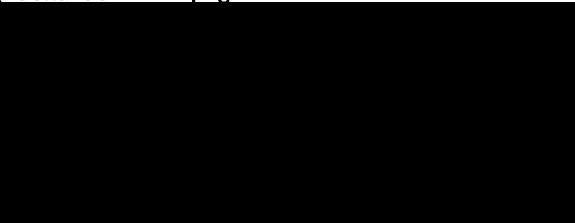
A 371

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>007326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOUSTON WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4820 SAN JACINTO HOUSTON, TX 77004</b>
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A 371	Continued From page 22 	A 371		
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# HOUSTON WOMEN'S CLINIC

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

## Initial to indicate you understand each of the following:

1. It is my decision to terminate this pregnancy. No one is forcing or pressuring me to do this.
2. I understand I have options for this pregnancy, including taking more time to consider my decision.
3. Review of my personal medical history.
4. Explanation of the pregnancy termination procedure, including possible risks.
5. Risks involved with termination.
6. Instructions for after care and medications, including name & phone number of hospital nearest my home.
7. Birth control information.
8. 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 death.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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for Life**



Reviewed 2-22-19

*S. J. [Signature]*

PRINTED: 01/28/2019  
FORM APPROVED

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/24/2019
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NAME OF PROVIDER OR SUPPLIER  NORTH PARK MEDICAL GROUP	STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD DALLAS, TX 75231
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 000	<p>TAC 139.1 Initial Comments</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		
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SOD - State Form  
LABORATORY DIRECTOR

LABORATORY DIRECTOR'S SIGNATURE

TITLE

STATE FORM

0099

E1YV11

*Medical Director*

DATE

2-8-19



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If continuation sheet 1 of 11

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  NORTH PARK MEDICAL GROUP			STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD DALLAS, TX 75231		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
6 000	Continued From page 1  under Health and Safety Code, Chapter 243; or  (ii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.  (2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed). An entrance conference was held with the Clinic Manager the morning of 1-23-19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.  Continued licensure is recommended, with an approved plan of correction.  An exit conference was held with the Clinic Manager the afternoon of 1-24-19. Preliminary findings of the survey were discussed, and an opportunity given for questions.	6 000			

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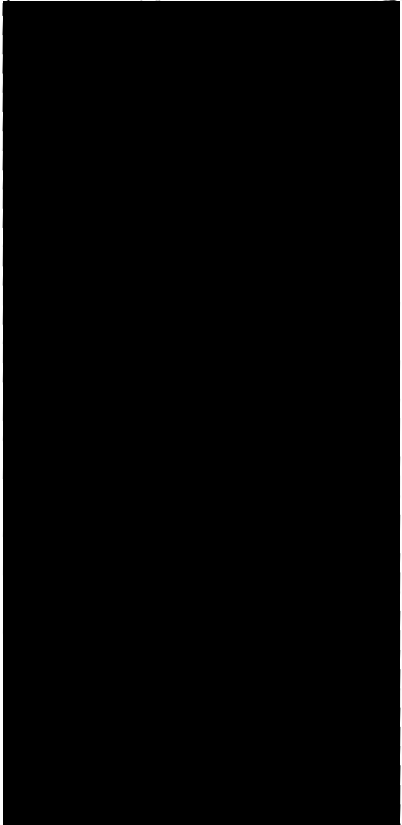
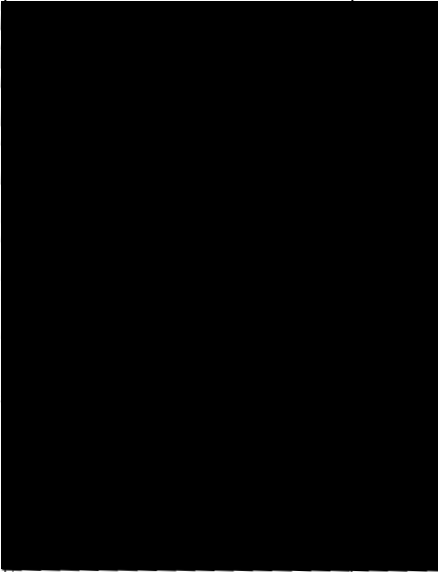
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62/68/17 If continuation sheet 2 of 11



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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  NORTH PARK MEDICAL GROUP			STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD DALLAS, TX 75231		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
6 000	Continued From page 2 	6 000			

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02/03/19

If continuation sheet 3 of 11



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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  NORTH PARK MEDICAL GROUP			STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD DALLAS, TX 76231		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
6 000	Continued From page 3	6 000			
6 019	[REDACTED]	6 019			
			[REDACTED]	02/08/19	



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/24/2019
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NAME OF PROVIDER OR SUPPLIER  NORTH PARK MEDICAL GROUP	STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD DALLAS, TX 76231
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6 019	Continued From page 4	6 019		
	[REDACTED]		[REDACTED]	
			[REDACTED]	02/18/19



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  NORTH PARK MEDICAL GROUP		STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD DALLAS, TX 75231		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 019	Continued From page 5	6 019		
	[REDACTED]			
			[REDACTED]	

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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  NORTH PARK MEDICAL GROUP			STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD DALLAS, TX 75231		
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6 019	Continued From page 6	6 019			



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  01/24/2019
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NAME OF PROVIDER OR SUPPLIER  NORTH PARK MEDICAL GROUP	STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD DALLAS, TX 75231
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 019	Continued From page 7	6 019		
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/24/2019
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NAME OF PROVIDER OR SUPPLIER  NORTH PARK MEDICAL GROUP	STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD DALLAS, TX 75231
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 019	Continued From page 8	6 019		
	[REDACTED]		[REDACTED]	02/08/19



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  NORTH PARK MEDICAL GROUP		STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD DALLAS, TX 75231		
(X4) ID PREFIX TAG  6 019	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9	ID PREFIX TAG  6-019	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
		6019		

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020819 continuation sheet 10 of 11



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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/24/2019
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6-019	Continued From page 10. 	6 019		

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**for Life**

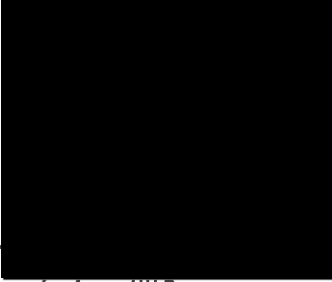
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/14/2019
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NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 SAN ANTONIO, TX 78229
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 000	<p>TAC 139.1 Initial Comments</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p>	6 000		
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	<p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>			
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SOD - State Form  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

 RW

President & Chair

2/19/2019  
Americans United for Life  
If continuation sheet 1 of 20

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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/14/2019
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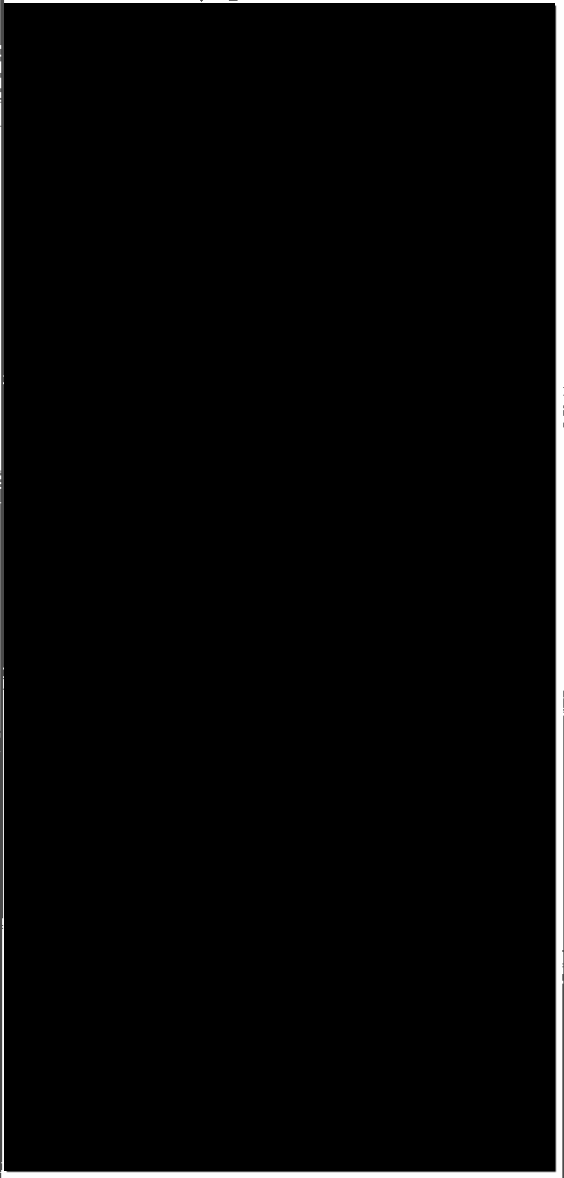
NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 SAN ANTONIO, TX 78229
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 000	<p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(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.</p> <p>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).</p> <p>An onsite licensure survey was conducted using the Texas Administrative Code Title 25, Chapter 139 Abortion Facility Licensing Regulations. An entrance conference was held with the Facility Administrator on 01/14/19. The purpose and process of the survey was discussed, and an opportunity was given for questions.</p> <p>An exit conference was held the afternoon of 01/14/19 with the Facility Administrator and other members of management onsite. Preliminary findings of the survey were discussed, and an opportunity given for questions and discussion.</p> <p>Recommend continued licensure based on an approved plan of correction.</p>	6 000		
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Texas Health and Human Services Commission

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NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 SAN ANTONIO, TX 78229
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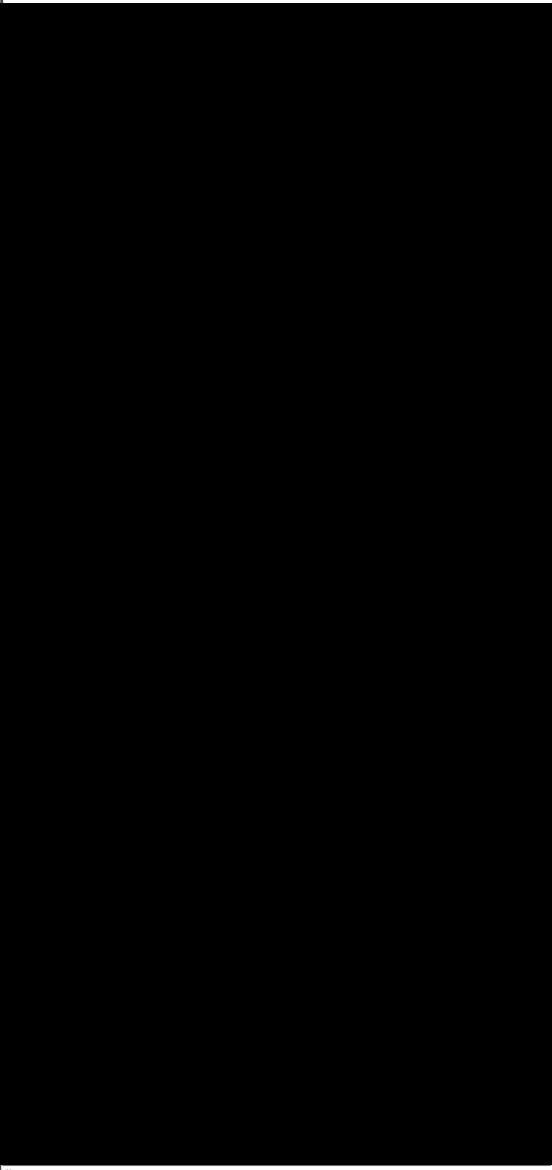
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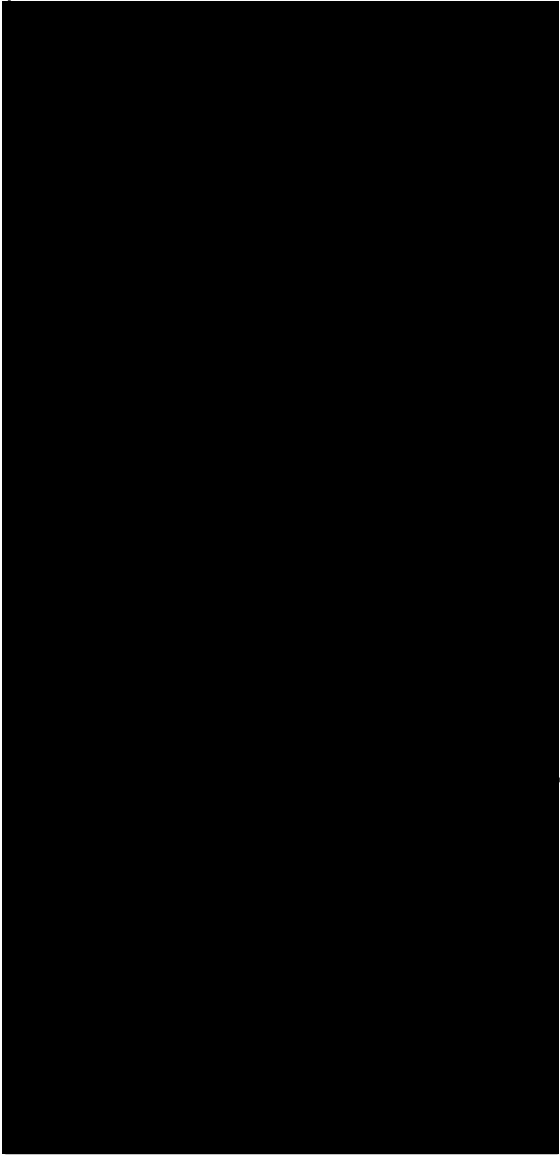
Texas Health and Human Services Commission

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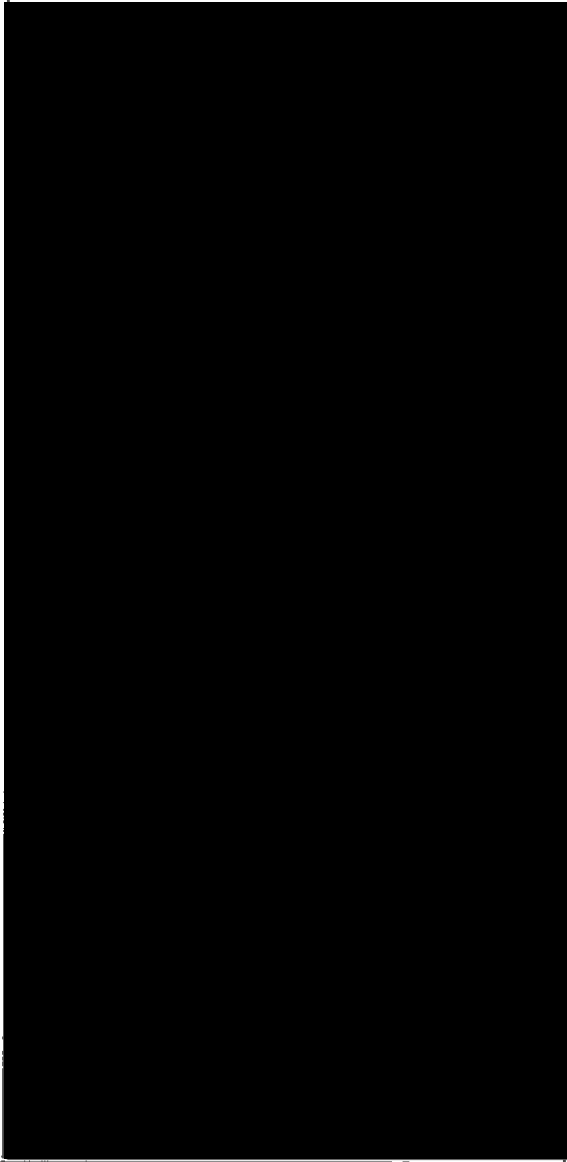
NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 SAN ANTONIO, TX 78229
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Texas Health and Human Services Commission

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Texas Health and Human Services Commission

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6 001	Continued From page 5  	6 001		



Texas Health and Human Services Commission

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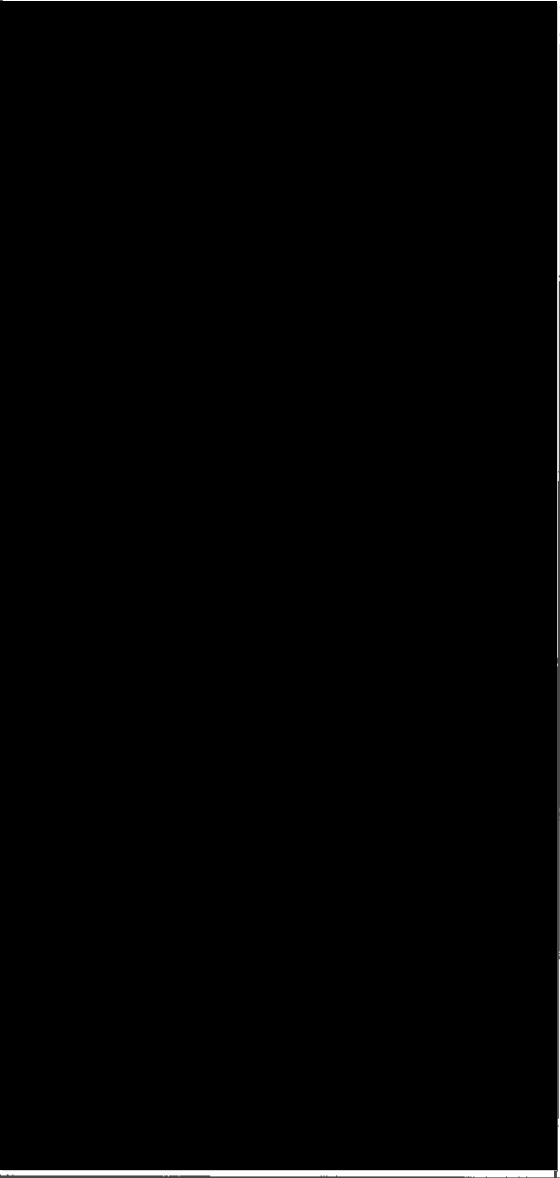
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Texas Health and Human Services Commission

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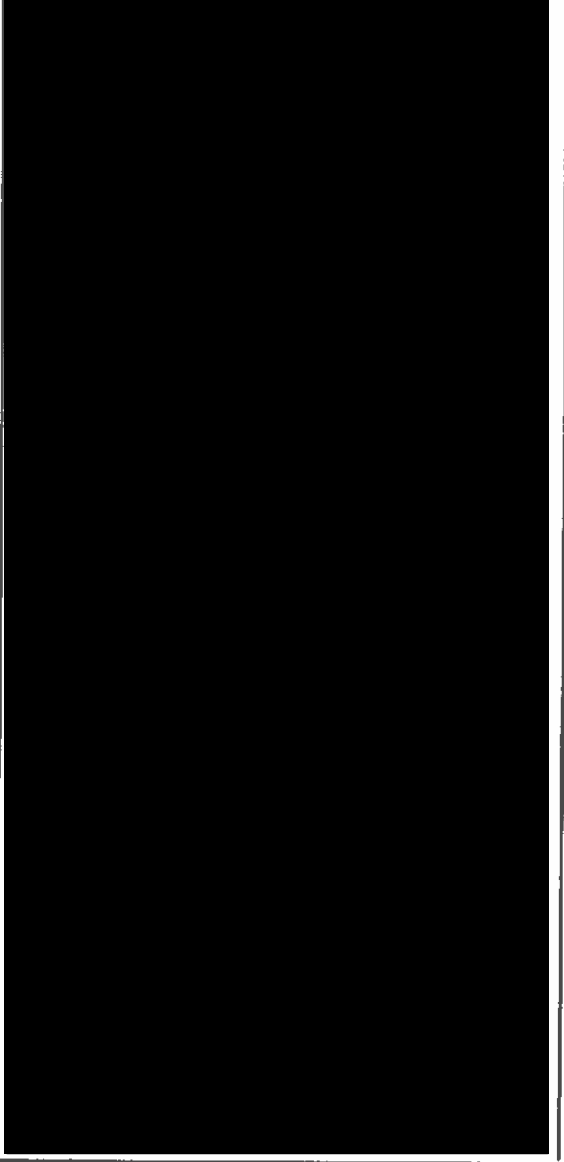
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6 001	Continued From page 7 	6 001		

Texas Health and Human Services Commission

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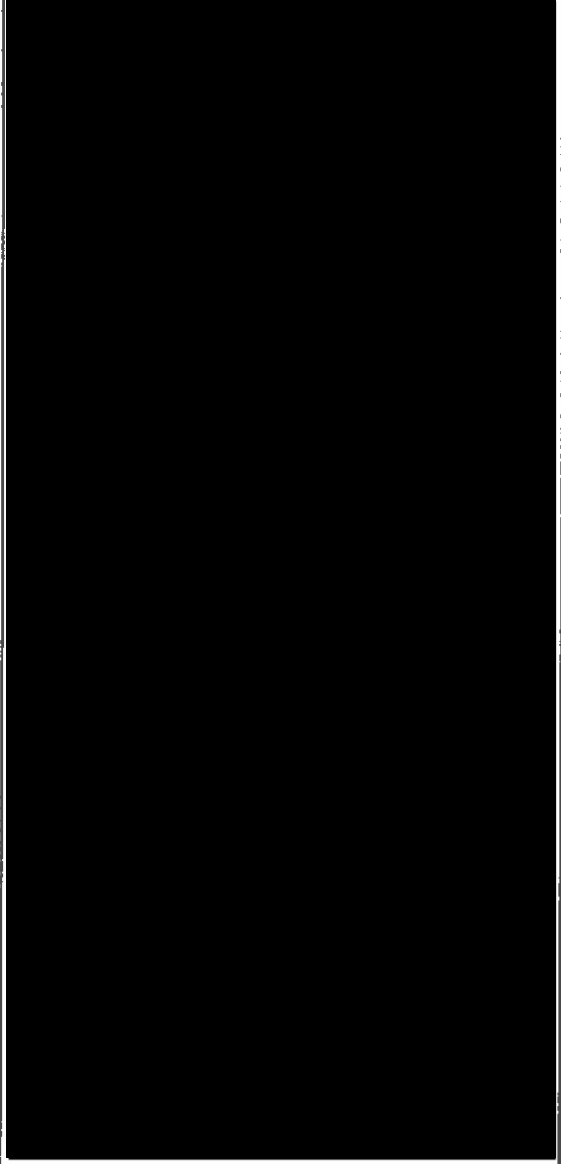
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Texas Health and Human Services Commission

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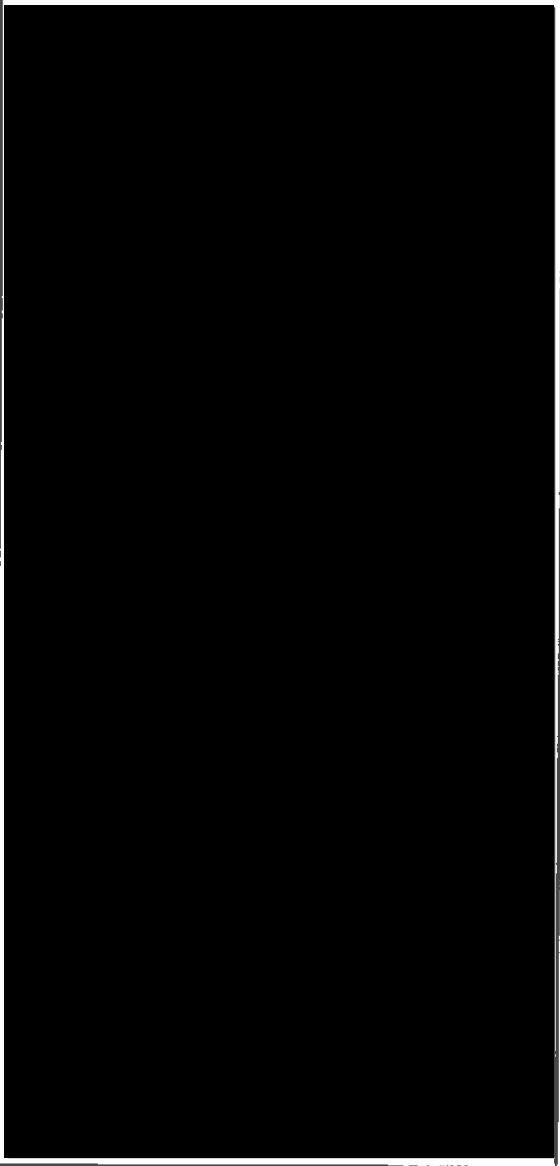
NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 SAN ANTONIO, TX 78229
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6 001	Continued From page 9 	6 001		

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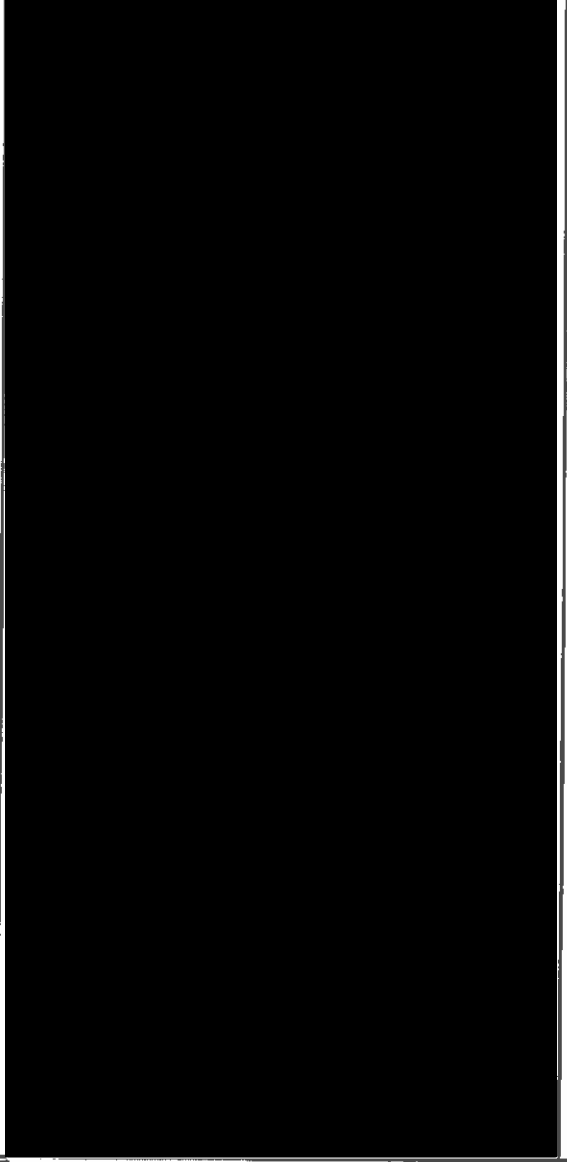




Texas Health and Human Services Commission

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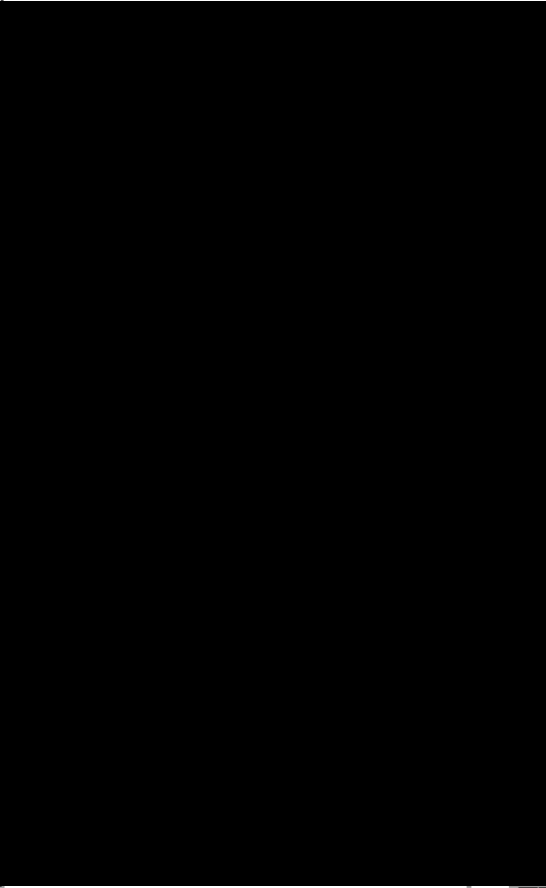
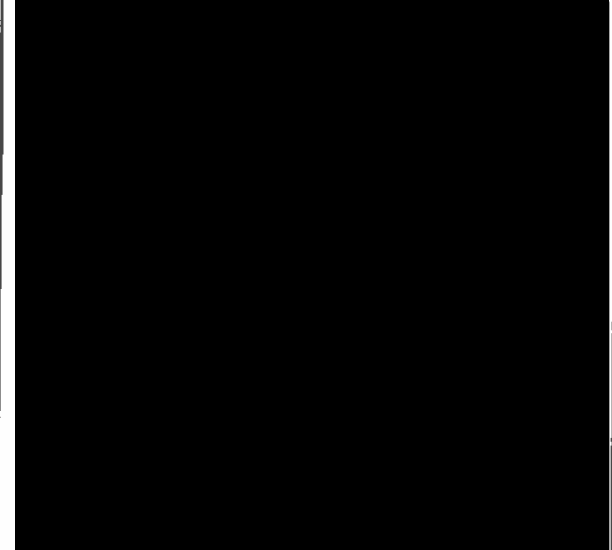
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6 001	Continued From page 11  	6 001		

Texas Health and Human Services Commission

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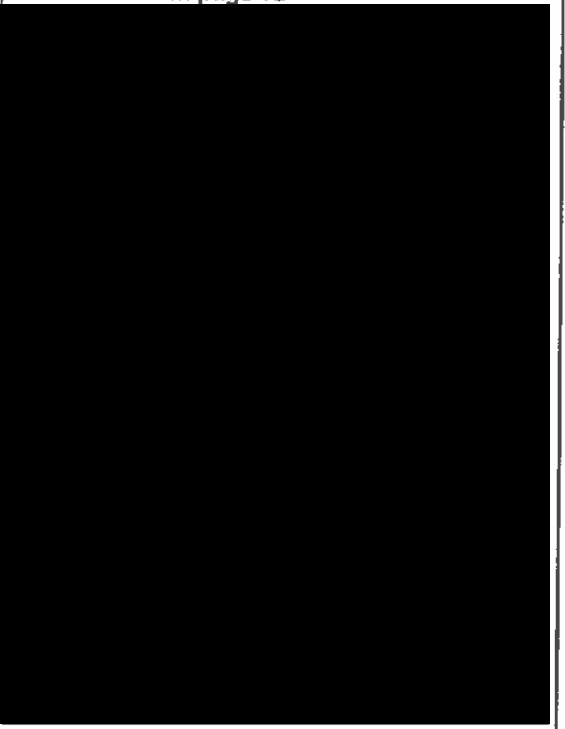


NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 SAN ANTONIO, TX 78229
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6 001	Continued From page 12  	6 001		

Texas Health and Human Services Commission

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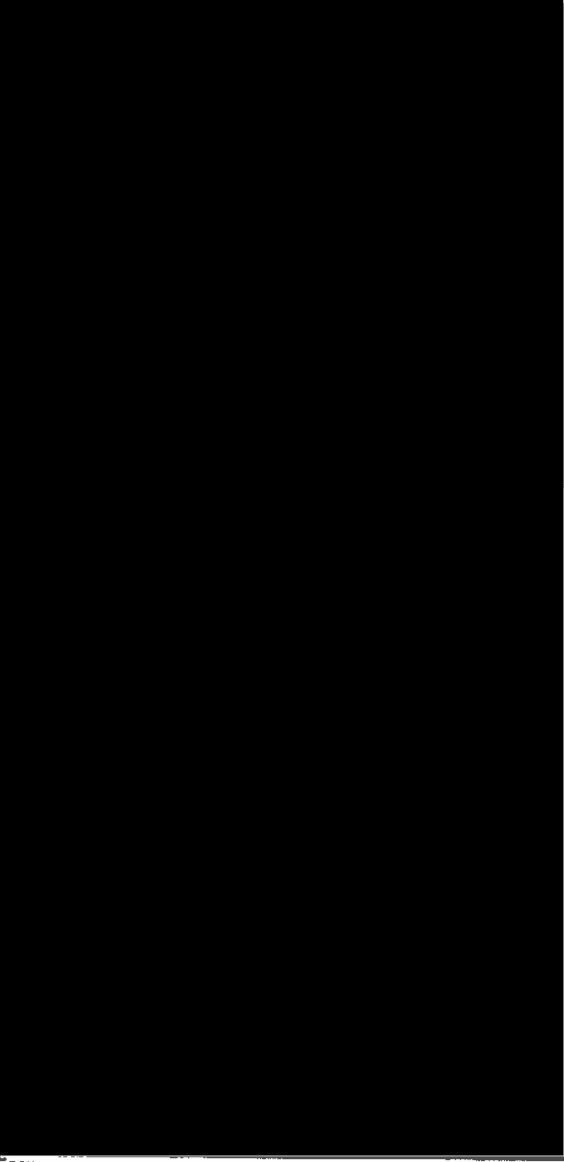
NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 SAN ANTONIO, TX 78229
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6 001	Continued From page 13 	6 001		
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Texas Health and Human Services Commission

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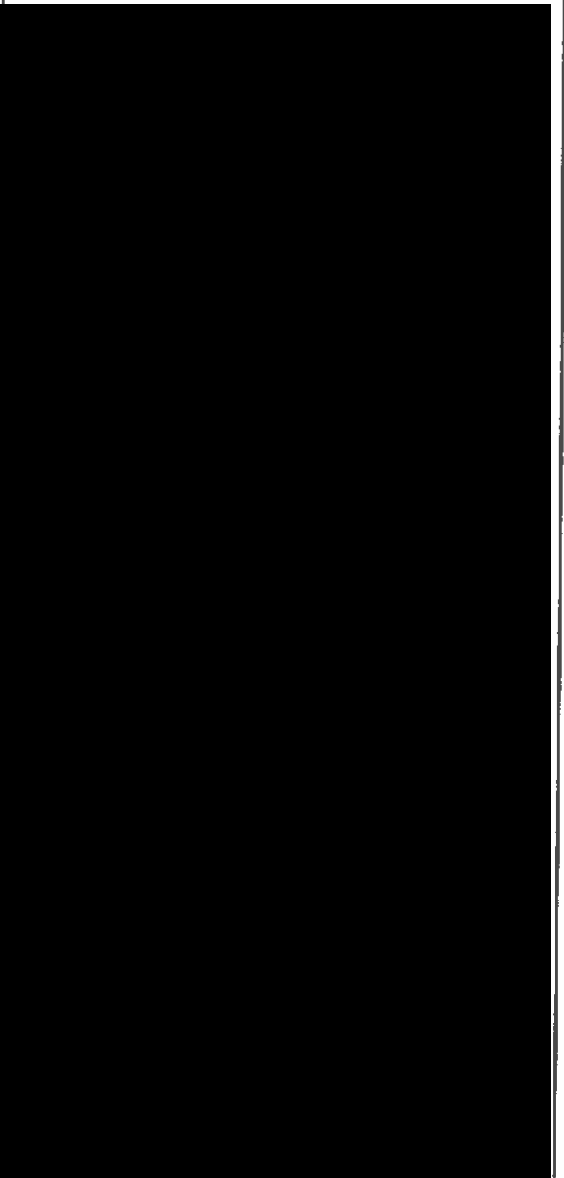
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6 007	Continued From page 14  	6 007		

Texas Health and Human Services Commission

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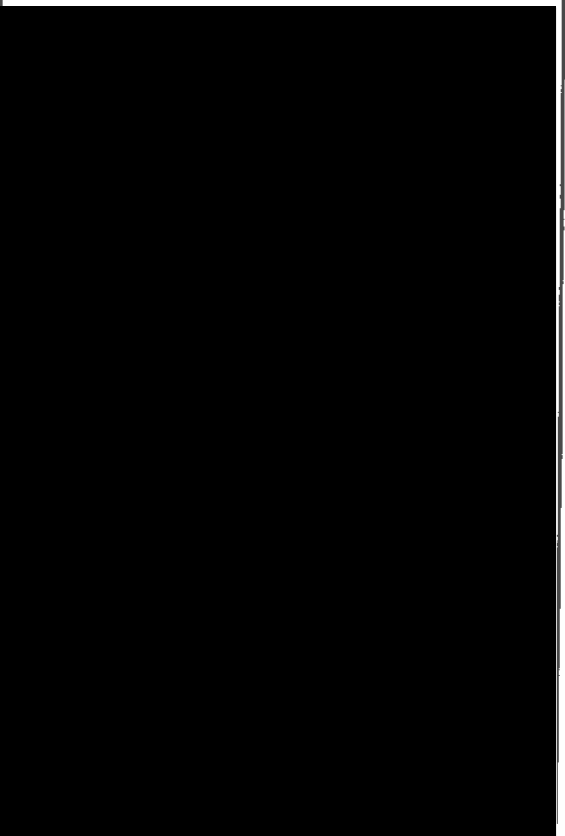
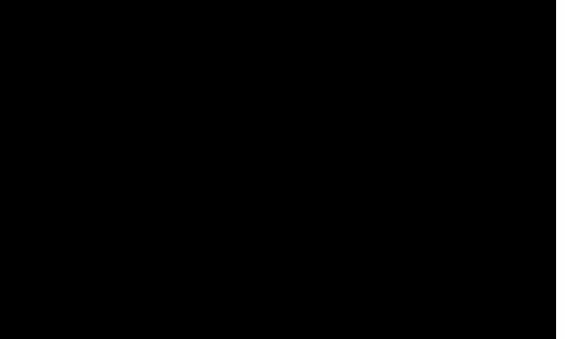
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6 007	Continued From page 15 	6 007		

Texas Health and Human Services Commission

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6 007	Continued From page 16 	6 007		
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/14/2019
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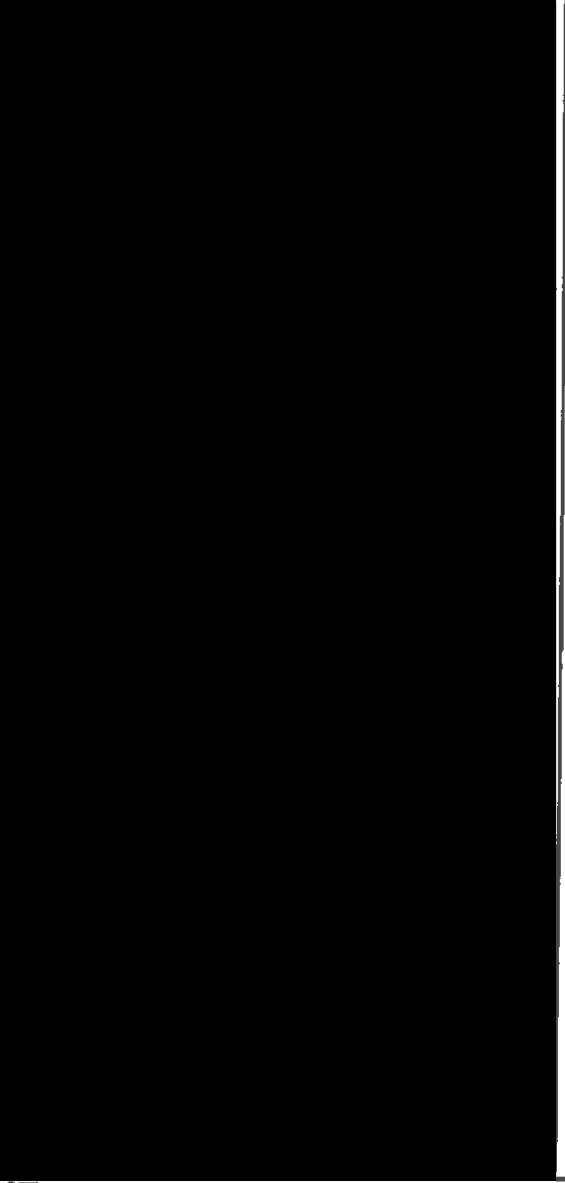
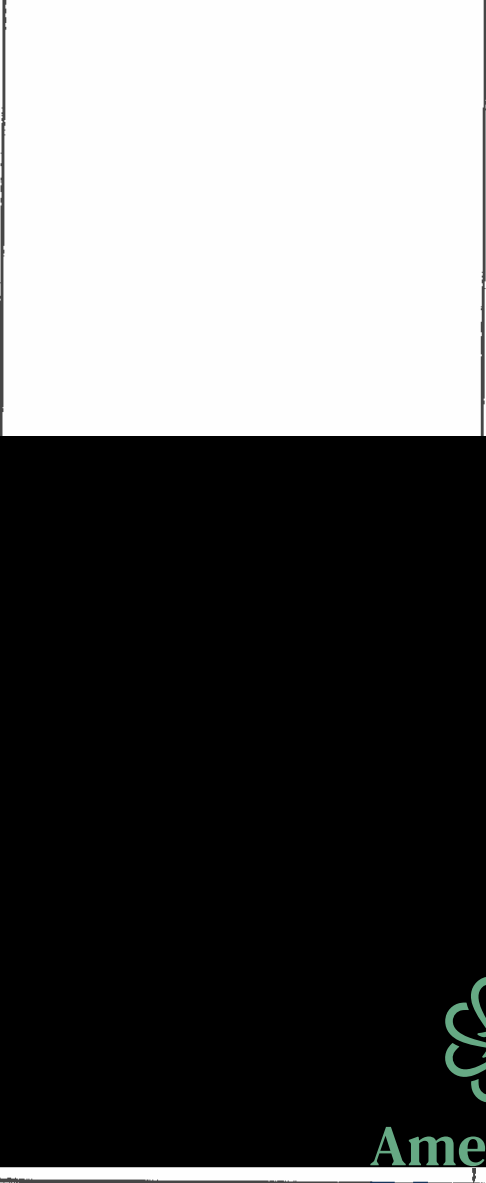
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Texas Health and Human Services Commission

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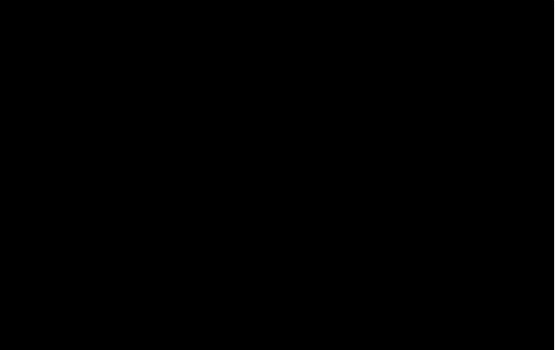
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Texas Health and Human Services Commission

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6 035	Continued From page 19 	6 035		



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**for Life**

*Reviewed 2-14-19*  
*Zimmerman*

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD CENTER FOR CHOICE-STA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12614 SOUTHWEST FREEWAY, SUITE B STAFFORD, TX 77477</b>
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6 000	<p>TAC 139.1 Initial Comments</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		
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SOD - State Form LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE Administrator
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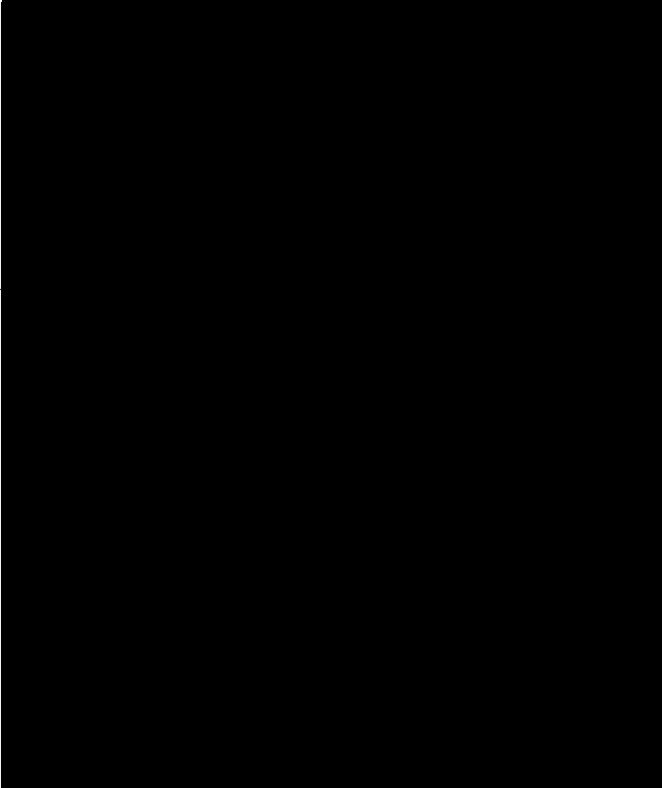
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6 000	<p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.</p> <p>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).</p> <p>An entrance conference was held with the facility Administrator 1-14-19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility Administrator the afternoon of 1-15-19. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	6 000		
6 007	TAC 139.8 Quality Assurance	6 007	[6 007]	

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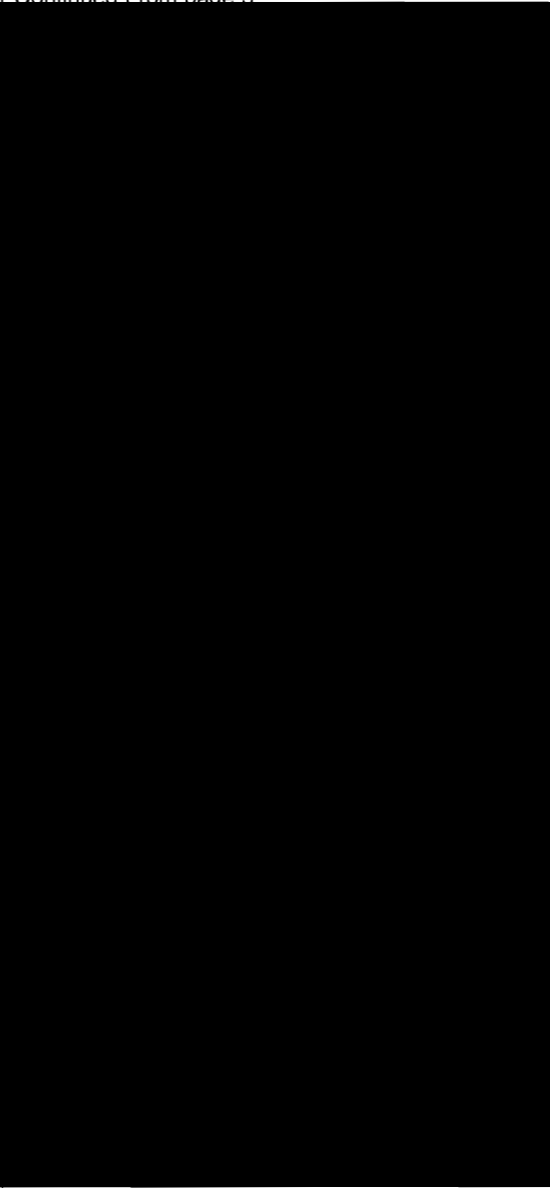
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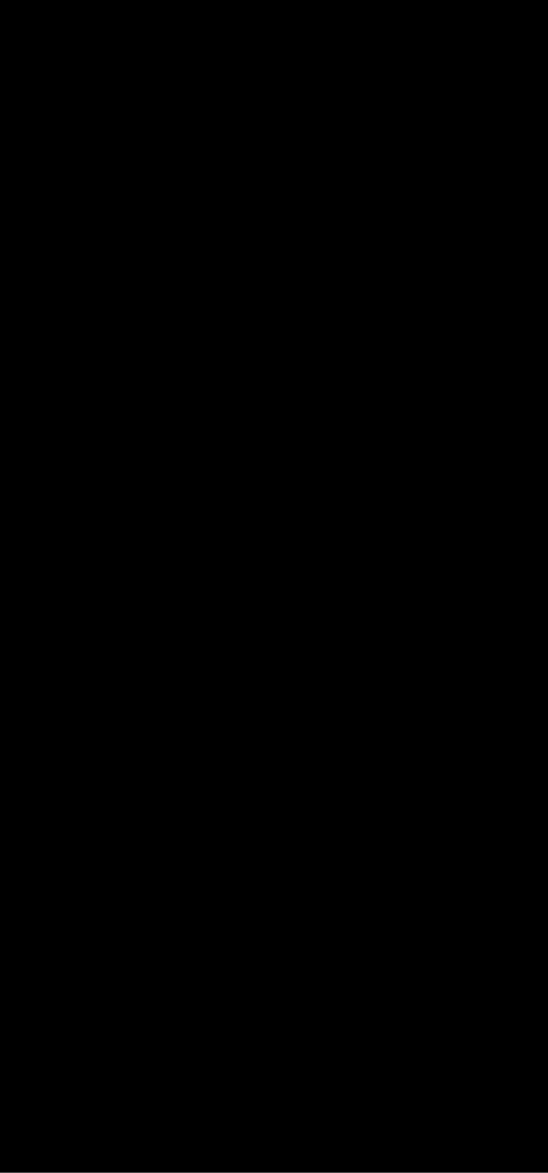
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6 033	Continued From page 5	6 033	[6 033]	
6 033	<p>TAC 139.48 Physical and Environmental Requirements</p> <p>The physical and environmental requirements for a licensed abortion facility are as follows.</p> <p>(1) A facility shall:</p> <p>(A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times;</p> <p>(B) equip each procedure room so that procedures can be performed in a manner that assures the physical safety of all individuals in the area;</p> <p>(C) have a separate recovery room if moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia are administered at the facility;</p> <p>(D) have a written protocol for emergency evacuation for fire and other disasters tailored to the facility's geographic location. Each staff member employed by or under contract with the facility shall be able to demonstrate their role or responsibility to implement the facility's emergency evacuation protocol required by this subparagraph;</p> <p>(E) store hazardous cleaning solutions and compounds in a secure manner and label substances;</p> <p>(F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings.</p>	6 033	<p>Locks have been installed by the facility department on cabinets in exam rooms to secure cleaning products.</p>	02-01-09

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6 033	<p>Continued From page 6</p> <p>If other food is provided by the facility, it shall be subject to the requirements of Chapter 228 of this title (relating to Retail Food);</p> <p>(G) provide clean hand washing facilities for patients and staff including running water, and soap;</p> <p>(H) have two functioning sinks and a functioning toilet; and</p> <p>(I) have equipment available to sterilize instruments, equipment, and supplies in accordance with §139.49(d) of this title (relating to Infection Control Standards) before use in the facility.</p> <p>(2) The equipment for vacuum aspiration shall be electrically safe and designed to prevent reverse pump action in facilities that provide vacuum aspiration.</p> <p>(3) Projects involving alterations of and additions to existing buildings shall be programmed and phased so that on-site construction shall minimize disruptions of existing functions. Access, exit ways, and fire protection shall be maintained so that the safety of the occupants shall not be jeopardized during construction.</p> <p>This Requirement is not met as evidenced by: Based on a tour of the facility, the facility failed to store hazardous cleaning solutions and compounds in a secure manner.</p> <p>Findings were:</p> <p>During a tour of the facility on 1-14-19, exam</p>	6 033		





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6 033	Continued From page 7  rooms #4 and #6 contained unsecured cleaning solutions and compounds to include Lysol spray, Clorox sanitizing wipes, bleach wipes, Sani-cloths and Virex spray.  The above was confirmed in an interview with the Clinic Administrator on the afternoon of 1-15-19.	6 033		
6 041	TAC 139.56 Emergency Services  (a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:  (1) have active admitting privileges at a hospital that provides obstetrical or gynecological health care services and is located not further than 30 miles from the abortion facility;  (2) provide the pregnant woman with:  (A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion; and  (B) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.	6 041	[6 041]  Staff #5 had current ACLS certification, which supersedes BLS certification, on file. Staff has obtained BLS certification since the survey.  Staff #3 has obtained BLS certification since the survey.	01-23-19  02-01-09



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6 041	<p>Continued From page 8</p> <p>(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).</p> <p>(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and an interview with staff, the facility failed to ensure that all personnel providing direct patient care were certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements.</p> <p>Findings were:</p> <p>A review of personnel records for 6 clinic staff was conducted. Of the 6 staff, 5 of the staff (staff #1, #2, #3, #5 &amp; #6) provided direct patient care. Of these 5 personnel records, 2 of the 5 (staff #3 &amp; #5) contained no documentation of current CPR/BLS certification. In an interview with staff #6, staff #6 confirmed that no documentation of current CPR/BLS could be located.</p> <p>The above was confirmed in an interview with the Clinic Administrator on the afternoon of 1-15-19.</p>	6 041		
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6 042	Continued From page 9	6 042		
6 042	<p>TAC 139.57 Discharge and Follow-up Referrals</p> <p>(a) A licensed abortion facility shall develop and implement written discharge instructions which shall include:</p> <p>(1) a list of complications (developed by the facility in conjunction with a physician who practices in the facility) that warrant the patient contacting the facility, which shall include, but not be limited to:</p> <p>(A) pain;</p> <p>(B) fever; and</p> <p>(C) bleeding;</p> <p>(2) a statement of the facility's plan to respond to the patient in the event the patient experiences any of the complications listed in the discharge instructions to include:</p> <p>(A) a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion;</p> <p>(B) the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated;</p>	6 042	<p>[6 042]</p> <p>Even though patients were provided the a list of complications that warrant the patient contacting the facility and a telephone number to reach the facility, patients will now sign acknowledgment of the information provided and a copy will be kept in the patient's record. The Administrator has added a signature line for patients to sign on the document.</p> <p>A copy of the information, which includes the medication abortion follow up appointment, a list of complications, and a phone number to reach the facility, provided to patients prior to the 1-15-19 survey is attached.</p>	01-23-19



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6 042	<p>Continued From page 10</p> <p>(C) assurance that the responding individual shall be a physician, advanced practice registered nurse, physician assistant, registered nurse, or licensed vocational nurse; and</p> <p>(D) information that the patient may also contact the emergency medical service or present for care at the emergency room of a hospital in addition to contacting the facility; and</p> <p>(3) information concerning the need for a post-abortion examination.</p> <p>(b) A facility shall provide a patient with a copy of the written discharge instructions described in subsection (a) of this section.</p> <p>(c) The facility shall develop and implement written policies and procedures for:</p> <p>(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:</p> <p>(A) the facility to maintain a written system of documentation of patients who report post-abortion complications within 14 days of the procedure date;</p> <p>(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</p> <p>(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</p>	6 042	<p>[6 042 cont.]</p> <p>Patients were provided with the three hospitals nearest to the their home. The facility created a database of all hospitals in Texas that provide OB/GYN services. Using this database, the patient's zip code is used to determine the three nearest hospitals.</p> <p>Based on guidance from surveyors, the nearest hospital to the patient will be determined by searching the patient's exact address and the keyword "hospital" in a search engine. Patients will now be provided with only one hospital nearest her.</p> <p>Patient will sign acknowledgment of the exact hospital provided and a copy will be kept in the patient's record.</p> <p>The updated process has been reviewed with the staff by the Administrator and implemented by the facility.</p>	
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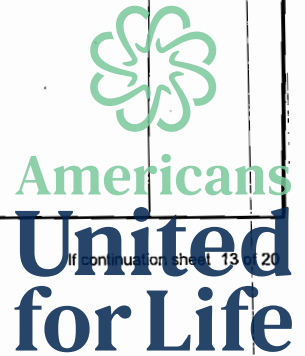
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6 042	<p>Continued From page 11</p> <p>(2) periodic review of the record keeping system for post-abortion complications to identify problems and potential problems and to make changes in order to resolve the problems.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and an interview with staff, the abortion facility failed to develop and implement written discharge instructions which shall include:</p> <p>(1) a list of complications (developed by the facility in conjunction with a physician who practices in the facility) that warrant the patient contacting the facility, which shall include, but not be limited to:</p> <p>(A) pain;</p> <p>(B) fever; and</p> <p>(C) bleeding;</p> <p>...</p> <p>(A) a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion;</p> <p>(B) a telephone number by which the patient may reach the physician, or other health care</p>	6 042		



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6 042	<p>Continued From page 12</p> <p>personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion;</p> <p>Findings were:</p> <p>A total of 9 clinical records were reviewed. Of the 9 records reviewed, none contained documentation that the patient had been provided with the following:</p> <ul style="list-style-type: none"> <li>* a list of complications (developed by the facility in conjunction with a physician who practices in the facility) that warrant the patient contacting the facility, which shall include, but not be limited to pain, fever and bleeding</li> <li>* a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion</li> <li>* a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from</li> </ul>	6 042		



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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD CENTER FOR CHOICE-STA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12614 SOUTHWEST FREEWAY, SUITE B STAFFORD, TX 77477</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 042	Continued From page 13  the performance or induction of the abortion or ask health-related questions regarding the abortion  In an interview with staff #6, staff #6 stated that all patients were provided with the list of complications as well as a telephone number, but that no documentation of such was kept for the patient's file. Staff #6 also stated that their Informaton Technology department had provided a function whereby the staff member could enter the patient's home zip code and that a list of the names and addresses of the 3 hospitals nearest the patient's home would be generated. Staff #6 confirmed that the name and telephone number of the hospital specifically nearest the patient's home was not provided.  The above was confirmed in an interview with the Clinic Administrator on the afternoon of 1-15-19.	6 042		
6 045	TAC 139.60 Other State and Federal Compliance Requiremen  (a) A licensed abortion facility shall be in compliance with all state and federal laws pertaining to handling of drugs.  (b) A licensed abortion facility that provides laboratory services shall meet the Clinical Laboratory Improvement Amendments of 1988, 42 United States Code, §263a, Certification of Laboratories (CLIA 1988). CLIA 1988 applies to all facilities with laboratories that examine human specimens for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings.  (c) A licensed abortion facility shall ensure that its	6 045	[6 045] Every patient who has a medication abortion is scheduled for follow up ultrasound appointment. The appointments are made in the electronic medical record system and provided to the patient at the time of the mifeprex on her discharge.  Supporting documentation submitted for TAG [6 042] also shows followup appointment information.	01-23-19



Texas Health and Human Services Commission

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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD CENTER FOR CHOICE-STA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12614 SOUTHWEST FREEWAY, SUITE B STAFFORD, TX 77477</b>
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6 045	<p>Continued From page 14</p> <p>physicians comply with the Medical Practice Act, Occupations Code, Chapters 151 - 160 and 162 - 165, while functioning in his or her capacity at or for the facility.</p> <p>(d) A licensed abortion facility utilizing the services of a physician assistant(s) shall ensure that its physician assistants comply with the Physician Assistant Licensing Act, Occupations Code, Chapter 204, while functioning in his or her capacity at or for the facility.</p> <p>(e) A licensed abortion facility utilizing the services of a registered nurse shall ensure that its registered nurses comply with the Nursing Practice Act, Occupations Code, Chapters 301 and 304, while functioning in his or her capacity at or for the facility.</p> <p>(f) A licensed abortion facility utilizing the services of a licensed vocational nurse(s) shall ensure that its vocational nurse(s) comply with the Nursing Practice Act, Occupations Code, Chapters 301 and 304, while functioning in his or her capacity at or for the facility.</p> <p>(g) A licensed abortion facility that provides pharmacy services shall obtain a license as a pharmacy if required by the Texas Pharmacy Act, Occupations Code, Chapters 551 - 569.</p> <p>(h) A licensed abortion facility shall comply with the following federal Occupational Safety and Health Administration requirements:</p> <p>(1) 29 Code of Federal Regulations, Subpart E, §1910.38, concerning emergency action plan and §1910.39, concerning fire prevention plans;</p>	6 045	<p>[6 045 cont.]</p> <p>The Administrator will add a patient signature line to the existing information for the patient to sign acknowledgment of her receipt of this follow up appointment and a copy will be kept in the patient's record.</p> <p>The updated process has been reviewed with the staff by the Administrator and implemented by the facility.</p>	
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Texas Health and Human Services Commission

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6 045	<p>Continued From page 15</p> <p>(2) 29 Code of Federal Regulations, Subpart I, §1910.132, concerning general requirements for personal protective equipment;</p> <p>(3) 29 Code of Federal Regulations, Subpart I, §1910.133, concerning eye and face protection;</p> <p>(4) 29 Code of Federal Regulations, Subpart I, §1910.138, concerning hand protection;</p> <p>(5) 29 Code of Federal Regulations, Subpart K, §1910.151, concerning medical services and first aid;</p> <p>(6) 29 Code of Federal Regulations, Subpart L, §1910.157, concerning portable fire extinguishers;</p> <p>(7) 29 Code of Federal Regulations, Subpart Z, §1910.1030, concerning bloodborne pathogens; and</p> <p>(8) 29 Code of Federal Regulations, Subpart Z, §1910.1200, Appendices A - E, concerning hazard communication (hazardous use of chemicals).</p> <p>(i) A licensed abortion facility shall not use adulterated or misbranded drugs or devices in violation of the Health and Safety Code, §431.021. Adulterated drugs and devices are described in Health and Safety Code, §431.111. Misbranded drugs or devices are described in Health and Safety Code, §431.112.</p> <p>(j) A licensed abortion facility shall not commit a false, misleading, or deceptive act or practice as that term is defined in the Deceptive Trade Practices-Consumer Protection Act, Business</p>	6 045		

Texas Health and Human Services Commission

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6 045	<p>Continued From page 16 and Commerce Code, §17.46.</p> <p>(k) A licensed abortion facility shall comply with the requirements of the Family Code, §33.002, relating to a Consent Form.</p> <p>(l) A licensed abortion facility shall comply with the requirements of Health and Safety Code, Chapter 171, the Woman's Right to Know Act.</p> <p>(m) A licensed abortion facility shall comply with the requirements of Occupations Code, Chapter 102, Solicitation of Patients.</p> <p>This Requirement is not met as evidenced by: Based on a review of clinical records and an interview with staff, the facility failed to comply with the requirements of Health and Safety Code, Chapter 171, the Woman's Right to Know Act.</p> <p>Texas Health &amp; Safety Code Section 171.063 states: "Sec. 171.063. DISTRIBUTION OF ABORTION-INDUCING DRUG. (a) A person may not knowingly give, sell, dispense, administer, provide, or prescribe an abortion-inducing drug to a pregnant woman for the purpose of inducing an abortion in the pregnant woman or enabling another person to induce an abortion in the pregnant woman unless:</p> <p>(1) the person who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug is a physician; and</p> <p>(2) except as otherwise provided by Subsection (b), the provision, prescription, or administration of the abortion-inducing drug satisfies the</p>	6 045		
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Texas Health and Human Services Commission

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6 045	<p>Continued From page 17</p> <p>protocol tested and authorized by the United States Food and Drug Administration as outlined in the final printed label of the abortion-inducing drug.</p> <p>(b) A person may provide, prescribe, or administer the abortion-inducing drug in the dosage amount prescribed by the clinical management guidelines defined by the American Congress of Obstetricians and Gynecologists Practice Bulletin as those guidelines existed on January 1, 2013.</p> <p>(c) Before the physician gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug, the physician must examine the pregnant woman and document, in the woman's medical record, the gestational age and intrauterine location of the pregnancy.</p> <p>(d) The physician who gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug shall provide the pregnant woman with:</p> <p>(1) a copy of the final printed label of that abortion-inducing drug; and</p> <p>(2) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the administration or use of the drug or ask health-related questions regarding the administration or use of the drug.</p> <p>(e) The physician who gives, sells, dispenses,</p>	6 045		

Texas Health and Human Services Commission

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6 045	<p>Continued From page 18</p> <p>administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, must schedule a follow-up visit for the woman to occur not more than 14 days after the administration or use of the drug. At the follow-up visit, the physician must:</p> <p>(1) confirm that the pregnancy is completely terminated; and</p> <p>(2) assess the degree of bleeding.</p> <p>(f) The physician who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, shall make a reasonable effort to ensure that the woman returns for the scheduled follow-up visit under Subsection (e). The physician or the physician's agent shall document a brief description of any effort made to comply with this subsection, including the date, time, and name of the person making the effort, in the woman's medical record.</p> <p>(g) If a physician gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug to a pregnant woman for the purpose of inducing an abortion as authorized by this section and the physician knows that the woman experiences a serious adverse event, as defined by the MedWatch Reporting System, during or after the administration or use of the drug, the physician shall report the event to the United States Food and Drug Administration through the MedWatch Reporting System not later than the third day after the date the physician learns that the event occurred."</p> <p>Findings were:</p>	6 045		
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Texas Health and Human Services Commission

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6 045	<p>Continued From page 19</p> <p>The clinical records for 9 patients that had received abortion-inducing drugs were reviewed. None of the 9 records contained documentation of a follow-up appointment made within 14 days of administration of the medication.</p> <p>In an interview with staff #6, staff #6 confirmed that the clinical record contained no documentation of the patient's follow-up appointment.</p> <p>The above was confirmed in an interview with the Clinic Administrator on the afternoon of 1-15-19.</p>	6 045		






Americans  
**United**  
**for Life**

ILLUSTRATION — HOW TO TAKE YOUR PILLS

## Taking your pills



Day: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
AM PM

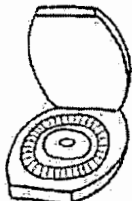
Today at the health center you took mifepristone at \_\_\_\_\_.

← ○ ONE PILL




**24 – 48 hours after taking mifepristone**

<p>Take pills for nausea as, prescribed.</p> <p>Zofran (ondansetron) first then Ibuprofen</p> <p>← ○</p> <p><b>WAIT 30 min.</b></p>	<p>Take 4 pills</p> <p>MISOPROSTOL</p> <p>← ○ ○ ○ ○</p>	<p>PLACE 4 PILLS IN CHEEK,</p> <p>2 PILLS ON EACH SIDE</p>	<p><b>WAIT 30 min.</b></p> <p>○</p> <p>Then swallow what's left of pills</p>
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**24 – 48 hours after taking mifepristone**

<p>If more pain medicine is needed;</p> <p>← ○</p> <p>Tylenol 3</p>	<p>Start your <b>BIRTH CONTROL</b> after Misoprostol.</p> <p>Down load app "Spot On" on your SmartPhone</p>	 <p>Day of Misoprostol</p>
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**IN THE FOLLOWING DAYS**

<p>If you have cramps, TAKE PAIN MEDICINE IF NEEDED</p> <p>← ○</p> <p>Tylenol 3 or Ibuprofen</p>	<p><b>CRAMPS SHOULD GO AWAY</b></p> 	<p>You should feel back to normal</p> <p><b>FOLLOW UP APPOINTMENT:</b></p> <p>Date: _____</p> <p>Time: _____</p>
<p><b>BLEEDING SHOULD SLOW DOWN</b></p> 		



# When to call us



AFTER  
TAKING  
MISOPROSTOL



**CRAMPING  
and  
BLEEDING  
are normal**



Some women bleed a little  
Some women bleed more than a period



Some clots may be as big as a lemon

IF YOU ARE SOAKING more than

**2 MAXIPADS** per hour

FOR MORE THAN

**2 HOURS** in a row

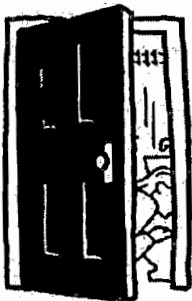
**CALL US**

IF YOU HAVE SEVERE CRAMPS and PAIN PILLS don't help



**CALL US**

YOU MAY ALSO HAVE SOME SIDE EFFECTS



Nausea  
Vomiting  
Diarrhea  
Dizziness

IF ANY OF THESE LAST MORE THAN

**24 hours**



**CALL US**

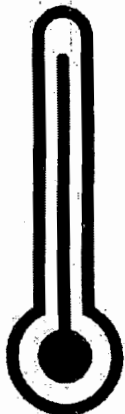
If you are feeling worried and think you need to go to the ER,



**CALL US**

**FEVER AND CHILLS ARE NORMAL**

on the day you take MISOPROSTOL



BUT IF YOU STILL HAVE

**FEVER or CHILLS** 24 HOURS after taking MISOPROSTOL

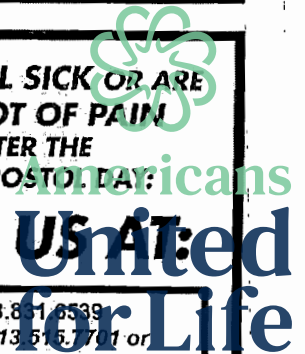


**CALL US**

IF YOU FEEL SICK OR ARE IN A LOT OF PAIN AFTER THE MISOPROSTOL

**CALL US AT:**

Houston: 713.831.6539  
EVENING: 713.515.7111 or  
Toll Free: 1.800.831.6538





Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF GREATER TEXAS SURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 W HWY 6, SUITE A WACO, TX 76712</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 000	<p><b>TAC 139.1 Initial Comments</b></p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		
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SOD - State Form  
LABORATORY  
STAT

REPRESENTATIVE'S SIGNATURE  
**VP OF QA & TRAINING**  
TITLE



6899 HF4411

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2019</b>
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6 000	<p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(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.</p> <p>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).</p> <p>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.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility Administrator and other administrative staff on the afternoon of 01/22/19. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	6 000		
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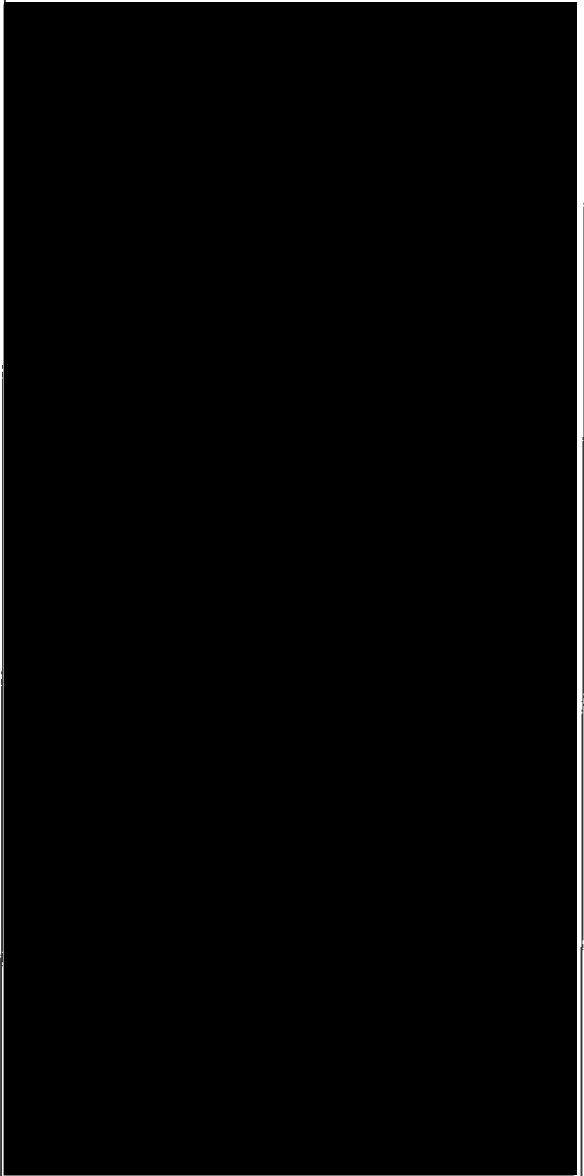
6 007	[REDACTED]	6 007	[REDACTED]	[REDACTED]
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Texas Health and Human Services Commission

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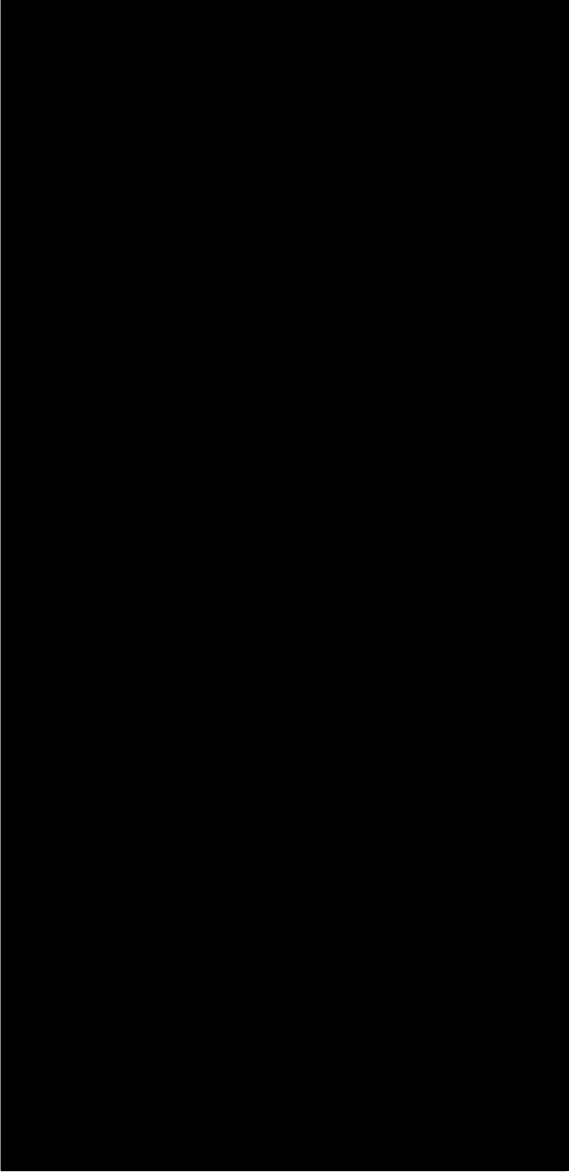
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6 007	Continued From page 2 	6 007		

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6 007	Continued From page 3 	6 007		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 007	Continued From page 4 	6 007		
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF GREATER TEXAS SURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 W HWY 6, SUITE A WACO, TX 76712</b>
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6 009		6 009		



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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF GREATER TEXAS SURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1511 EAST MISSOURI EL PASO, TX 79902</b>
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6 000	<p><b>TAC 139.1 Initial Comments</b></p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		
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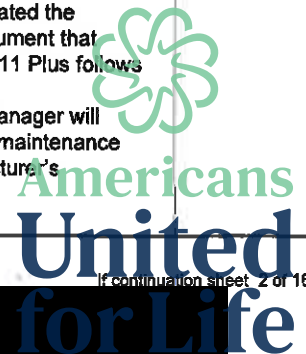
Texas Health and Human Services Commission

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STREET ADDRESS, CITY, STATE, ZIP CODE  
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6 000	<p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(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.</p> <p>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).</p> <p>An entrance conference was held with the facility health center manager on the morning of 05/20/19. The purpose and process of the initial survey were discussed, and an opportunity given for questions.</p> <p>Initial licensure is recommended.</p> <p>An exit conference was held with the facility health center manager and other administrative staff on the afternoon of 05/20/19. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	6 000		
6 034	<p>TAC 139.49 Infection Control Standards</p> <p>(a) Written policies. A licensed abortion facility shall develop, implement, and enforce infection control policies and procedures to minimize the transmission of post-procedure infections. These policies shall include, but not be limited to, the prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (S.</p>	6 034	<p>The Vice President of Quality, Risk Management &amp; Training (1) revised the autoclave cleaning instructions to be consistent with the manufacturer's instructions for the Tuttnauer EZ11 Plus and (2) updated the cleaning log to allow staff to document that maintenance of the Tuttnauer EZ11 Plus follows the manufacturer's instructions. Each month the Health Center Manager will verify and document that routine maintenance was provided as per the manufacturer's instructions.</p>	5/24/2019



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6 034	<p>Continued From page 2</p> <p>spp.); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies.</p> <p>(b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and S. spp.</p> <p>(1) Universal/standard precautions.</p> <p>(A) An abortion facility shall ensure that all staff comply with universal/standard precautions as defined in this paragraph.</p> <p>(i) Universal/standard precautions includes procedures for disinfection and sterilization of reusable medical devices and the appropriate use of infection control, including hand washing, the use of protective barriers, and the use and disposal of needles and other sharp instruments.</p> <p>(ii) Universal/standard precautions synthesize the major points of universal precautions with the points of body substance precautions and apply them to all patients receiving care in facilities, regardless of their diagnosis or presumed infection status.</p> <p>(l) Universal/standard precautions apply to:</p> <p>(-a-) blood;</p> <p>(-b-) body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood;</p> <p>(-c-) nonintact skin; and</p> <p>(-d-) mucous membranes.</p>	6 034		
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6 034	<p>Continued From page 3</p> <p>(II) Universal/standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in facilities.</p> <p>(B) A licensed abortion facility shall establish procedures for monitoring compliance with universal/standard precautions described in subparagraph (A) of this paragraph.</p> <p>(2) Health care workers infected with the HIV or HBV. A licensed abortion facility shall adopt, implement, and enforce a written policy to ensure compliance of the facility and all of the health care workers within the facility with the Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of HIV and HBV by infected health care workers.</p> <p>(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:</p> <p>(A) HIV infection prevention; and</p> <p>(B) HBV, HCV, TB, and S. spp. infection prevention based on universal/standard precautions as defined in paragraph (1) of this</p>	6 034		



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6 034	<p>Continued From page 4 subsection;</p> <p>(C) bidirectional aspect of disease transmission; and</p> <p>(D) epidemic control.</p> <p>(c) Cleaning and laundry policies and procedures.</p> <p>(1) A licensed abortion facility shall develop, implement, and enforce written policies and procedures on cleaning the procedure room(s).</p> <p>(2) A licensed abortion facility shall develop, implement, and enforce written policies and procedures for the handling, processing, storing, and transporting of clean and dirty laundry.</p> <p>(3) A licensed abortion facility may provide cleaning and laundry services directly or by contract in accordance with Occupational Safety and Health Administration's Standards, 29 Code of Federal Regulations, Subpart Z. Bloodborne Pathogens.</p> <p>(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.</p> <p>(1) Supervision. The decontamination,</p>	6 034		

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6 034	<p>Continued From page 5</p> <p>disinfection, and sterilization of all supplies and equipment shall be under the supervision of a person qualified by education, training, or experience.</p> <p>(2) Quantity of sterile surgical instruments. The facility shall ensure that surgical instruments are sufficient in number to permit sterilization of the instrument(s) used for each procedure and adequate to perform conventional cervical dilatation and curettage if this procedure is available at the facility.</p> <p>(3) Inspection of surgical instruments.</p> <p>(A) All instruments shall undergo inspection before being packaged for reuse or storage. Routine inspection of instruments shall be made to assure clean locks, crevices, and serrations.</p> <p>(B) Inspection procedures shall be thorough and include visual and manual inspection for condition and function.</p> <p>(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.</p> <p>(ii) There shall be no evident cracks or fissures in the box locks, and the hinges shall work freely.</p> <p>(iii) Ratchets shall hold and be routinely tested.</p> <p>(iv) There shall be no corrosion or pitting of the finish.</p>	6 034		

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6 034	<p><b>Continued From page 6</b></p> <p>(C) Instruments needing maintenance shall be taken out of service and repaired by someone qualified to repair surgical instruments.</p> <p>(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.</p> <p>(4) Items to be disinfected and sterilized.</p> <p>(A) Critical items.</p> <p>(i) Critical items include all surgical instruments and objects that are introduced directly into the bloodstream or into other normally sterile areas of the body and shall be sterilized in accordance with this subsection.</p> <p>(ii) All items that come in contact with the sterile field during the operative procedure shall be sterile.</p> <p>(B) Semicritical items.</p> <p>(i) Semicritical items include items that come in contact with nonintact skin or mucous membranes. Semicritical items shall be free of microorganisms, except bacterial spores. Semicritical items may include respiratory therapy equipment, anesthesia equipment, bronchoscopes, and thermometers.</p> <p>(ii) High-level disinfection shall be used for semicritical items.</p>	6 034		

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6 034	<p>Continued From page 7</p> <p>(C) Noncritical items.</p> <p>(i) Noncritical items include items that come in contact with intact skin.</p> <p>(ii) Intermediate-level or low-level disinfection shall be used for noncritical items.</p> <p>(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.</p> <p>(A) Equipment. A licensed abortion facility shall provide sterilization equipment adequate to meet the requirements of this paragraph for sterilization of critical items. Equipment shall be maintained and operated to perform, with accuracy, the sterilization of critical items.</p> <p>(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.</p> <p>(i) A facility shall have a sink for hand washing. This sink shall not be used for cleaning instruments or disposal of liquid waste.</p> <p>(ii) A facility shall have a separate sink for cleaning instruments and disposal of liquid waste.</p>	6 034		



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6 034	<p><b>Continued From page 8</b></p> <p>Hand washing shall only be performed at this sink after it has been disinfected.</p> <p><b>(C) Preparation for sterilization.</b></p> <p><b>(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.</b></p> <p><b>(ii) One of the following methods of cleaning and decontamination shall be used as appropriate.</b></p> <p><b>(I) Manual cleaning. Manual cleaning of instruments at the sink is permitted.</b></p> <p><b>(II) Ultrasonic cleaning. Ultrasonic cleaning of instruments cleans by cavitation and reduces the need for hand scrubbing. When grossly soiled items are placed in the ultrasonic cleaner the water shall be changed more than once a shift. If using this method for cleaning, chambers shall be covered to prevent potential hazards to personnel from aerosolization of the contents.</b></p> <p><b>(III) Washer-sterilizers. Washer-sterilizers clean by using rotating spray arms to create water jets that clean by impingement and appropriate soap and disinfectant. These machines shall reach a temperature of 140 degrees Celsius (285 degrees Fahrenheit).</b></p> <p><b>(IV) Washer-decontaminator machines.</b></p>	6 034		



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6 034	<p>Continued From page 9</p> <p>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.</p> <p>(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.</p> <p>(D) Packaging.</p> <p>(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.</p> <p>(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.</p> <p>(E) External chemical indicators.</p> <p>(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.</p> <p>(ii) The indicator results shall be interpreted according to the manufacturer's written instructions and indicator reaction specifications.</p>	6 034		



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6 034	<p>Continued From page 10</p> <p>(F) Biological indicators.</p> <p>(i) The efficacy of the sterilizing process shall be monitored with reliable biological indicators appropriate for the type of sterilizer used (e.g., Bacillus stearothermophilus for steam sterilizers).</p> <p>(ii) Biological indicators shall be included in at least one run each day of use for steam sterilizers.</p> <p>(iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.</p> <p>(iv) If a test is positive, the sterilizer shall immediately be taken out of service. A malfunctioning sterilizer shall not be put back into use until it has been serviced and successfully tested according to the manufacturer's recommendations.</p> <p>(v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator.</p> <p>(G) Sterilizers.</p> <p>(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.</p> <p>(ii) Other sterilizers shall be used in accordance with the manufacturer's instructions.</p>	6 034		

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**1511 EAST MISSOURI  
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 034	<p>Continued From page 11</p> <p>(H) Maintenance of sterility.</p> <p>(i) Items that are properly packaged and sterilized shall remain sterile indefinitely unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of being compromised.</p> <p>(ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations.</p> <p>(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.</p> <p>(I) Commercially packaged items. Commercially packaged items are considered sterile according to the manufacturer's instructions.</p> <p>(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.</p> <p>(i) Sterilized items shall be transported so as to maintain cleanliness and sterility and to prevent physical damage.</p> <p>(ii) Sterilized items shall be stored in well-ventilated, limited access areas with controlled temperature and humidity.</p>	6 034		



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF GREATER TEXAS SURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1511 EAST MISSOURI EL PASO, TX 79902</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 034	<p>Continued From page 12</p> <p>(iii) Sterilized items shall be positioned so that the packaging is not crushed, bent, compressed, or punctured so that their sterility is not compromised.</p> <p>(iv) Storage of supplies shall be in areas that are designated for storage.</p> <p>(K) Disinfection.</p> <p>(i) The manufacturer's written instructions for the use of disinfectants shall be followed.</p> <p>(ii) An expiration date, determined according to manufacturer's written recommendations, shall be marked on the container of disinfection solution currently in use.</p> <p>(iii) Disinfectant solutions shall be kept covered and used in well-ventilated areas.</p> <p>(L) Performance records.</p> <p>(i) Performance records for all sterilizers shall be maintained for each cycle. These records shall be retained and available for review for a minimum of two years.</p> <p>(ii) Each sterilizer shall be monitored during operation for pressure, temperature, and time at desired temperature and pressure. A record shall be maintained either manually or machine generated and shall include:</p> <ul style="list-style-type: none"> <li>(I) the sterilizer identification;</li> <li>(II) sterilization date and time;</li> <li>(III) load number;</li> </ul>	6 034		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF GREATER TEXAS SURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1511 EAST MISSOURI EL PASO, TX 79902</b>
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6 034	<p>Continued From page 13</p> <p>(IV) duration and temperature of exposure phase (if not provided on sterilizer recording charts);</p> <p>(V) identification of operator(s);</p> <p>(VI) results of biological tests and dates performed; and</p> <p>(VII) time-temperature recording charts from each sterilizer (if not provided on sterilizer recording charts).</p> <p>(M) Preventive maintenance. Preventive maintenance of all sterilizers shall be performed according to individual policy on a scheduled basis by qualified personnel, using the sterilizer manufacturer's service manual as a reference. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least two years and shall be available for review to the facility within two hours of request by the department.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview the facility failed to ensure that steam sterilizers were used according to manufacturer's written instructions.</p> <p>Finding included:</p> <p>The facility utilized the Tuttnauer EZ11 Plus for sterilization at the facility. According to the Operation and Maintenance Manual for this autoclave stated the following in part, "12.1. Preventive and Scheduled Maintenance The maintenance operations described in this</p>	6 034		
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF GREATER TEXAS SURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1511 EAST MISSOURI EL PASO, TX 79902</b>
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6 034	<p>Continued From page 14</p> <p>chapter need to be followed as indicated to keep the device in good working condition. This maintenance schedule is the responsibility of the equipment owner and not covered under the warranty. The majority of instructions that follow can easily be carried out by the operating personnel and do not require a service technician. Should the need arise or the instructions in this section indicate, technical assistance or a service technician can be requested by either calling your dealer or Tuttnauer USA.</p> <p>12.1.1. Daily · Clean the door gasket and outside rim of the chamber with a mild detergent, water and a soft cloth or sponge. The gasket should be clean and smooth. Be sure to clean the inside and outside of the gasket flap.</p> <p>12.1.2. Weekly by the operator · Once per week or after 20 cycles, clean and descale the chamber, copper tubes and the reservoir using Chamber Brite (Trademark). Follow these instructions: Cleaning Table Top Autoclaves with Chamber Brite (Trademark)..."</p> <p>Review of the facility based Cleaning and Safety Check Log on 05/20/19 revealed the following regarding routine maintenance of the autoclave: * This form indicated that weekly maintenance included "autoclave drained and cleaned int/ext (per mfr)". According to the manufacturer recommendations the autoclave door gasket and rim of the chamber should be cleaned daily. * This form also indicated the bi-weekly the autoclave "cleaning/maintenance flush (per mfr)" According to manufacturer recommendations the autoclave should be cleaned with Chamber Brite</p>	6 034		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF GREATER TEXAS SURC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1511 EAST MISSOURI EL PASO, TX 79902</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 034	<p>Continued From page 15</p> <p>once per week or every 20 cycles.</p> <p>In an interview on 05/20/19 with staff member #4 (who performs sterilization at he facility) was asked what routine cleaning was performed on the autoclave. This staff member replied the machine was cleaned weekly "wiped down with a clean rag". The staff member was asked how often the machine was cleaned with Clean Brite. She replied, "every two weeks". This schedule for routine maintenance does not match the manufactory's recommendations.</p> <p>The above finding were confirmed in an interview on 05/20/19 with staff member #6.</p>	6 034		



Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF GREATER TEXAS SURC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9041 RESEARCH BLVD #250 AUSTIN, TX 78758</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 000	<p>TAC 139.1 Initial Comments</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		

SOD - State Form  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF GREATER TEXAS SURC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9041 RESEARCH BLVD #250 AUSTIN, TX 78758</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 000	<p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(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.</p> <p>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).</p> <p>An entrance conference was held with the facility's Administrator on the morning of 10/8/19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility's Administrator on the afternoon of 10/8/2019. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	6 000		
6 041	<p>TAC 139.56 Emergency Services</p> <p>(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:</p> <p>(1) have active admitting privileges at a hospital that provides obstetrical or gynecological health</p>	6 041		



Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF GREATER TEXAS SURC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9041 RESEARCH BLVD #250 AUSTIN, TX 78758</b>
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6 041	<p>Continued From page 2</p> <p>care services and is located not further than 30 miles from the abortion facility;</p> <p>(2) provide the pregnant woman with:</p> <p>(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion; and</p> <p>(B) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.</p> <p>(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).</p> <p>(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview it was determined the facility failed to:</p>	6 041		



Texas Department of State Health Services

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6 041	<p>Continued From page 3</p> <ol style="list-style-type: none"> <li>1. Ensure the name and telephone number of the nearest hospital to the home of the patient was provided in the event emergency treatment is needed upon discharge from the facility.</li> <li>2. Ensure personnel providing direct patient care are certified in basic life support.</li> </ol> <p>Clinical records for 4 of 7 patient (patient #1, 3, 5, 6) were not provided with the name and telephone number of the nearest hospital to the home of the patient in the event emergency treatment is needed.</p> <ul style="list-style-type: none"> <li>* Patient #1 lived in Belton, Texas but was provided hospital information for a hospital in Georgetown, Texas</li> <li>* Patient #3 lived in Hurst, Texas but was provided with hospital information for a hospital in Round Rock, Texas.</li> <li>* Paine #5 lived in Brownwood, Texas but was provided with hospital information for a hospital in Austin, Texas.</li> <li>* Patient #6 lived in Dale, Texas but was provided with hospital information for a hospital in Smithville, Texas.</li> </ul> <p>A review of documentation revealed 1 of 4 (Staff #3) direct care staff was not certified in basic life support.</p> <ul style="list-style-type: none"> <li>* Staff #3 was certified in Advance Cardiac Life Support, but the certification was obtained from an online course, which did not include a return demonstration of skill.</li> </ul> <p>Review of the Health &amp; Safety Institute and the National Safety Council website found at <a href="http://news.hsi.com/onlineonlycpr">http://news.hsi.com/onlineonlycpr</a> reveals that, "No major nationally recognized training program in the United States endorses certification without</p>	6 041		



Texas Department of State Health Services

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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF GREATER TEXAS SURC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9041 RESEARCH BLVD #250 AUSTIN, TX 78758</b>
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6 041	<p>Continued From page 4</p> <p>practice and evaluation of hands-on skills. According to the Occupational Safety and Health Administration (OSHA) online training alone does not meet OSHA first aid and CPR training requirements." Further guidance can be found at <a href="https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&amp;p_id=28541">https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&amp;p_id=28541</a>.</p> <p>The above information was confirmed in an interview with Staff # 1.</p>	6 041		

*Reviewed 1-14-19*  
*[Signature]*

PRINTED: 01/22/2019  
FORM APPROVED

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 000	<p><b>TAC 139.1 Initial Comments</b></p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		
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SOD - State Form  
LABORATORY DIRECTOR'S OR PROVIDER'S SIGNATURE



TITLE  
*DIRECTOR*



STATE FORM

(X3) DATE  
*02/04/19*

of continuation sheet of 28

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>
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6 000	<p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(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.</p> <p>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).</p> <p>An entrance conference was held with the facility administrative staff on in the morning of 01/07/19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility administrative staff on the afternoon of 01/09/19. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	6 000		
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6 00	[REDACTED]	6 007	[REDACTED]	[REDACTED]
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SOD - State Form  
STATE FORM

GK801

*Director*



Americans  
**United  
for Life**

If continuation sheet 2 of 2

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/08/2019
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NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098
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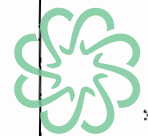
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 007	[REDACTED]	6 007	[REDACTED]	
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SOD - State Form  
STATE FORM



GK8011  
*DIRECTOR*



Americans  
**United**  
for Life

If continuation sheet 1 of 28

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/08/2019
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NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #260 HOUSTON, TX 77098
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 007		6 007		
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>
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6 007	Continued From page 4 	6 007		
6 030		6 030		

SOD - State Form  
STATE FORM

*Director*



**Americans  
United  
for Life**

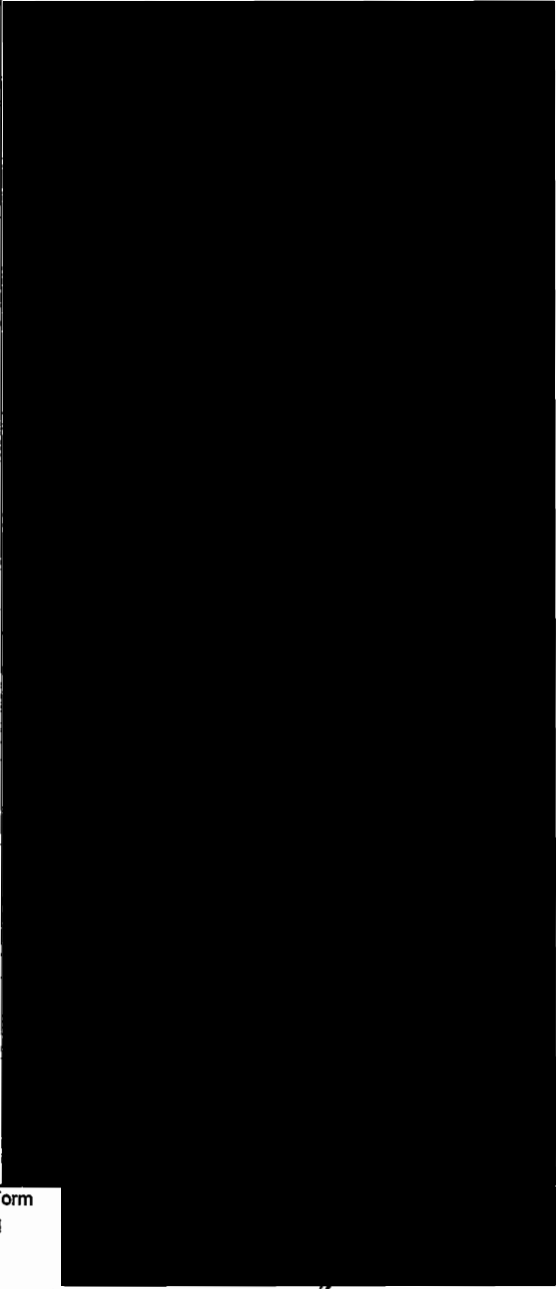

If continuation sheet 1 of 25

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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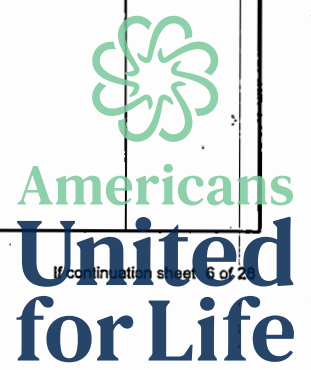
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If continuation sheet 6 of 20

Texas Health and Human Services Commission

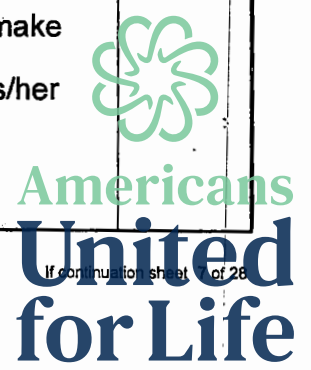
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6 030	[REDACTED]	6 030		
6 034	<p><b>TAC 139.49 Infection Control Standards</b></p> <p>(a) Written policies. A licensed abortion facility shall develop, implement, and enforce infection control policies and procedures to minimize the transmission of post-procedure infections. These policies shall include, but not be limited to, the prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (S. spp.); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies.</p> <p>(b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and S. spp.</p> <p>(1) Universal/standard precautions.</p> <p>(A) An abortion facility shall ensure that all staff comply with universal/standard precautions as defined in this paragraph.</p> <p>(i) Universal/standard precautions includes procedures for disinfection and sterilization of reusable medical devices and the appropriate use of infection control, including hand washing, the use of protective barriers, and the use and disposal of needles and other sharp instruments.</p> <p>(ii) Universal/standard precautions synthesize the major points of universal precautions with the</p>	6 034	<p>I, The Medical Director will make sure that the autoclave log documentation will state the load number as well as the contents of the load to be consistent with TAC 139.49.</p> <p>The Medical Director will make sure that every employee has a job description in his/her record including the RN</p>	02/28/19



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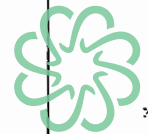
Texas Health and Human Services Commission

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6 034	<p>Continued From page 7</p> <p>points of body substance precautions and apply them to all patients receiving care in facilities, regardless of their diagnosis or presumed infection status.</p> <p>(I) Universal/standard precautions apply to:</p> <p>(-a-) blood;</p> <p>(-b-) body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood;</p> <p>(-c-) nonintact skin; and</p> <p>(-d-) mucous membranes.</p> <p>(II) Universal/standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in facilities.</p> <p>(B) A licensed abortion facility shall establish procedures for monitoring compliance with universal/standard precautions described in subparagraph (A) of this paragraph.</p> <p>(2) Health care workers infected with the HIV or HBV. A licensed abortion facility shall adopt, implement, and enforce a written policy to ensure compliance of the facility and all of the health care workers within the facility with the Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of HIV and HBV by infected health care workers.</p> <p>(3) Educational course work and training. A licensed abortion facility shall require its health care workers to complete educational course</p>	6 034		
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6 034	<p>Continued From page 8</p> <p>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:</p> <p>(A) HIV infection prevention; and</p> <p>(B) HBV, HCV, TB, and S. spp. infection prevention based on universal/standard precautions as defined in paragraph (1) of this subsection;</p> <p>(C) bidirectional aspect of disease transmission; and</p> <p>(D) epidemic control.</p> <p>(c) Cleaning and laundry policies and procedures.</p> <p>(1) A licensed abortion facility shall develop, implement, and enforce written policies and procedures on cleaning the procedure room(s).</p> <p>(2) A licensed abortion facility shall develop, implement, and enforce written policies and procedures for the handling, processing, storing, and transporting of clean and dirty laundry.</p> <p>(3) A licensed abortion facility may provide cleaning and laundry services directly or by contract in accordance with Occupational Safety and Health Administration's Standards, 29 Code of Federal Regulations, Subpart Z. Bloodborne *</p>	6 034		



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6 034	<p>Continued From page 9</p> <p>Pathogens.</p> <p>(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.</p> <p>(1) Supervision. The decontamination, disinfection, and sterilization of all supplies and equipment shall be under the supervision of a person qualified by education, training, or experience.</p> <p>(2) Quantity of sterile surgical instruments. The facility shall ensure that surgical instruments are sufficient in number to permit sterilization of the instrument(s) used for each procedure and adequate to perform conventional cervical dilatation and curettage if this procedure is available at the facility.</p> <p>(3) Inspection of surgical instruments.</p> <p>(A) All instruments shall undergo inspection before being packaged for reuse or storage. Routine inspection of instruments shall be made to assure clean locks, crevices, and serrations.</p> <p>(B) Inspection procedures shall be thorough and include visual and manual inspection for condition and function.</p>	6 034		

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6 034	<p>Continued From page 10</p> <p>(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.</p> <p>(ii) There shall be no evident cracks or fissures in the box locks, and the hinges shall work freely.</p> <p>(iii) Ratchets shall hold and be routinely tested.</p> <p>(iv) There shall be no corrosion or pitting of the finish.</p> <p>(C) Instruments needing maintenance shall be taken out of service and repaired by someone qualified to repair surgical instruments.</p> <p>(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.</p> <p>(4) Items to be disinfected and sterilized.</p> <p>(A) Critical items.</p> <p>(i) Critical items include all surgical instruments and objects that are introduced directly into the bloodstream or into other normally sterile areas of the body and shall be sterilized in accordance with this subsection.</p> <p>(ii) All items that come in contact with the</p>	6 034		



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6 034	<p>Continued From page 11</p> <p>sterile field during the operative procedure shall be sterile.</p> <p>(B) Semicritical items.</p> <p>(i) Semicritical items include items that come in contact with nonintact skin or mucous membranes. Semicritical items shall be free of microorganisms, except bacterial spores. Semicritical items may include respiratory therapy equipment, anesthesia equipment, bronchoscopes, and thermometers.</p> <p>(ii) High-level disinfection shall be used for semicritical items.</p> <p>(C) Noncritical items.</p> <p>(i) Noncritical items include items that come in contact with intact skin.</p> <p>(ii) Intermediate-level or low-level disinfection shall be used for noncritical items.</p> <p>(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.</p> <p>(A) Equipment. A licensed abortion facility shall provide sterilization equipment adequate to meet the requirements of this paragraph for sterilization of critical items. Equipment shall be maintained and operated to perform, with accuracy, the sterilization of critical items.</p>	6 034		



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6 034	<p>Continued From page 12</p> <p>(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.</p> <p>(i) A facility shall have a sink for hand washing. This sink shall not be used for cleaning instruments or disposal of liquid waste.</p> <p>(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.</p> <p>(C) Preparation for sterilization.</p> <p>(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.</p> <p>(ii) One of the following methods of cleaning and decontamination shall be used as appropriate.</p> <p>(I) Manual cleaning. Manual cleaning of instruments at the sink is permitted.</p> <p>(II) Ultrasonic cleaning. Ultrasonic cleaning</p>	6 034		

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6 034	<p>Continued From page 13</p> <p>of instruments cleans by cavitation and reduces the need for hand scrubbing. When grossly soiled items are placed in the ultrasonic cleaner the water shall be changed more than once a shift. If using this method for cleaning, chambers shall be covered to prevent potential hazards to personnel from aerosolization of the contents.</p> <p>(III) Washer-sterilizers. Washer-sterilizers clean by using rotating spray arms to create water jets that clean by impingement and appropriate soap and disinfectant. These machines shall reach a temperature of 140 degrees Celsius (285 degrees Fahrenheit).</p> <p>(IV) Washer-decontaminator machines. Washer-decontaminator machines clean by numerous water jets and a high pH of detergent even if instruments are grossly soiled. The thorough cleaning is followed by a neutralizing rinse to quickly restore the pH to neutral.</p> <p>(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.</p> <p>(D) Packaging.</p> <p>(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.</p>	6 034		
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6 034	<p>Continued From page 14</p> <p>(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.</p> <p>(E) External chemical indicators.</p> <p>(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.</p> <p>(ii) The indicator results shall be interpreted according to the manufacturer's written instructions and indicator reaction specifications.</p> <p>(F) Biological indicators.</p> <p>(i) The efficacy of the sterilizing process shall be monitored with reliable biological indicators appropriate for the type of sterilizer used (e.g., <i>Bacillus stearothermophilus</i> for steam sterilizers).</p> <p>(ii) Biological indicators shall be included in at least one run each day of use for steam sterilizers.</p> <p>(iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.</p> <p>(iv) If a test is positive, the sterilizer shall immediately be taken out of service. A malfunctioning sterilizer shall not be put back into use until it has been serviced and successfully tested according to the manufacturer's recommendations.</p>	6 034		
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6 034	<p>Continued From page 15</p> <p>(v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator.</p> <p>(G) Sterilizers.</p> <p>(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.</p> <p>(ii) Other sterilizers shall be used in accordance with the manufacturer's instructions.</p> <p>(H) Maintenance of sterility.</p> <p>(i) Items that are properly packaged and sterilized shall remain sterile indefinitely unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of being compromised.</p> <p>(ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations.</p> <p>(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.</p> <p>(I) Commercially packaged items. Commercially packaged items are considered sterile according to the manufacturer's</p>	6 034		

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6 034	<p>Continued From page 16</p> <p>instructions.</p> <p>(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.</p> <p>(i) Sterilized items shall be transported so as to maintain cleanliness and sterility and to prevent physical damage.</p> <p>(ii) Sterilized items shall be stored in well-ventilated, limited access areas with controlled temperature and humidity.</p> <p>(iii) Sterilized items shall be positioned so that the packaging is not crushed, bent, compressed, or punctured so that their sterility is not compromised.</p> <p>(iv) Storage of supplies shall be in areas that are designated for storage.</p> <p>(K) Disinfection.</p> <p>(i) The manufacturer's written instructions for the use of disinfectants shall be followed.</p> <p>(ii) An expiration date, determined according to manufacturer's written recommendations, shall be marked on the container of disinfection solution currently in use.</p> <p>(iii) Disinfectant solutions shall be kept covered and used in well-ventilated areas.</p> <p>(L) Performance records.</p>	6 034		
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6 034	<p>Continued From page 17</p> <p>(i) Performance records for all sterilizers shall be maintained for each cycle. These records shall be retained and available for review for a minimum of two years.</p> <p>(ii) Each sterilizer shall be monitored during operation for pressure, temperature, and time at desired temperature and pressure. A record shall be maintained either manually or machine generated and shall include:</p> <p>(I) the sterilizer identification;</p> <p>(II) sterilization date and time;</p> <p>(III) load number;</p> <p>(IV) duration and temperature of exposure phase (if not provided on sterilizer recording charts);</p> <p>(V) identification of operator(s);</p> <p>(VI) results of biological tests and dates performed; and</p> <p>(VII) time-temperature recording charts from each sterilizer (if not provided on sterilizer recording charts).</p> <p>(M) Preventive maintenance. Preventive maintenance of all sterilizers shall be performed according to individual policy on a scheduled basis by qualified personnel, using the sterilizer manufacturer's service manual as a reference. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least two years and shall be available for review to the facility within two hours</p>	6 034		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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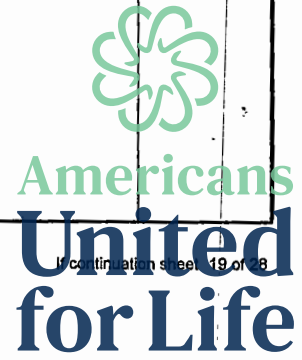
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 034	<p>Continued From page 18 of request by the department.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility failed to ensure that the a log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.</p> <p>Finding included:</p> <p>Review of the Autoclave log contained documentation of the load number, however the contents of the loads were not identified.</p> <p>The above was confirmed in an interview with staff member #1 on 01/08/19.</p>	6 034		
6 038	<p>TAC 139.53 Medical and Clinical Services</p> <p>(a) Surgical abortion.</p> <p>(1) The medical consultant shall be responsible for implementing and supervising the medical and clinical policies of the facility.</p> <p>(2) All medical and clinical services of the facility, with the exception of the abortion procedure, shall be provided under the direction of a physician or registered nurse who assumes responsibility for the clinical employees' performance in the facility.</p> <p>(3) A licensed abortion facility shall ensure that a surgical consent form is signed by the patient prior to the procedure being started, that the patient is informed of the risks and the benefits of the procedure, and that the patient recognizes the</p>	6 038	<p>I, The Medical Director obtains all informed consent from all patients and will continue to do so in accordance with TAC 139.53. There are two consent forms in each patient's file. One of them is actually The Texas Health and Safety which states 'voluntary and informed consent' consistent with TAC 139.53.</p>	02/28/19

SOD - State Form  
STATE FORM



GK8011  
*DIRECTOR*



(Continuation sheet 19 of 28)

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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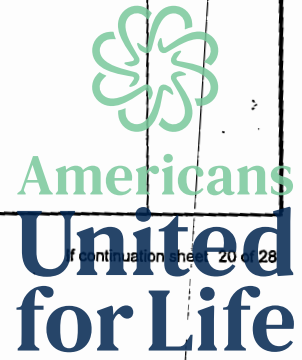
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6 038	<p>Continued From page 19</p> <p>alternatives to abortion. Informed consent shall be in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title (relating to Procedures Requiring Full Disclosure of Specific Risks and Hazards--List A), §601.4 of this title (relating to Disclosure and Consent Form), and Health and Safety Code, §171.011 (relating to Informed Consent Required), and §171.012 (relating to Voluntary Informed Consent).</p> <p>(4) A licensed abortion facility shall ensure that the attending physician, advanced practice registered nurse, or physician assistant has obtained and documented a preoperative history, physical exam, and laboratory studies, including verification of pregnancy.</p> <p>(5) A licensed abortion facility shall ensure that:</p> <p>(A) the attending physician examines each patient immediately prior to surgery to evaluate the risk to the procedure; and</p> <p>(B) the person administering the anesthetic agent(s) examines the patient immediately prior to surgery to evaluate the risk of anesthesia.</p> <p>(6) The administration of anesthesia shall be in accordance with §139.59 of this title (relating to Anesthesia Services).</p> <p>(7) An abortion shall be performed only by a physician.</p> <p>(8) A physician, advanced practice registered nurse, physician assistant, registered nurse, or licensed vocational nurse shall be in the facility whenever there is a patient in the procedure</p>	6 038	<p>I, The Medical Director will continue to put down the time of administration of Mifeprex. The only one case referred to is an inadvertent miss and not The Director's conscious effort.</p>	02/28/19
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SOD - State Form  
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6899 GK8011  
*Director*





Texas Health and Human Services Commission

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6 038	<p>Continued From page 20</p> <p>room or recovery room. While a patient is in the procedure room or recovery room she shall not be left unattended.</p> <p>(9) The recovery room(s) at the facility shall be supervised by a physician, advanced practice registered nurse, physician assistant, or registered nurse. This supervisor shall be available for recovery room staff within a recommended 10 minutes with a maximum required 15 minutes while any patient is in the recovery room.</p> <p>(10) A physician shall be available for the facility while any patient is in the recovery room within a recommended 10 minutes and a maximum required 15 minutes.</p> <p>(11) The facility shall ensure that a patient is fully reactive and her vital signs are stable before discharging the patient from the facility upon written order by the attending physician.</p> <p>(12) All fetal tissue shall be examined grossly at the time of the procedure. In the absence of visible fetal parts or placenta, the tissue may be examined by magnification for the detection of villi. If this examination is inconclusive, the tissue shall be sent to a pathology lab. The results of the tissue examination shall be recorded in the patient's clinical record.</p> <p>(13) A facility shall meet the requirements set forth by the department in §§1.131 - 1.137 of this title (relating to Definition, Treatment, and Disposition of Special Waste from Health Care-Related Facilities).</p> <p>(b) Medical abortion.</p>	6 038		
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Texas Health and Human Services Commission

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NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 038	<p>Continued From page 21</p> <p>(1) The medical consultant shall be responsible for implementing and supervising the medical and clinical policies of the facility.</p> <p>(2) All medical and clinical services of the facility, with the exception of the abortion procedure, shall be provided under the direction of a physician or registered nurse who assumes responsibility for the clinical employees' performance in the facility.</p> <p>(3) A licensed abortion facility shall ensure:</p> <p>(A) the physician(s) providing medical abortion is able to accurately date a pregnancy;</p> <p>(B) the physician(s) is able to determine that the pregnancy is not an ectopic gestation;</p> <p>(C) the physician(s) is able to provide surgical intervention or provide for the patient to receive a surgical abortion if necessary; and</p> <p>(D) patients have access to medical facilities equipped to provide blood transfusion and patient resuscitation, if necessary.</p> <p>(4) A licensed abortion facility shall ensure follow-up examination and services are provided to patients requesting medical abortion.</p> <p>(5) A licensed abortion facility shall ensure that the attending physician, advanced practice registered nurse, or physician assistant has obtained and documented a pre-procedure history, physical exam, and laboratory studies, including verification of pregnancy.</p>	6 038		



Texas Health and Human Services Commission

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6 038	<p>Continued From page 22</p> <p>(6) A licensed abortion facility shall ensure:</p> <p>(A) written consent is obtained from the patient prior to the commencement of the abortion procedure;</p> <p>(B) the patient is informed of the risks and benefits of the procedure;</p> <p>(C) the patient is informed of the possibility that a surgical abortion may be required;</p> <p>(D) the patient is informed of the alternatives to abortion; and</p> <p>(E) informed consent is in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title, §601.4 of this title, and Health and Safety Code, §171.011 and §171.012.</p> <p>(7) A licensed abortion facility shall provide the patient with written discharge instructions including a direct referral to a physician who shall accept the patient for surgical abortion.</p> <p>(c) Requirements of a physician. A physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that:</p> <p>(1) is located not further than 30 miles from the location at which the abortion is performed or induced; and</p> <p>(2) provides obstetrical or gynecological health care services.</p>	6 038		
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6 038	<p>Continued From page 23</p> <p>This Requirement is not met as evidenced by: The facility failed to ensure that Informed consent shall be in accordance with rules adopted by the Texas Health and Safety Code, §171.011 (relating to Informed Consent Required).</p> <p>Findings included:</p> <p>The Texas Health and Safety Code, §171.011 (relating to Informed Consent Required) stated in part,</p> <p>"Sec. 171.012. VOLUNTARY AND INFORMED CONSENT. (a) Consent to an abortion is voluntary and informed only if...</p> <p>(1) the physician who is to perform the abortion informs the pregnant woman on whom the abortion is to be performed of:</p> <p>(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:</p> <p>(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;</p> <p>(B) the physician who is to perform the abortion displays the sonogram images in a quality consistent with current medical practice in a manner that the pregnant woman may view</p>	6 038		
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Texas Health and Human Services Commission

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6 038	Continued From page 24  them;"  Review of medical records revealed the following: * One of six medication abortions (Patient #4) had an ultrasound completed on 05/31/18 at 09:04AM. The "Medical Abortion" form for the patient indicated that RU486 was administered on 06/01/18, no time when the medication was administered was noted. With no time noted for when the medication was administered, it cannot be determined that that the sonogram was performed 24 hours prior to administering the medication to initiate the process of the medical abortion.  The above findings were confirmed in an interview with the medical director on 01/07/19.	6 038	I, The Medical Director will make sure The Hospital number provided to each patient is consistent with the hospital zip code provided by The State even though some patients protest that another hospital is more convenient for them to get to.	02/28/19
6 041	TAC 139.56 Emergency Services  (a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:  (1) have active admitting privileges at a hospital that provides obstetrical or gynecological health care services and is located not further than 30 miles from the abortion facility;  (2) provide the pregnant woman with:  (A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced with access to the woman's relevant	6 041	I, The Medical Director will make sure every employee has current CPR consistent with TAC 139.56.	



6889 GK8011  
*REUTON*



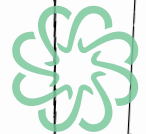
Texas Health and Human Services Commission

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6 041	<p>Continued From page 25</p> <p>medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion; and</p> <p>(B) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.</p> <p>(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).</p> <p>(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview the facility failed to ensure that the physicians who practice at the facility provide the pregnant woman with: the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated. The facility also failed to ensure the personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional</p>	6 041		
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Texas Health and Human Services Commission

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6 041	<p>Continued From page 26</p> <p>licensure requirements, and if required in their job description or job responsibilities.</p> <p>Findings included:</p> <p>Review of medical records revealed the following:</p> <ul style="list-style-type: none"> <li>* Medical Patient #1 and Surgical Patient # 1 both had addresses in Houston, Texas. However these 2 patients were provided the name and telephone number of hospitals that were not nearest to the home of the pregnant women, per a Google map search. Both patients had other hospitals located closer to their home based on their home addresses.</li> <li>* Medical Pateint #3's home address was Carthage, Texas, however the facility provided the name and telephone number of a hospital located in Houston, Texas.</li> <li>* Medical Patient #3's medical record had discharge instructions which did not include the name or phone number of nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated.</li> </ul> <p>Facility based policy entitled, "Administrative Policies" stated in part,</p> <p>"1. PERSONNEL...</p> <ul style="list-style-type: none"> <li>* personnel will be CPR certified...</li> </ul> <p><b>PERSONNEL POLICIES</b></p> <ul style="list-style-type: none"> <li>* All staff must be CPR certified/copy in file."</li> </ul> <p>A review of personnel files revealed that 1 of 3 direct staff members at facility (#3) obtained cardiopulmonary resuscitation (CPR) through an online resource that contained a "basic skills evaluation" with no evidence of hands-on skills practice and in-person assessment and demonstration of CPR skills.</p>	6 041		
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Texas Health and Human Services Commission

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6 041	<p>Continued From page 27</p> <p>Review of the Health &amp; Safety Institute and the National Safety Council website found at <a href="http://news.hsi.com/onlineonlycpr">http://news.hsi.com/onlineonlycpr</a> reveals that, "No major nationally recognized training program in the United States endorses certification without practice and evaluation of hands-on skills. According to the Occupational Safety and Health Administration (OSHA) online training alone does not meet OSHA first aid and CPR training requirements."</p> <p>In an interview on 01/08/19 staff member #1 verified the above findings.</p>	6 041		
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Reviewed 2-21-19

*J. Jaramero*

PRINTED: 01/22/2019  
FORM APPROVED

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>17070 RED OAK DRIVE SUITE 509 HOUSTON, TX 77090</b>
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6 000	<p>TAC 139.1 Initial Comments</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		
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SOD - State Form LABORATORY

LABORATORY SIGNATURE

TITLE  
*DIRECTOR*

STATE FORM

6899 CGTH11



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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6 000	<p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(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.</p> <p>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).</p> <p>An entrance conference was held with the facility nurse the morning of 1-7-19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility nurse and medical assistant the afternoon of 1-8-19. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	6 000		
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6 005	[REDACTED]	6 005	[REDACTED]	
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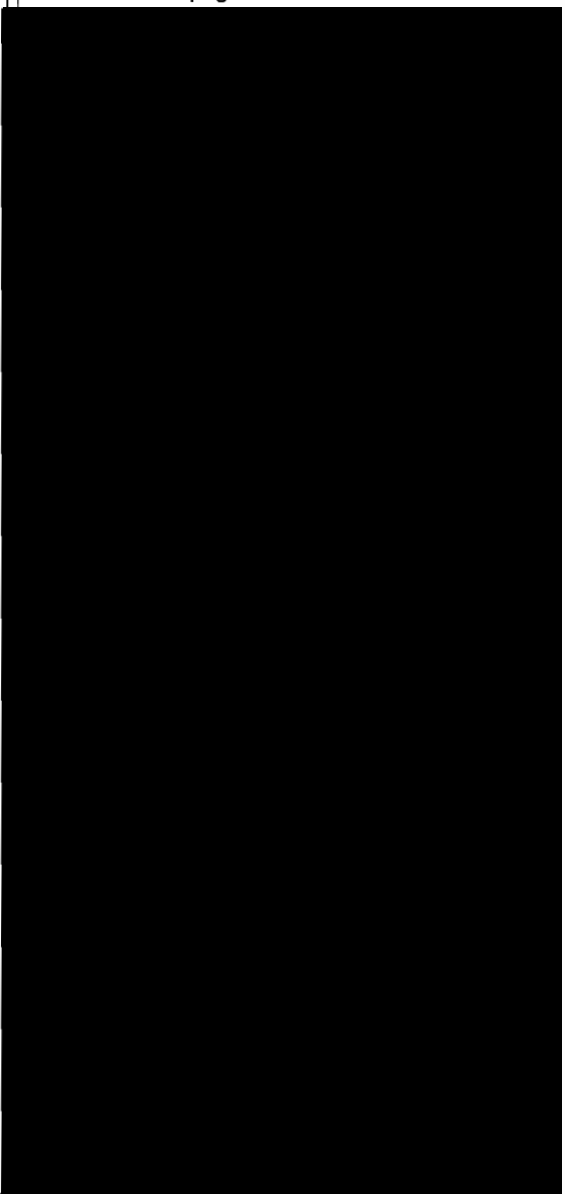
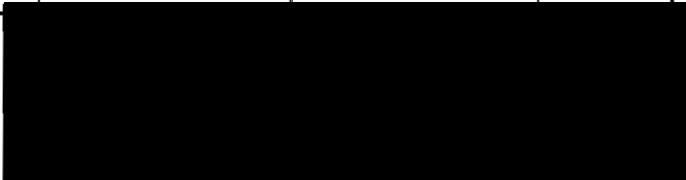
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>17070 RED OAK DRIVE SUITE 509 HOUSTON, TX 77090</b>
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6 005	Continued From page 2 	6 005		
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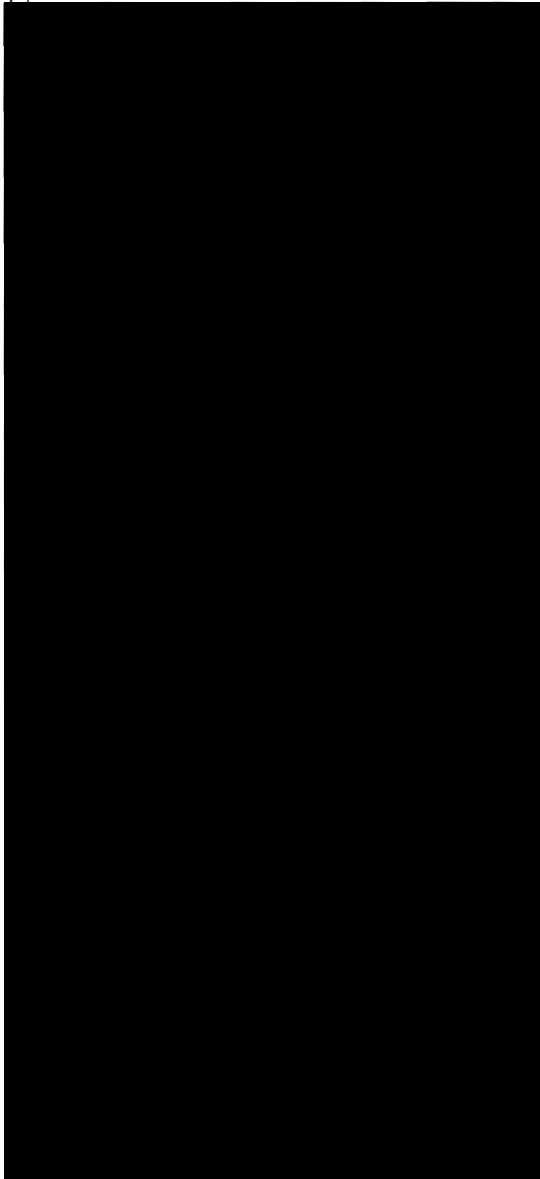
Continuation sheet 3 of 4

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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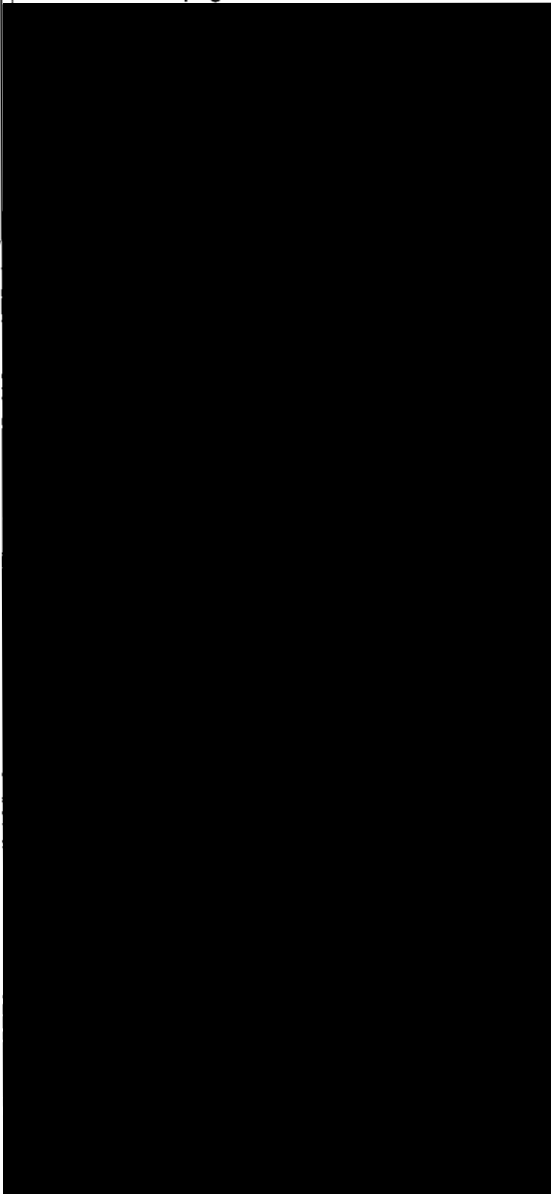
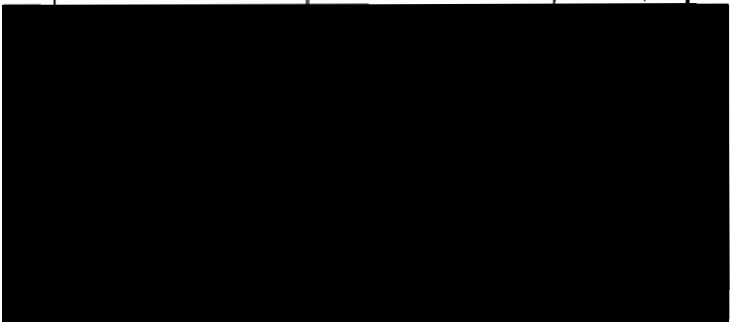
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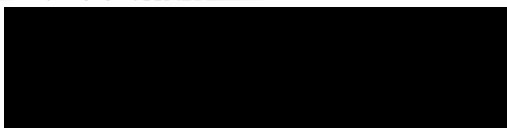
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6 005	Continued From page 4 	6 005		
6 007		6 007		

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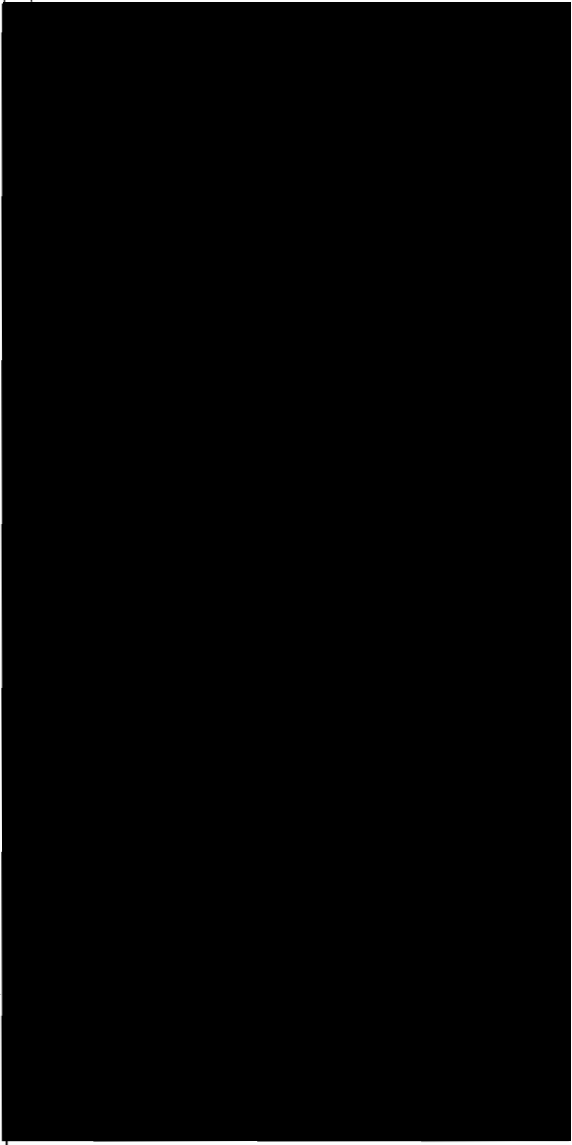
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continuation sheet 5 of 14

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>17070 RED OAK DRIVE SUITE 509 HOUSTON, TX 77090</b>		
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6 007	Continued From page 5  	6 007		

Texas Health and Human Services Commission

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6 007	Continued From page 6 	6 007		
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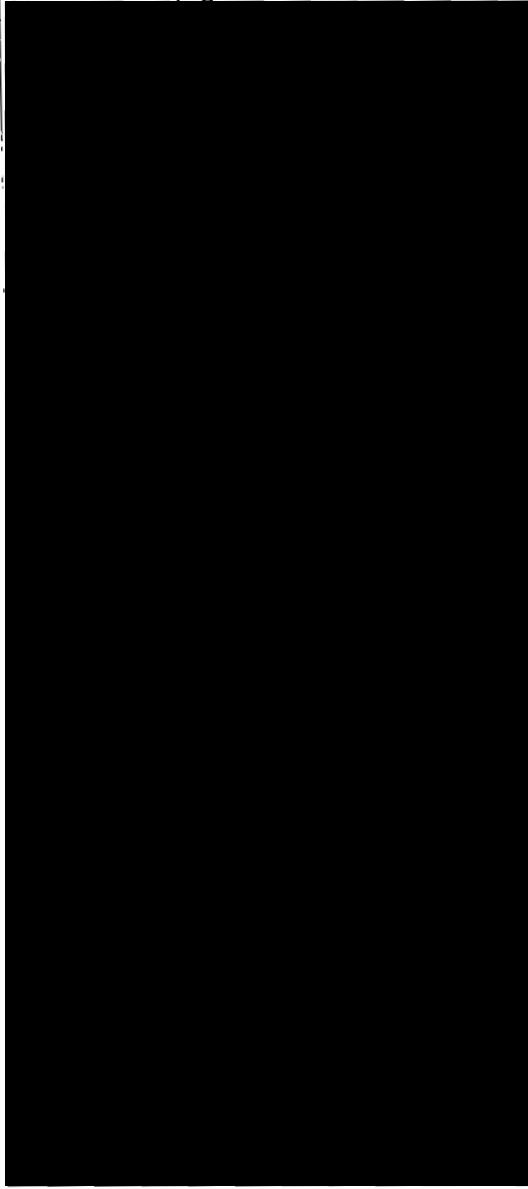
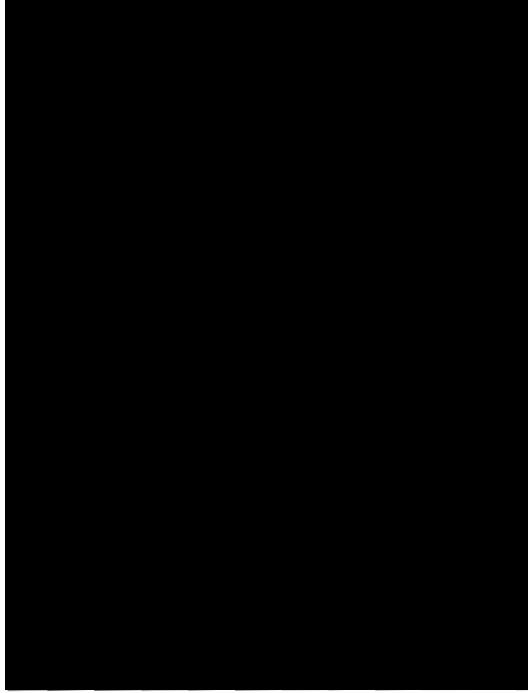
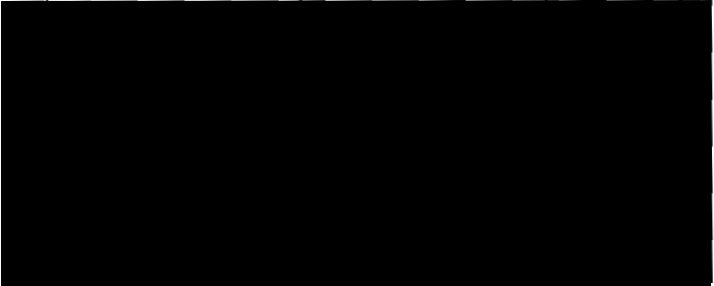


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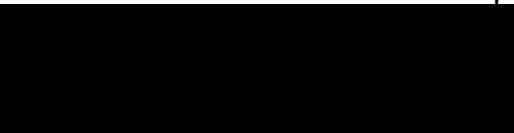
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NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>17070 RED OAK DRIVE SUITE 509 HOUSTON, TX 77090</b>
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6 007	Continued From page 7 	6 007		
6 009		6 009		

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continuation sheet 8 of 14



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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6 009	Continued From page 8 	6 009		
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Texas Health and Human Services Commission

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6 033	Continued From page 9	6 033		
6 033	<p>TAC 139.48 Physical and Environmental Requirements</p> <p>The physical and environmental requirements for a licensed abortion facility are as follows.</p> <p>(1) A facility shall:</p> <p>(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;</p> <p>(B) equip each procedure room so that procedures can be performed in a manner that assures the physical safety of all individuals in the area;</p> <p>(C) have a separate recovery room if moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia are administered at the facility;</p> <p>(D) have a written protocol for emergency evacuation for fire and other disasters tailored to the facility's geographic location. Each staff member employed by or under contract with the facility shall be able to demonstrate their role or responsibility to implement the facility's emergency evacuation protocol required by this subparagraph;</p> <p>(E) store hazardous cleaning solutions and compounds in a secure manner and label substances;</p> <p>(F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings.</p>	6 033	<p>I, The Medical Director in addition to maintaining equipments in safe working condition will make sure The Cosmetic appearance of all instruments and equipments is properly maintained to be consistent with TAC 139.48.</p>	02/28/19

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6 033	<p>Continued From page 10</p> <p>If other food is provided by the facility, it shall be subject to the requirements of Chapter 228 of this title (relating to Retail Food);</p> <p>(G) provide clean hand washing facilities for patients and staff including running water, and soap;</p> <p>(H) have two functioning sinks and a functioning toilet; and</p> <p>(I) have equipment available to sterilize instruments, equipment, and supplies in accordance with §139.49(d) of this title (relating to Infection Control Standards) before use in the facility.</p> <p>(2) The equipment for vacuum aspiration shall be electrically safe and designed to prevent reverse pump action in facilities that provide vacuum aspiration.</p> <p>(3) Projects involving alterations of and additions to existing buildings shall be programmed and phased so that on-site construction shall minimize disruptions of existing functions. Access, exit ways, and fire protection shall be maintained so that the safety of the occupants shall not be jeopardized during construction.</p> <p>This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure a safe and sanitary environment, properly maintained to protect the health and safety of patients and staff at all times.</p> <p>Findings included:</p>	6 033		

Texas Health and Human Services Commission

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6 033	<p>Continued From page 11</p> <p>During a tour of the facility on the afternoon of January 8, 2019, along with Clinic Nurse (Employee ID #2) and Medical Assistant (Employee ID #3) the following was observed:</p> <p>In procedure room #1, a free standing chrome finished exam lamp was seen to have visible surface rust on the base of the unit.</p> <p>In procedure room #2, a suction machine was seen to have visible surface rust on the bottom edges of the back and sides of suction equipment. An accumulation of dust and debris was also observed underneath and behind the suction machine.</p> <p>In procedure room #3, a suction machine was seen to have visible surface rust on the bottom edges on the back and sides of the equipment along with an accumulation of visible dust on the back lower portion of the suction equipment.</p> <p>Interview with the clinical nurse on January 8, 2019 at 3:30 p.m. confirmed the findings of the rust, dust and debris in the procedure rooms. Employee ID #2 stated that she had not noticed that before.</p>	6 033		
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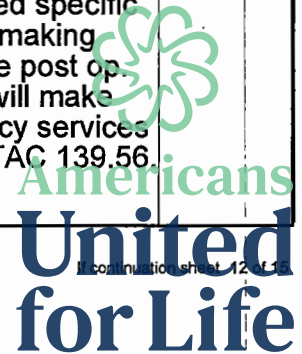
6 041	<p>TAC 139.56 Emergency Services</p> <p>(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:</p> <p>(1) have active admitting privileges at a hospital that provides obstetrical or gynecological health</p>	6 041	<p>I, The Medical Director will make provisions for continued patient safety. The Medical Director's concern for the mentioned specific case was absolutely for making sure the patient was safe post op. I, The Medical Director will make sure the Clinic Emergency services are in accordance with TAC 139.56.</p>	02/28/19
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6 041	<p>Continued From page 12</p> <p>care services and is located not further than 30 miles from the abortion facility;</p> <p>(2) provide the pregnant woman with:</p> <p>(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion; and</p> <p>(B) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.</p> <p>(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).</p> <p>(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and staff interview, the licensee failed to provide a patient with the name and telephone number of the</p>	6 041	<p>I, The Medical Director will obtain current CPR card hence forth. (The State has not required Physicians to carry or have CPR card)</p>	02/28/19
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>17070 RED OAK DRIVE SUITE 509 HOUSTON, TX 77090</b>		
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6 041	<p>Continued From page 13</p> <p>nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated. The facility also failed to ensure the personnel providing direct patient care were currently certified in basic life support as required in their job description or job responsibilities.</p> <p>Findings included:</p> <p>In 1 (patient # 11) out of 22 clinical records reviewed the patient's driver's license listed their place of residence to be in Milwaukee, Wisconsin and the facility provided the name and telephone number of Huntsville Memorial hospital in Huntsville, Texas as the hospital located nearest to her home of the patient. The information provided to the patient was not the nearest hospital to the home of the patient's residence.</p> <p>The above was confirmed in an interview with the facility physician and administrator (Employee ID #1) on the afternoon of January 7, 2019.</p> <p>Review on the morning of January 8, 2019 of Physician/Administrator (Employee #1) file documented a signed job description dated 12/04/2016 titled "SWMC - Administrator", Responsibilities: Overall coordination of clinic functions. Specific Responsibilities:.....9) Have a current CPR certification.</p> <p>Review of the Physicain/Administrator (Employee ID #1) employee file documented an Adult/Child/Infant CPR card with a date issued October 7, 2016 and expiration date October 7, 2018. No current CPR card was documented in employee record.</p> <p>Interview with Employee ID #1 on the morning</p>	6 041		

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NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>17070 RED OAK DRIVE SUITE 509 HOUSTON, TX 77090</b>
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6 041	Continued From page 14  January 8, 2019 confirmed he did not have a current CPR. No additional documentation was received prior to exit.	6 041		
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  04/23/2019
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NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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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 applicability.  (1) Licensing requirements.  (A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.  (B) The following need not be licensed under this chapter:  (i) a hospital licensed under Health and Safety Code, Chapter 241;  (ii) an ambulatory surgical center licensed	6 000		
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SOD - State Form

SIGNATURE

TITLE  
Educational and Training Specialist

(X6) DATE  
6/7/2019

6952

PIHW11

If continuation sheet 1 of 7



Americans  
United  
for Life



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/23/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHOLE WOMAN'S HEALTH ALLIANCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 000	<p>TAC 139.1 Initial Comments</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		
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SOD - State Form

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

TITLE

(X6) DATE



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/23/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHOLE WOMAN'S HEALTH ALLIANCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753</b>
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6 000	<p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(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.</p> <p>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).</p> <p>An entrance conference was held with the facility Director of Clinical Services on the morning of 04/22/19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility Director of Clinical Services and Clinical Coordinator on the afternoon of 04/23/19. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	6 000		
6 033	<p>TAC 139.48 Physical and Environmental Requirements</p> <p>The physical and environmental requirements for a licensed abortion facility are as follows.</p> <p>(1) A facility shall:</p> <p>(A) have a safe and sanitary environment, properly constructed, equipped, and maintained</p>	6 033		

Texas Health and Human Services Commission

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NAME OF PROVIDER OR SUPPLIER  <b>WHOLE WOMAN'S HEALTH ALLIANCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753</b>
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6 033	<p>Continued From page 2</p> <p>to protect the health and safety of patients and staff at all times;</p> <p>(B) equip each procedure room so that procedures can be performed in a manner that assures the physical safety of all individuals in the area;</p> <p>(C) have a separate recovery room if moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia are administered at the facility;</p> <p>(D) have a written protocol for emergency evacuation for fire and other disasters tailored to the facility's geographic location. Each staff member employed by or under contract with the facility shall be able to demonstrate their role or responsibility to implement the facility's emergency evacuation protocol required by this subparagraph;</p> <p>(E) store hazardous cleaning solutions and compounds in a secure manner and label substances;</p> <p>(F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings. If other food is provided by the facility, it shall be subject to the requirements of Chapter 228 of this title (relating to Retail Food);</p> <p>(G) provide clean hand washing facilities for patients and staff including running water, and soap;</p> <p>(H) have two functioning sinks and a functioning toilet; and</p>	6 033		

Texas Health and Human Services Commission

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6 033	<p>Continued From page 3</p> <p>(1) have equipment available to sterilize instruments, equipment, and supplies in accordance with §139.49(d) of this title (relating to Infection Control Standards) before use in the facility.</p> <p>(2) The equipment for vacuum aspiration shall be electrically safe and designed to prevent reverse pump action in facilities that provide vacuum aspiration.</p> <p>(3) Projects involving alterations of and additions to existing buildings shall be programmed and phased so that on-site construction shall minimize disruptions of existing functions. Access, exit ways, and fire protection shall be maintained so that the safety of the occupants shall not be jeopardized during construction.</p> <p>This Requirement is not met as evidenced by: Based on a tour of the facility, the facility failed to store hazardous cleaning solutions and compounds in a secure manner. Failure to do so increases the risk of harm to patients.</p> <p>Findings were:</p> <p>During a tour of the facility on 04/23/19, the unlocked laundry room contained items including Caviwipes, Lysol spray, laundry detergent, and Citrace deodorizer.</p> <p>The above was confirmed in an interview with staff #12 on 04/23/19 during a tour of the facility.</p>	6 033	<p>The Clinic Manager is responsible for insuring the physical and environmental safety for all patients that come to WWHA.</p> <p>The Clinic Manager installed a lock on the door of the laundry room on 04/24/2019 to ensure that patients are not able to access hazardous cleaning solutions. Staff was instructed on 4/24/2019 to ensure that they are initiating the lock after each access to any hazardous cleaning solutions.</p> <p>In order to monitor continued compliance, the Clinic Manager will randomly observe that the staff is utilizing the lock after each access for 90 days to ensure that only staff has access to hazardous cleaning solutions.</p>	04/24/2019

Texas Health and Human Services Commission

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6 041	Continued From page 4	6 041		
6 041	<p>TAC 139.56 Emergency Services</p> <p>(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:</p> <p>(1) have active admitting privileges at a hospital that provides obstetrical or gynecological health care services and is located not further than 30 miles from the abortion facility;</p> <p>(2) provide the pregnant woman with:</p> <p>(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion; and</p> <p>(B) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.</p> <p>(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).</p> <p>(c) Personnel providing direct patient care shall be currently certified in basic life support by the</p>	6 041		

Texas Health and Human Services Commission

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6 041	<p>Continued From page 5</p> <p>American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview the facility failed to ensure that the physicians who practice at the facility provide the pregnant woman with: the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.</p> <p>The facility also failed to ensure that personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.</p> <p>Findings included:</p> <p>Review of medical records revealed the following: * 2 of 10 medical records did not have documentation that the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated was provided to the patient. * Surgical Patient #5 indicated on their information sheet that they lived in Uvalde, Texas. However on their discharge paperwork, they were provided with the name and phone number for a Val Verde Regional located on Del Rio, Texas.</p>	6 041	<p>The Clinic Manager is responsible for providing each pregnant patient with the name and telephone number of the nearest hospital to the home of the pregnant patient at which an emergency arising from the abortion would be treated.</p> <p>The Director of Clinical Services conducted a re-training on 05/21/2019 <b>with the Whole Woman's Health Clinic</b> Coordinator, and all clinical staff. Aftercare staff will review normal and abnormal signs and symptoms with the patient, and what to do if an emergency should arise from their abortion. Staff are aware they will the US hospital finder to look up the nearest hospital and phone number, provide the information to the patient, and document the information on the surgical record in the aftercare section.</p> <p>In order to monitor continued compliance, the Clinic Manager will monthly conduct chart audits to ensure that staff is documenting nearest hospital and phone number on the surgical record.</p>	05/21/2019

Texas Health and Human Services Commission

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6 041	<p>Continued From page 6</p> <p>This would not be the name and telephone number of the nearest hospital to the home of the patient, which would be in Uvalde, Texas.</p> <p>* Medical Patient #1 listed their home address in Cameron, Texas. However on their discharge paperwork, they were provided with the name and phone number for a Medical Services Center. The phone number provided was for a family physician clinic, this would not be the name and telephone number of the nearest hospital to the home of the patient. The nearest hospital would be in Cameron, Texas. Also a physician office is not a hospital.</p> <p>* Medical Patient #3 listed their home address in San Antonio, Texas. However on their discharge paperwork, they were provided with the name and phone number for a free standing emergency center in Austin Texas, this would not be the name and telephone number of the nearest hospital to the home of the patient. The nearest hospital would be in San Antonio, Texas. Also a free standing emergency clinic is not a hospital.</p> <p>The facility based job description for Medical Assistant stated in part, "Experience and General Requirements... * Certification in Basic Life Support".</p> <p>Review of personnel files revealed the following: * Staff member #10's CPR expired in February 2019.</p> <p>In an interview on 04/23/19 staff member # 12 confirmed the above findings.</p>	6 041	<p>The Clinic Manager is responsible for ensuring all staff providing direct patient care will be currently certified in basic life support.</p> <p>The staff member #10 was notified that they were out of compliance and given a deadline to complete course. The staff member was attending the CPR class at the time of the inspection. On 04/23/2019 staff member did complete the approved Basic Life Support CPR training successfully and a copy of completed training was placed in the staff personnel record.</p> <p>In order to monitor continued compliance, the Clinic Manager will conduct monthly personnel chart audits to ensure that all staff Basic Life Support CPR training is current.</p>	04/23/2019

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140000	(X2) MULTIPLE CONSTRUCTION: A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/20/2018
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NAME OF PROVIDER OR SUPPLIER  WHOLE WOMANS HEALTH OF FORT WORTH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3256 LACKLAND ROAD FORT WORTH, TX 76116
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(X4) ID: PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID: PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 000

**Initial Comments**

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An entrance conference was held with the Clinic Manager the morning of 3-19-18. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.

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

An exit conference was held with the Clinic Manager the afternoon of 3-20-18. Preliminary findings of the survey were discussed, and an opportunity given for questions.

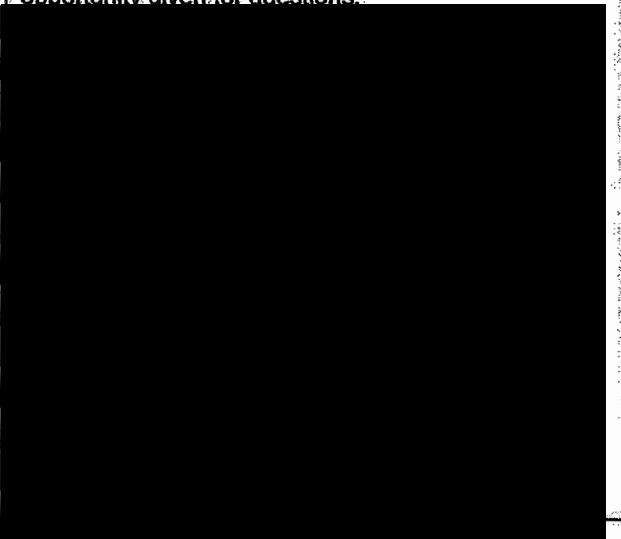
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REVIEWED

APR 10 2018

BY: *Wanda Wilson, MD*

A 043

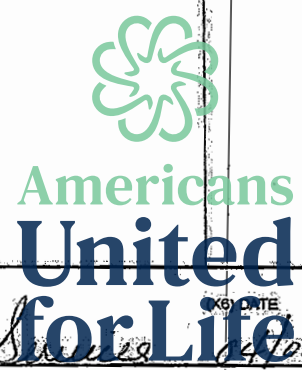


A 043

PROVIDER'S SIGNATURE

*Director of Clinical Surveys* TITLE

(X6) DATE

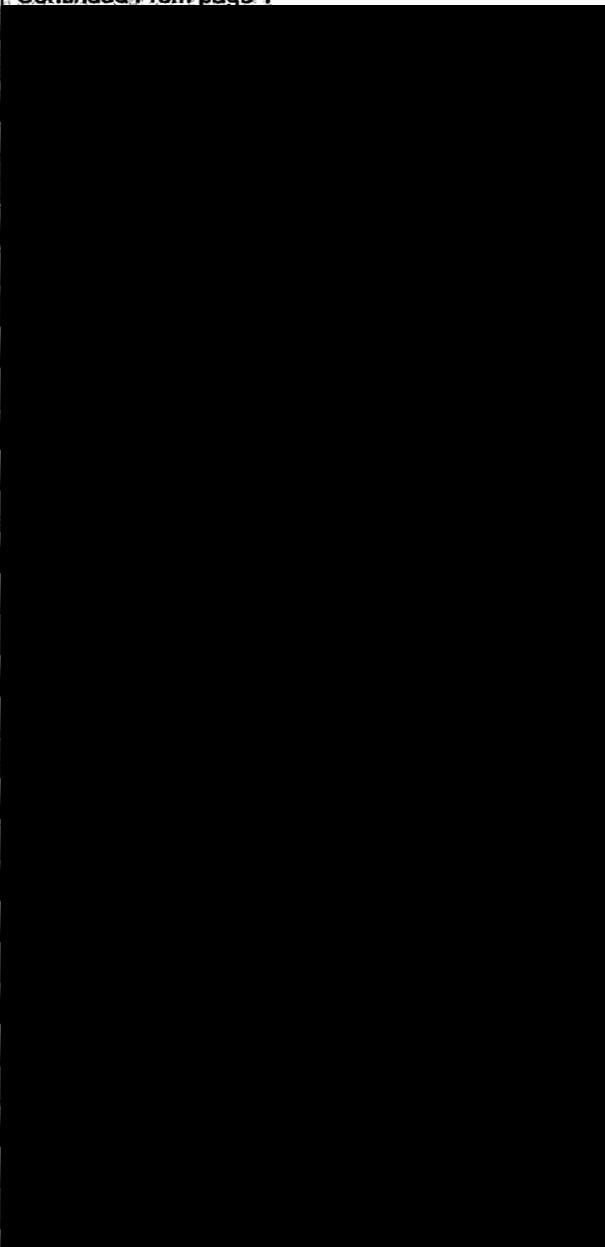




Texas Department of State Health Services

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A 043	Continued From page 1 	A 043		



Texas Department of State Health Services

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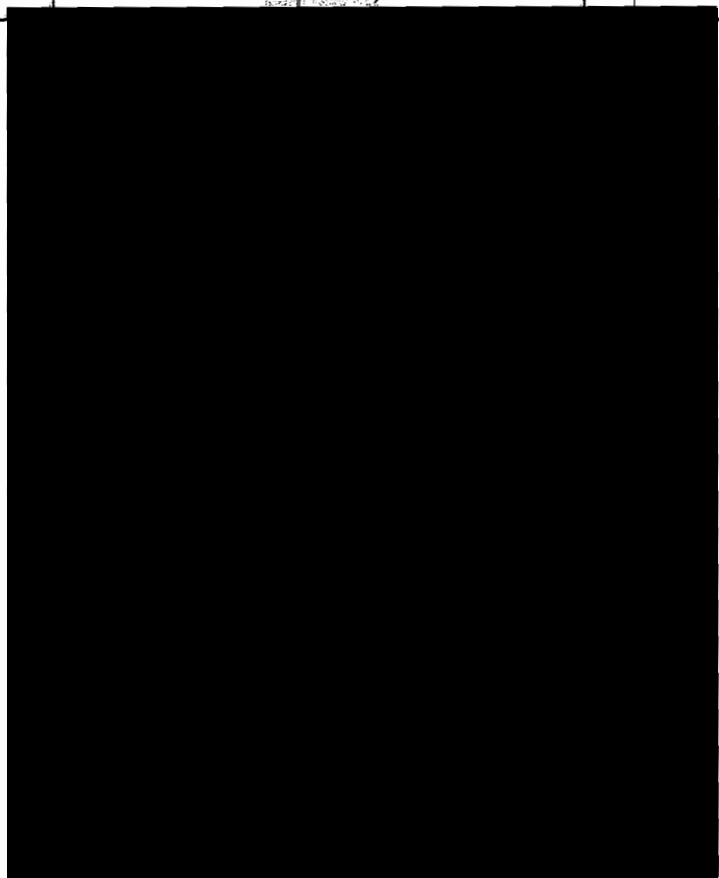
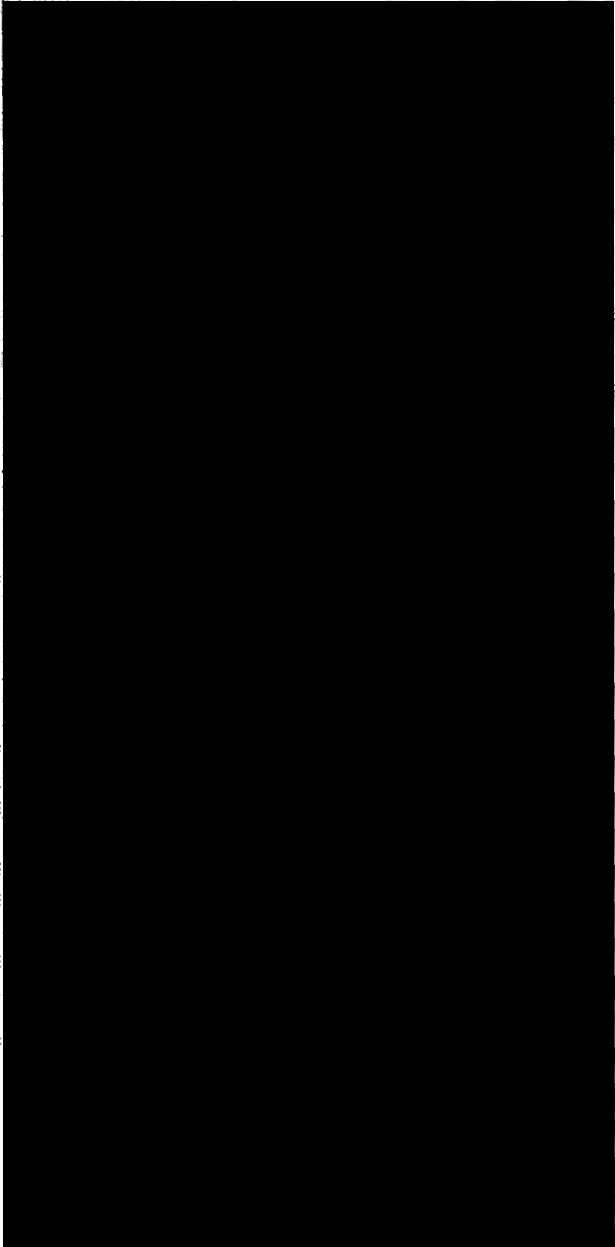
NAME OF PROVIDER OR SUPPLIER  WHOLE WOMANS HEALTH OF FORT WORTH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3256 LACKLAND ROAD FORT WORTH, TX 76116
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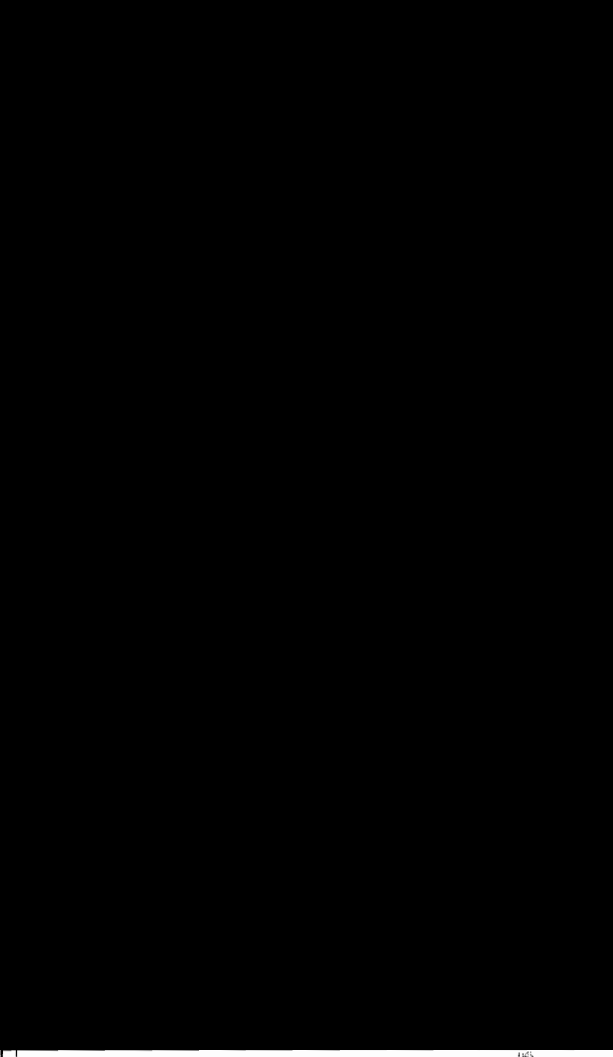
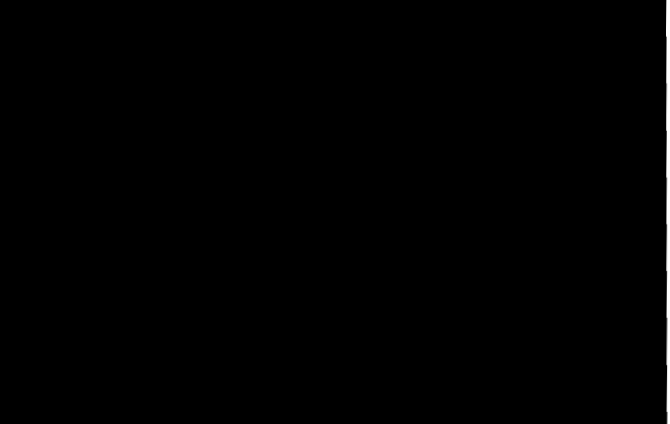
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Texas Department of State Health Services

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STREET ADDRESS, CITY, STATE, ZIP CODE: **3256 LACKLAND ROAD  
FORT WORTH, TX 76116**

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A 143	Continued From page 3	A 143		
A 143		A 143		
A 156	TAC 139.44(c) Orientation/Training/Demonstrated Competency:  (c) The facility shall ensure that staff responsible	A 156		

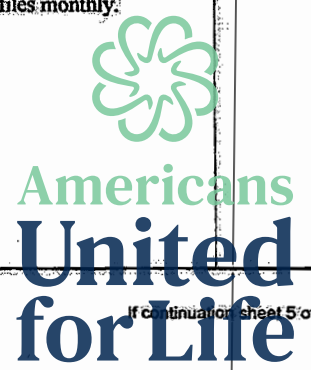


Texas Department of State Health Services

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A 156	<p>Continued From page 4.</p> <p>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.</p> <p>This Requirement is not met as evidenced by: Based on a review of personnel records and an interview with staff, the facility failed to ensure that staff responsible for sterilization of critical surgical instruments were trained by the facility to meet the requirements of §139.49(d) of this title (relating to Infection Control Standards) and demonstrate competency in performing the sterilization procedures at the facility.</p> <p>Findings were:</p> <p>During a review of personnel records, the personnel record for staff #13 (who is responsible for sterilization at the facility) contained no documentation that she had been trained in sterilization or demonstrated competency in performing the sterilization procedures at the facility. The personnel record contained an area marked "Setting up the Sterile Area" but no other training was documented. In an interview with staff #13, she stated that she had learned in medical assisting school how to pack instruments, but not how to use the specific sterilizer machine used at the facility. She stated that the clinic manager had taught her how to operate the machine used at the facility. No documentation of the above was found in the personnel file for staff #13.</p> <p>The above was confirmed in an interview with the Clinic Manager on the afternoon of 3-20-18.</p>	A 156	<p>The Clinic Manager is responsible for ensuring that staff responsible for sterilization are trained to meet facility requirements.</p> <p>All WWH staff are currently trained and have demonstrated competency on sterilization procedures. We take a proactive approach to staff training and compliance with competency in performing sterilization procedures, and so effective immediately, we will update our current competency checklist to specifically list autoclave model numbers.</p> <p>A staff in service with all trained pathology staff will be conducted on 04/11/2018 to review current autoclave model user manual and to update current training documentation.</p> <p>To monitor continued compliance, the Clinic Manager will utilize the updated competency checklist when training new staff, and will review all clinic staff files monthly.</p>	04/11/2018

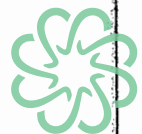


Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/20/2018
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NAME OF PROVIDER OR SUPPLIER  WHOLE WOMANS HEALTH OF FORT WORTH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3256 LACKLAND ROAD FORT WORTH, TX 76116
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 197	<p>TAC 139.48(1)(A) Physical &amp; Environmental Requirements</p> <p>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;</p> <p>This Requirement is not met as evidenced by: Based on a tour of the facility and a review of documentation, the facility failed to maintain a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times.</p> <p>Findings were:</p> <p>An unlocked medication refrigerator was found in an unsecured laboratory area, adjacent to patient procedure and consultation rooms. The refrigerator contained medications such as Pitocin®, Methergine®, Engerix-B® (Hepatitis B vaccine), Depo-Provera® and RhoGAM®.</p> <p>External shipping boxes were found on the floor of the clean instrument/sterilization preparation area. A box of instrument wrapping cloth was being stored (open) on the floor.</p> <p>A count of the Versed® single-dose vials (2 milliliters per vial) by the surveyor revealed a quantity of 63 vials. A review of the narcotic count for the same medication revealed that there</p>	A 197	<p>The Clinic Manager is responsible for ensuring the physical and environmental requirements are met.</p> <p>Whole Woman's Health of Fort Worth maintains a safe and sanitary environment for our patients. The refrigerator in question was in a non-patient care area, with posted staff only signs. In order to further secure the area, a lock will be placed on the door to completely seal the laboratory area from patients.</p> <p>An in-service will be held on 04/11/2018 with all staff to review ensuring that the above mentioned lock is secured when patients are in the building.</p>	04/11/2018



Texas Department of State Health Services

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NAME OF PROVIDER OR SUPPLIER  WHOLE WOMANS HEALTH OF FORT WORTH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3256 LACKLAND ROAD FORT WORTH, TX 76116
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A.197	<p>Continued From page 6</p> <p>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 medication log.</p> <p>Facility policy titled "Medication Therapy Practices" states, in part: "Controlled Medications Opening Count 1) Each day, prior to drawing up or administering any medications, two staff will open the safe and count each drug on the Controlled Medication Log.</p> <p>... Logging Controlled Medications Administered 1. Each patient administered controlled medication will be logged in the Controlled Medications Log. The patient name and amount of medication administered will be recorded.</p> <p>... Controlled Medications Closing Count 1. Each day that Controlled Medications are administered, at the end of the day, two staff will open the safe and count each drug on the Controlled Medication Log.</p> <p>... 6. The second staff person will verify the reported count."</p> <p>The above was confirmed in an interview with the Clinic Manager on the afternoon of 3-20-18.</p>	<p>A.197</p> <p>A.197</p> <p>A.201</p>	<p>Whole Woman's Health of Fort Worth will purchase air tight containers to store "instrument wrapping cloth" (CSR wrap)</p> <p>An in-service will be held on 04/11/2018 with all staff to review receiving, unpacking and storing clinic supplies.</p> <p>In order to monitor compliance, the Clinic Manager will check monthly to ensure that clinic supplies are stored correctly.</p> <p>The narcotic count was verified by the Clinic Manager and the clinic nurse. The narcotic log was corrected and a narcotic count deviation was completed.</p> <p>The Director of Clinical Services will conduct an ins-service with all clinic management and nursing staff to review the current Whole Woman's Health Medication Therapy Practice policy on 04/12/2018.</p> <p>In order to monitor continued compliance, the Clinic Manager will complete a monthly audit of the Narcotic Log and count.</p>	<p>04/11/2018</p> <p>04/12/2018</p>
A.201	TAC 139.48(1)(E)(F) Physical & Environmental Requirements			



Texas Department of State Health Services

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NAME OF PROVIDER OR SUPPLIER:  WHOLE WOMANS HEALTH OF FORT WORTH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3256 LACKLAND ROAD FORT WORTH, TX 76116
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A 201	<p>Continued From page 7</p> <p>The physical and environmental requirements for a licensed abortion facility are as follows: (1) A facility shall: (E) store hazardous cleaning solutions and compounds in a secure manner and label substances; (F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings. If other food is provided by the facility, it shall be subject to the requirements of §§229.161 - 229.171 of this title (relating to Texas Food Establishments);</p> <p>This Requirement is not met as evidenced by: Based on a tour of the facility, the facility failed to store hazardous cleaning solutions and compounds in a secure manner.</p> <p>Findings were: During a tour of the facility on 3-19-18, hazardous cleaning solutions and compounds were found in patient care areas, unsecured, throughout the facility.</p> <p>The above was confirmed in an interview with the Clinic Manager on the afternoon of 3-19-18.</p>	A 201	<p>The Clinic Manager is responsible for ensuring the physical and ensuring the physical and environmental requirements are met.</p> <p>Cabinet locks will be installed in all patient care areas. An in-service will be held on 04/11/2018 to review procedures to ensure that all cleaning solutions are stored in locked cabinets during patient care hours.</p> <p>To ensure continued compliance, the Clinic Manager will ensure that all locks are working properly during monthly site inspection.</p>	04/11/2018
A 328	<p>HSC Code, D173.063(d)((1)(2)(e)(1)(2)(f): Abortion-inducing Drugs</p> <p>(d) The physician who gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug shall provide the pregnant woman with: (1) a copy of the final printed label of that</p>	A 328		



Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/20/2018
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NAME OF PROVIDER OR SUPPLIER  WHOLE WOMANS HEALTH OF FORT WORTH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3256 LACKLAND ROAD FORT WORTH, TX 76116
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 328 Continued From page 8

abortion-inducing drug; and

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

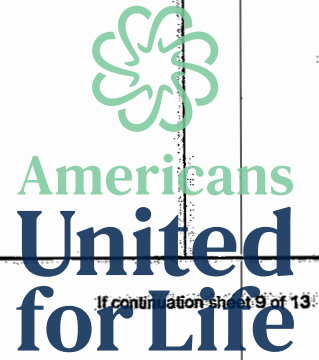
(e) The physician who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, must schedule a follow-up visit for the woman to occur not more than 14 days after the administration or use of the drug. At the follow-up visit, the physician must:

(1) confirm that the pregnancy is completely terminated; and

(2) assess the degree of bleeding.

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

A 328





Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140000	(X2) MULTIPLE CONSTRUCTION: A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/20/2018
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NAME OF PROVIDER OR SUPPLIER: **WHOLE WOMANS HEALTH OF FORT WORTH, LLC**  
STREET ADDRESS, CITY, STATE, ZIP CODE: **3256 LACKLAND ROAD FORT WORTH, TX 76116**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 328

Continued From page 9

This Requirement is not met as evidenced by: Based on a review of documentation, the physician who gave, sold, dispensed, administered, provided, or prescribed the abortion-inducing drug, or the physician's agent, did not make a reasonable effort to ensure that the woman returned for the scheduled follow-up visit under Subsection (e). The physician or the physician's agent did not document a brief description of any effort made to comply with this subsection, including the date, time, and name of the person making the effort, in the woman's medical record.

Findings were:

Clinical records were reviewed for 6 patients who had received a medical abortion procedure (medical procedure patients #1 - #6). 1 of the 6 patients (medical procedure patient #2) did not return for her scheduled follow-up visit, but the clinical record contained no documentation of any attempts made to contact the patient when she did not return.

Facility policy titled "Policy for Management of Medical Abortion Follow Up" states, in part: "...A designated staff member under the direct supervision of the Clinic Manager will be responsible for monitoring that every patient who received Mifeprex returned for their follow up visit. (S)he will keep track of any patient who misses a follow up appointment and if a patient misses a follow up appointment she will be contacted by phone 3 x's [three times]. Documentation of these contacts will be kept in the Mifeprex Follow up book and in the patient's medical record."

The above was confirmed in an interview with the

A 328

A328

The Clinic Manager is responsible for ensuring compliance with all policies regarding medical and clinical services.

Whole Woman's Health of Fort Worth complies with the requirements set forth in HSC Code, D173.063(d)(1)(2)(e)(1)(2)(f) Abortion-Inducing Drugs by contacting medical procedure patients who do not return for the follow up 3 times. Medical procedure patient #2 was contacted after not returning for her follow up and such calls were documented in our Mifeprex follow up book.

An in-service will be conducted with all staff on 04/12/2018 to review Whole Woman's Health Policy for Management of Medical Abortion Follow Up and reinforce the requirement to also document follow up calls in patient medical record.

In order to monitor compliance, the Clinic Manager will complete a monthly chart audit.

04/12/2018



Texas Department of State Health Services

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A-328	Continued From page 10 Clinic Manager on the afternoon of 3-20-18.	A-328		
A-336	[REDACTED]	A-336	[REDACTED]	[REDACTED]
A-356	TAC 139.56(b)(c) Emergency Services  (b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).	A-356		



Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/20/2018
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NAME OF PROVIDER OR SUPPLIER  
**HOLE WOMANS HEALTH OF FORT WORTH, LLC**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**3256 LACKLAND ROAD  
FORT WORTH, TX 76116**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 356	<p>Continued From page 11</p> <p>(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation, the facility failed to ensure that all personnel providing direct patient care were certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements.</p> <p>Findings were:</p> <p>During a review of personnel records, the personnel record for staff #15 contained CPR (cardiopulmonary resuscitation) certification issued by ProCPR® on 2-21-17. A statement on the card stated "This card certifies that the individual has successfully completed the National Cognitive Evaluation in accordance with ProTrainings Curriculum and the American Heart Association® guidelines." The card gave no indication that staff #15 had performed a return skills demonstration to verify the hands-on skills associated with cardiopulmonary resuscitation. This presents a risk that staff may not be competent to respond in a medical emergency.</p> <p>Review of the Health &amp; Safety institute and the National Safety Council website found at <a href="http://news.hsi.com/onlineonlycpr">http://news.hsi.com/onlineonlycpr</a> reveals that, "No major nationally recognized training program</p>	<p>A 356</p> <p>A356</p>	<p>The Clinic Manager is responsible for Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association.</p> <p>Staff member #15 will complete certified basic life support on or before 04/13/2018.</p> <p>In order to monitor compliance, the clinic manager will prepare a list of certified basic life support accredited trainers and complete a monthly staff file audit.</p>	<p>04/13/2018</p>



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NAME OF PROVIDER OR SUPPLIER  WHOLE WOMANS HEALTH OF FORT WORTH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3256 LACKLAND ROAD FORT WORTH, TX 76116
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A 356	<p>Continued From page 12.</p> <p>in the United States endorses certification without practice and evaluation of hands-on skills. According to the Occupational Safety and Health Administration (OSHA) online training alone does not meet OSHA first aid and CPR training requirements." Further guidance can be found at <a href="https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&amp;p_id=28541">https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&amp;p_id=28541</a>.</p> <p>The above was confirmed in an interview with the Clinic Manager on the afternoon of 3-20-18.</p>	A 356		



Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/07/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHOLE WOMANS HEALTH OF MCALLEN LP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>802 SOUTH MAIN STREET MC ALLEN, TX 78501</b>
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6 000	<p>TAC 139.1 Initial Comments</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		

SOD - State Form  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



(X6) DATE

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/07/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHOLE WOMANS HEALTH OF MCALLEN LP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>802 SOUTH MAIN STREET MC ALLEN, TX 78501</b>
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6 000	<p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(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.</p> <p>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).</p> <p>An entrance conference was held with the Facility Administrator on 11/07/18. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions. The survey will be conducted using the Texas Administrative Code Title 25, Chapter 139 Abortion Facility Licensing Regulations.</p> <p>An exit conference was held with the Facility Administrator on the afternoon of 11/07/18. Preliminary findings of the survey were discussed, and an opportunity given for questions. They were thanked for their time and cooperation with the survey.</p> <p>Continued licensure is recommended. No violations were cited.</p>	6 000		

*Reviewed 2-14-19*  
*Szymanski*

PRINTED: 01/22/2019  
FORM APPROVED

Texas Health and Human Services Commission

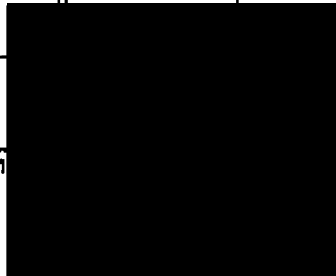
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/09/2019
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NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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SOD - State Form  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Americans  
United  
for Life

NO DATE  
1/22/19

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/09/2019
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NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 000 Continued From page 1  
under Health and Safety Code, Chapter 243; or  
  
(iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.

6 000

(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed).  
An entrance conference was held with the facility Medical Assistant on the morning of 01/19/19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.

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

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

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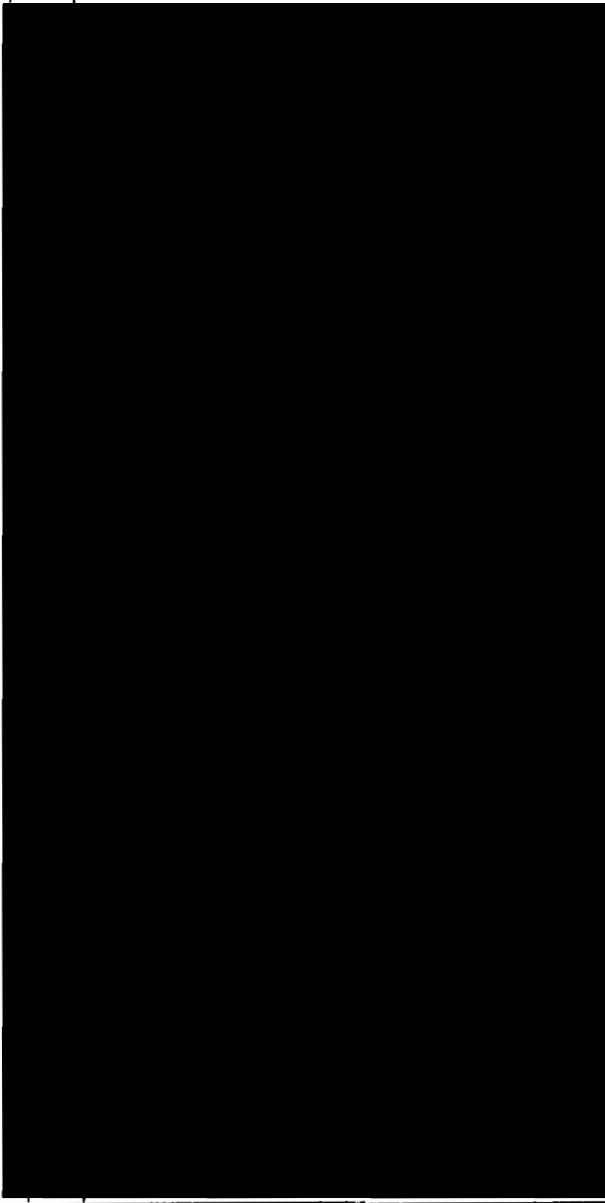
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/09/2019
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NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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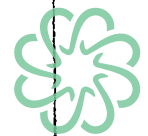
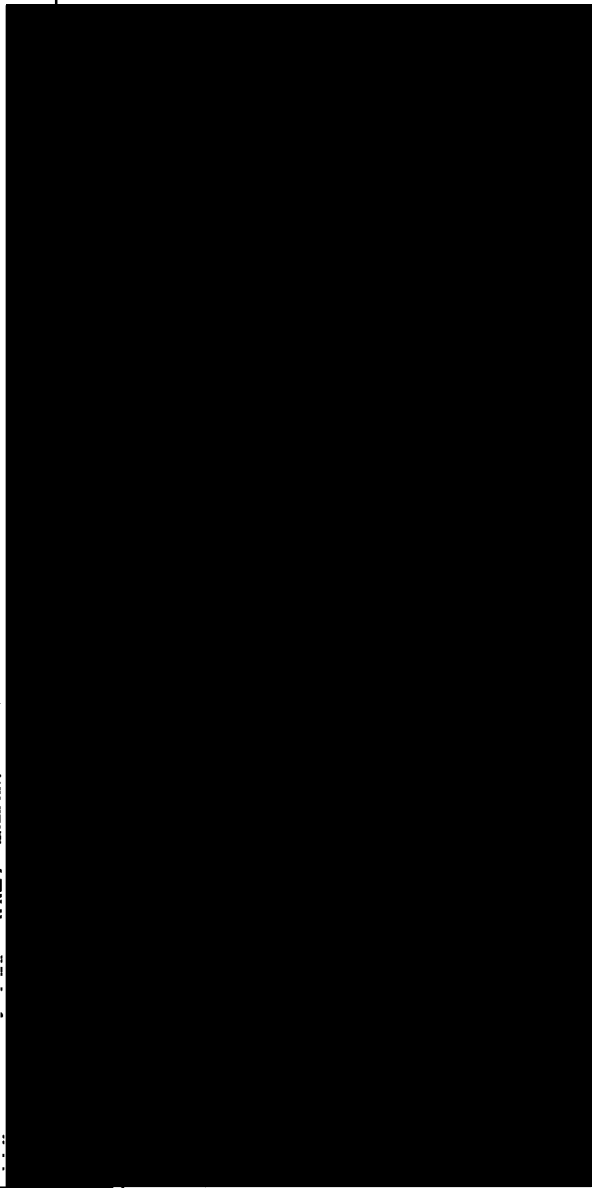
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NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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6 001 Continued From page 3

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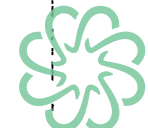
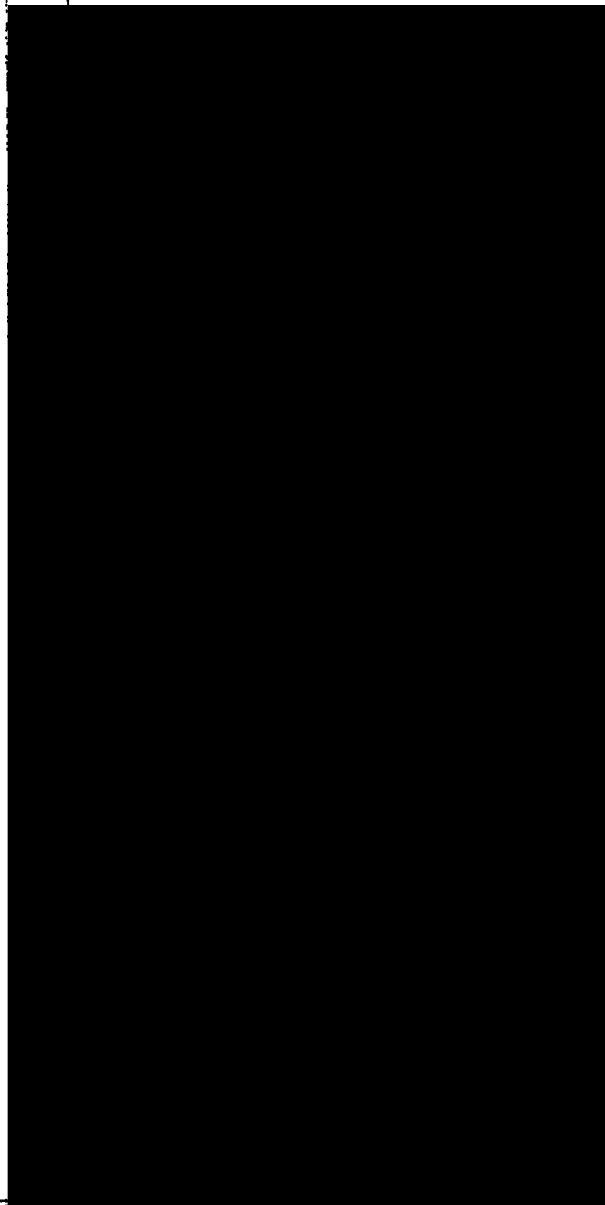
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NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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6 001 Continued From page 4

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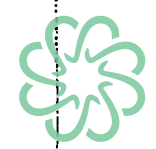
Texas Health and Human Services Commission

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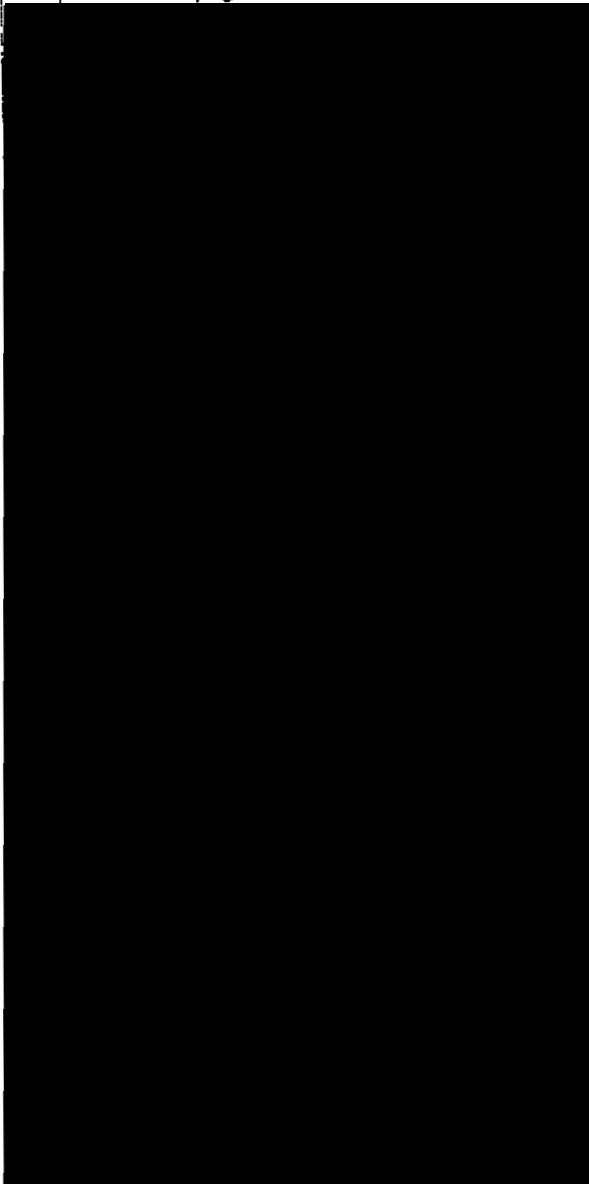
Texas Health and Human Services Commission

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6 001 Continued From page 6



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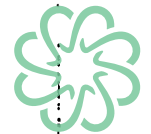
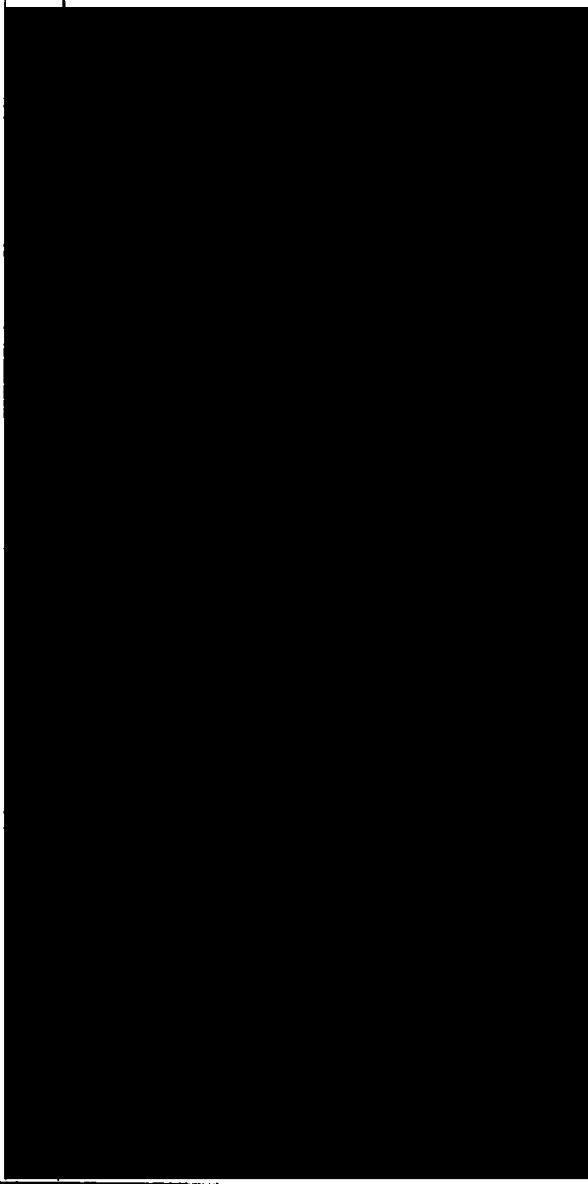
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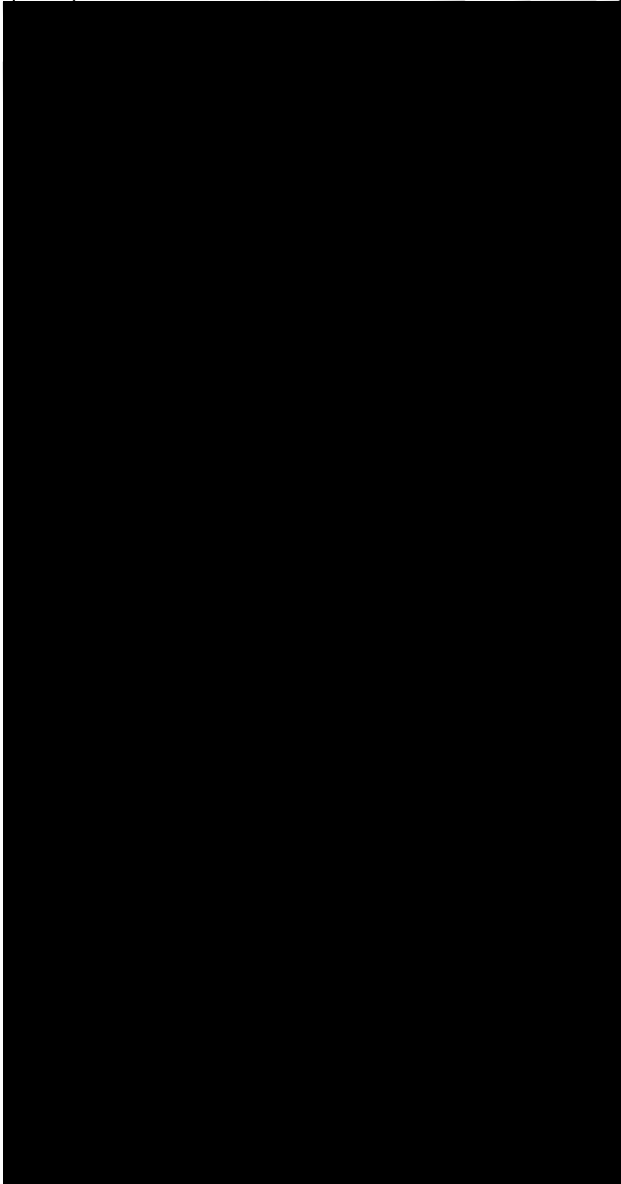
Texas Health and Human Services Commission

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6 001 Continued From page 8



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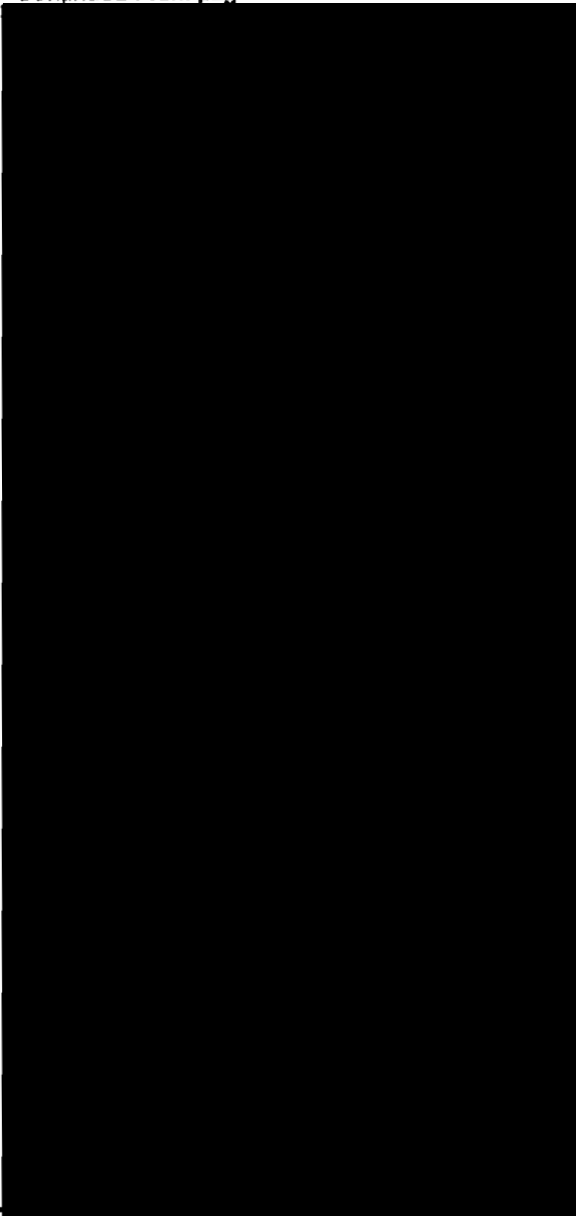
Texas Health and Human Services Commission

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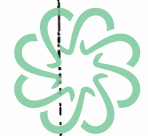
NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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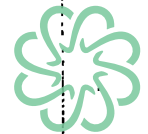
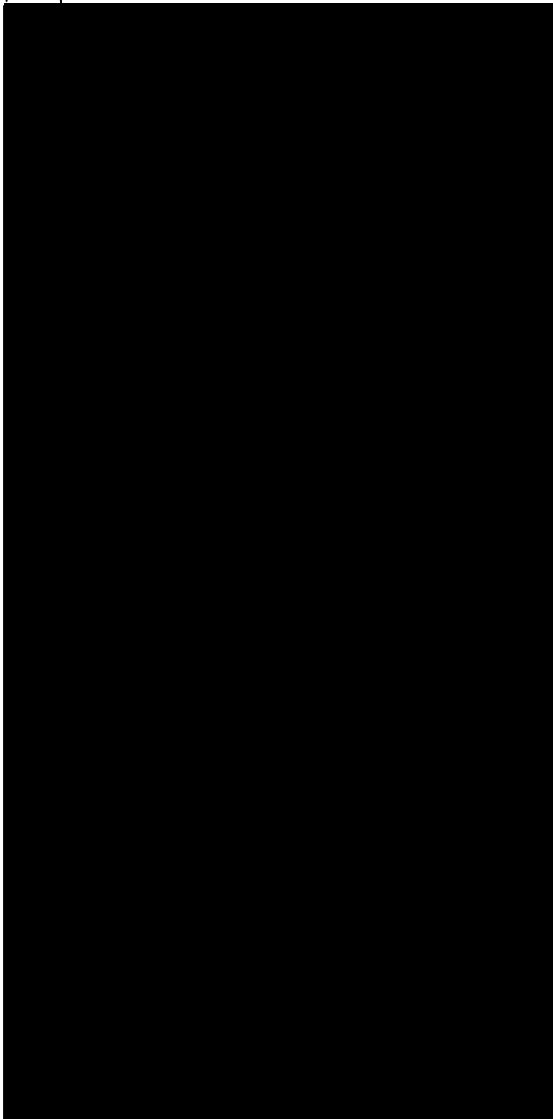
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NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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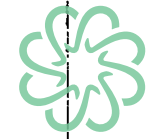
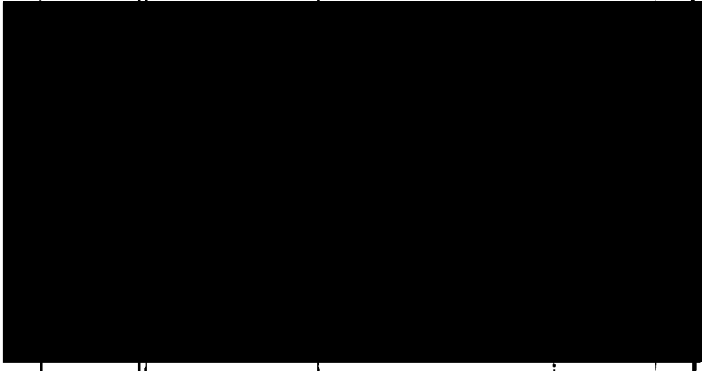
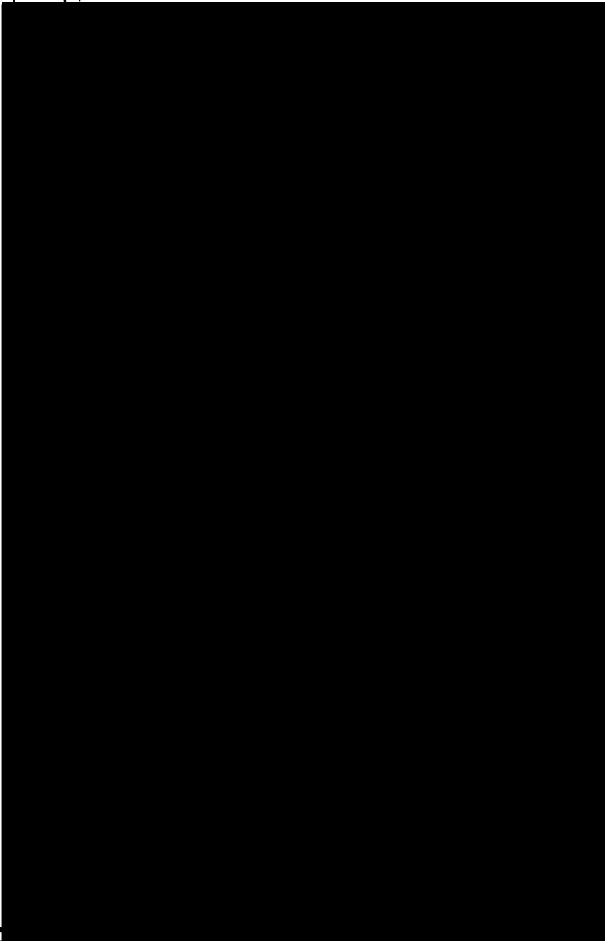
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NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 200 HOUSTON, TX 77074
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6 001 Continued From page 12

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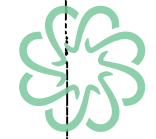
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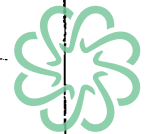
NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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6 007 Continued From page 14

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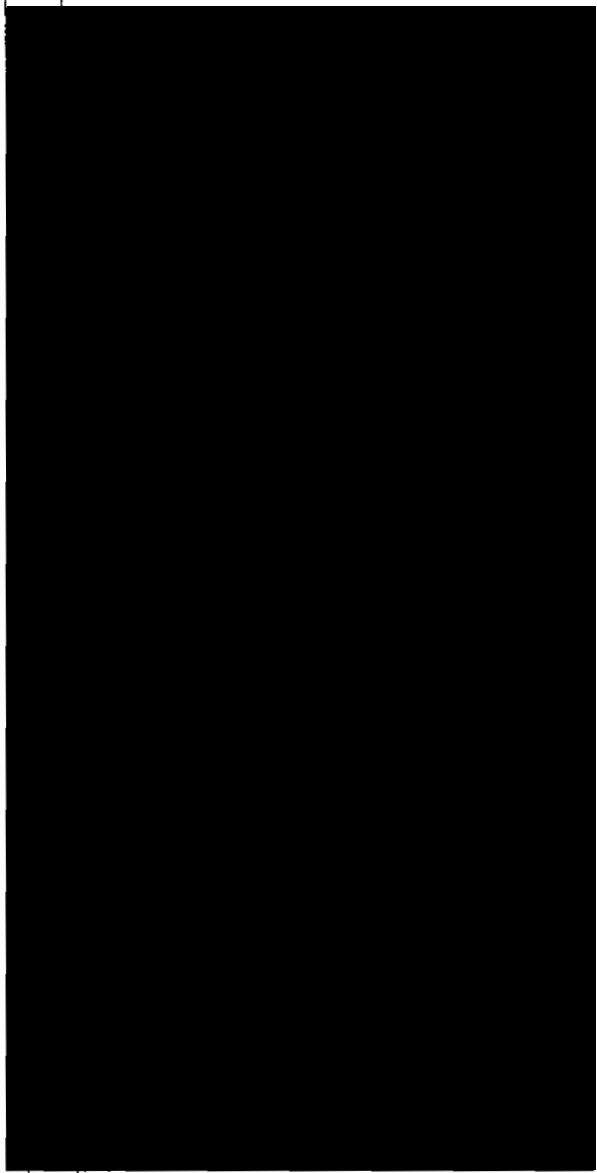
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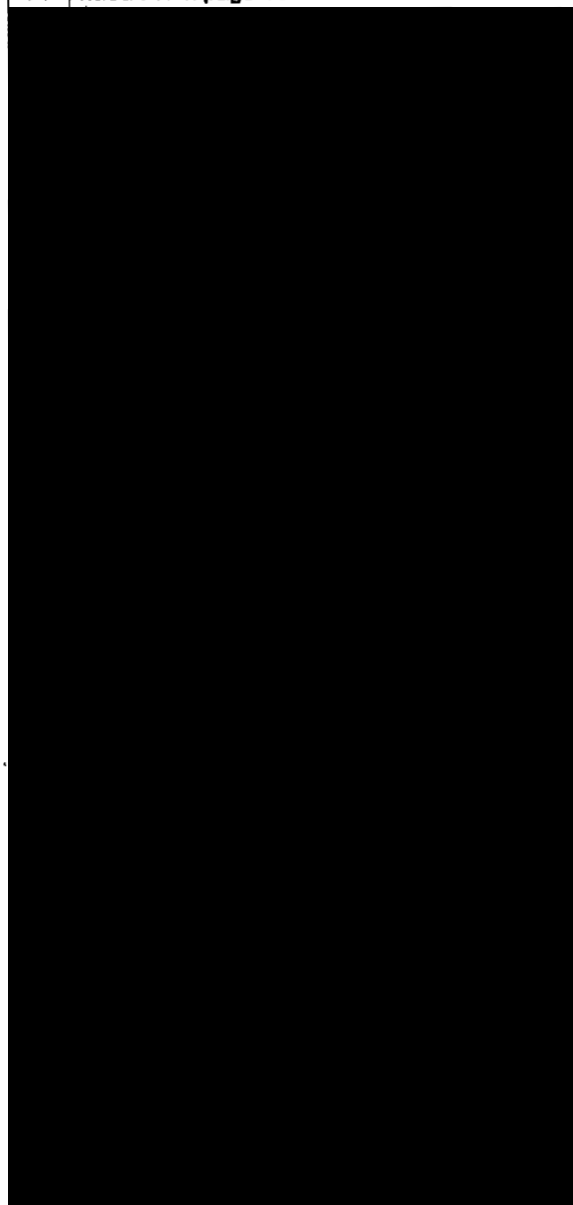
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6 007 Continued From page 16



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6 007 Continued From page 17

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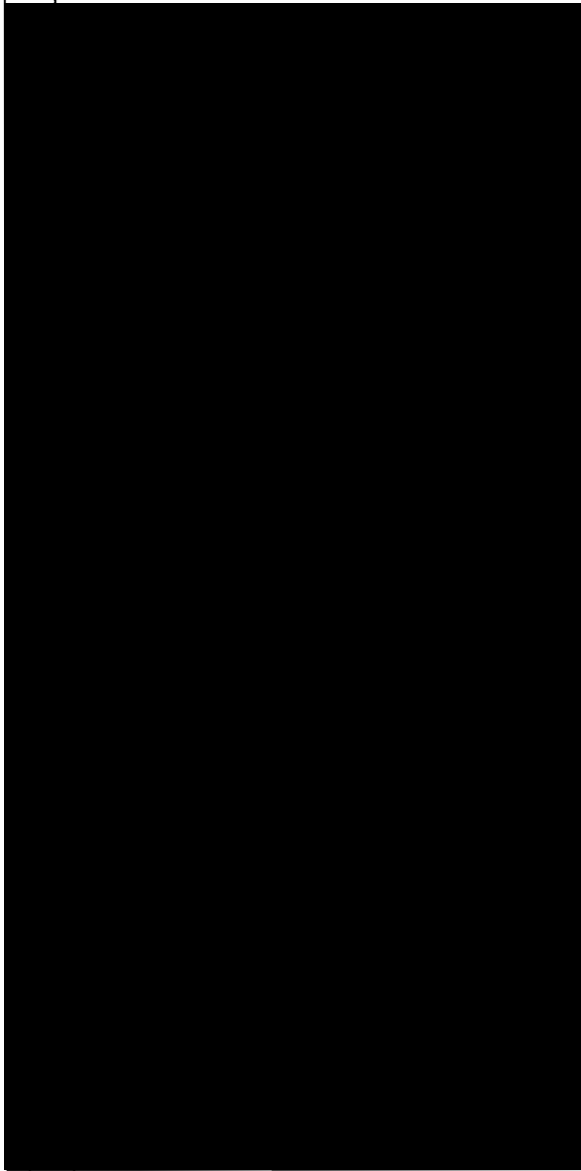
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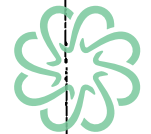
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/09/2019
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NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 040 Continued From page 19

6 040



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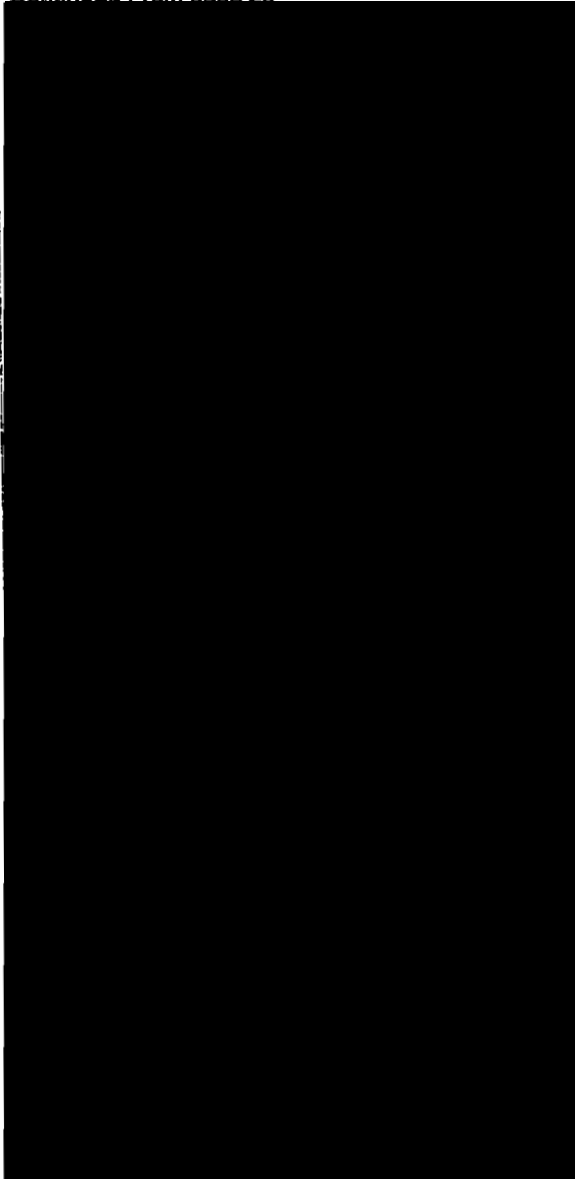
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/09/2019
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6 040 Continued From page 20



6 040



PRINTED: 01/22/2019  
FORM APPROVED

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/09/2019
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NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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6 040 Continued From page 21

6 040



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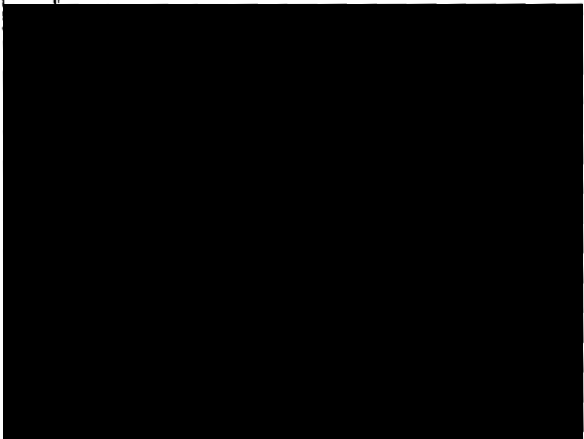
Texas Health and Human Services Commission

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NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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6 040 Continued From page 22



6 040

6 041 TAC 139.56 Emergency Services

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

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

(2) provide the pregnant woman with:

(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or

6 041

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/09/2019
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NAME OF PROVIDER OR SUPPLIER  WOMEN'S CENTER HOUSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEDNESBURY LANE, SUITE 230 HOUSTON, TX 77074
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6 041 Continued From page 23

ask health-related questions regarding the abortion; and

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

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

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

This Requirement is not met as evidenced by: Based on a review of documentation and interview the facility failed to ensure that the physicians who practice at the facility provide the pregnant woman with: the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

Findings included:

Review of medical records revealed the following:

- 5 of 6 medication abortions records did not have documentation that the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.

6 041

The office administrator will provide a form with nearest hospital to home with hospital name, address, and phone number, which will be signed, and dated.

3-30-19

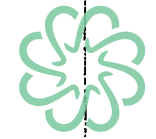


Texas Health and Human Services Commission

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6 041	Continued From page 24  In an interview on 01/09/19 staff members # 1 and 4 confirmed the above findings.	6 041		
6 045	TAC 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.  (b) A licensed abortion facility that provides laboratory services shall meet the Clinical Laboratory Improvement Amendments of 1988, 42 United States Code, §263a, Certification of Laboratories (CLIA 1988). CLIA 1988 applies to all facilities with laboratories that examine human specimens for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings.  (c) A licensed abortion facility shall ensure that its physicians comply with the Medical Practice Act, Occupations Code, Chapters 151 - 160 and 162 - 165, while functioning in his or her capacity at or for the facility.  (d) A licensed abortion facility utilizing the services of a physician assistant(s) shall ensure that its physician assistants comply with the Physician Assistant Licensing Act, Occupations Code, Chapter 204, while functioning in his or her capacity at or for the facility.  (e) A licensed abortion facility utilizing the services of a registered nurse shall ensure that its registered nurses comply with the Nursing Practice Act, Occupations Code, Chapters 301 and 304, while functioning in his or her capacity	6 045	The office administrator will provide a quality assurance checklist that will be reviewed, updated or revised quarterly by the QA committee on patient care, abortion procedure complications, address issues of unprofessional conduct, monitor infection control, and address medication therapy which will be monitored by the Lab Director.	



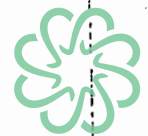
Texas Health and Human Services Commission

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6 045	<p>Continued From page 25</p> <p>at or for the facility.</p> <p>(f) A licensed abortion facility utilizing the services of a licensed vocational nurse(s) shall ensure that its vocational nurse(s) comply with the Nursing Practice Act, Occupations Code, Chapters 301 and 304, while functioning in his or her capacity at or for the facility.</p> <p>(g) A licensed abortion facility that provides pharmacy services shall obtain a license as a pharmacy if required by the Texas Pharmacy Act, Occupations Code, Chapters 551 - 569.</p> <p>(h) A licensed abortion facility shall comply with the following federal Occupational Safety and Health Administration requirements:</p> <p>(1) 29 Code of Federal Regulations, Subpart E, §1910.38, concerning emergency action plan and §1910.39, concerning fire prevention plans;</p> <p>(2) 29 Code of Federal Regulations, Subpart I, §1910.132, concerning general requirements for personal protective equipment;</p> <p>(3) 29 Code of Federal Regulations, Subpart I, §1910.133, concerning eye and face protection;</p> <p>(4) 29 Code of Federal Regulations, Subpart I, §1910.138, concerning hand protection;</p> <p>(5) 29 Code of Federal Regulations, Subpart K, §1910.151, concerning medical services and first aid;</p> <p>(6) 29 Code of Federal Regulations, Subpart L, §1910.157, concerning portable fire extinguishers;</p>	6 045		
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If continuation sheet 26 of 28



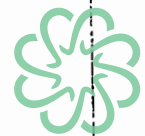
Texas Health and Human Services Commission

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6 045	<p>Continued From page 26</p> <p>(7) 29 Code of Federal Regulations, Subpart Z, §1910.1030, concerning bloodborne pathogens; and</p> <p>(8) 29 Code of Federal Regulations, Subpart Z, §1910.1200, Appendices A - E, concerning hazard communication (hazardous use of chemicals).</p> <p>(i) A licensed abortion facility shall not use adulterated or misbranded drugs or devices in violation of the Health and Safety Code, §431.021. Adulterated drugs and devices are described in Health and Safety Code, §431.111. Misbranded drugs or devices are described in Health and Safety Code, §431.112.</p> <p>(j) A licensed abortion facility shall not commit a false, misleading, or deceptive act or practice as that term is defined in the Deceptive Trade Practices-Consumer Protection Act, Business and Commerce Code, §17.46.</p> <p>(k) A licensed abortion facility shall comply with the requirements of the Family Code, §33.002, relating to a Consent Form.</p> <p>(l) A licensed abortion facility shall comply with the requirements of Health and Safety Code, Chapter 171, the Woman's Right to Know Act.</p> <p>(m) A licensed abortion facility shall comply with the requirements of Occupations Code, Chapter 102, Solicitation of Patients.</p> <p>This Requirement is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure staff</p>	6 045		
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If continuation sheet 27 of 28

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/09/2019
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6 045	<p>Continued From page 27</p> <p>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.</p> <p>This deficient practice placed the facility at increased risk of experiencing drug diversions.</p> <p>Findings include:</p> <p>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.</p> <p>Record review of the facility drug records for the time period of 1/2018 to 1/2019, revealed that facility staff were not conducting daily physical counts of scheduled medications.</p> <p>In an interview conducted on 1/09/19 at 2:20 pm, facility staff #1 confirmed that daily counts were not being conducted for scheduled drugs. She further stated that she did not know how many tablets were currently contained in the stock bottles.</p>	6 045	<p>The office administrator will provide a daily medication distribution form, which will contain the date name of medication, dosage, quantity and total amount dispensed, will be monitored by Lab Director.</p>	3-30-19
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IN THE MATTER OF  
REPRODUCTIVE SERVICES  
EL PASO, TEXAS

§  
§  
§  
§  
§  
§

BEFORE THE  
DEPARTMENT OF  
STATE HEALTH SERVICES  
AUSTIN, TEXAS

**AGREED ORDER**

**I. JURISDICTION**

The Department of State Health Services (Department) is authorized to enforce Chapter 245 of the Texas Health and Safety Code (Act), and the Department Rules at 25 Texas Administrative Code (TAC) Chapter 139 (Rules) governing the licensing and regulation of abortion facilities in Texas.

**II. RESPONDENT**

Reproductive Services (Respondent), 730 East Yandell Drive, El Paso, TX 79902, is licensed by the Department as an Abortion Facility, license #007263, and is subject to the Act and Rules.

**III. FACTS**

On or about June 14, 2010, the Department conducted on-site complaint investigation of Respondent. The purpose of the investigation was to determine Respondent's compliance with the Act and the Rules. As a result of the investigation, the Department concluded that Respondent failed to comply with 25 TAC §139.60.

In the Department's June 2, 2011, Notice of Violation (Notice), the Department alleged that the "facility performed an abortion at a fetal age of 16 weeks or more on two patients."

**IV. NOTICE**

In the Notice, the Department informed the Respondent of the Department's intent to assess an Administrative Penalty in the amount of \$1,300.00.

**V. RESPONSE**

Respondent replied to the Notice by making a written request for an Informal Conference.

**VI. SETTLEMENT**

**A. INFORMAL CONFERENCE**

An Informal Conference was held on July 20, 2011. Representatives of the facility appeared at this conference and provided evidence which established that the facility *incorrectly reported* that it had performed an abortion at a fetal age of 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



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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 other violations that Respondent may commit and may consider this Order in the processing of any other enforcement actions.

### C. COMPLETE UNDERSTANDING



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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:**

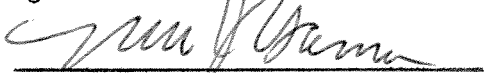
1. Respondent violated the Rules as set forth in Section VI. A of this Order;
2. The Department's proposal to impose an Administrative Penalty in the amount of \$1,300.00 is amended as set forth in Paragraph 3 below;
3. The Department assesses an Administrative Penalty in the amount of \$200.00 for the Respondent's violation of the Rules as described in Section VI. A of this Order;
4. Respondent shall remit the amount of \$200.00, in accordance with Section VI. B. of this Order, not later than 30 days from the date the Commissioner of the Department, or his designee, signs this Order; and
5. Respondent shall henceforth comply with this Order and with all applicable laws, rules, and regulations. Failure to comply may result in additional enforcement action being taken by the Department against Respondent.

Ordered this 19<sup>th</sup> day of December, 2011.



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

Agreed As to Form:



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

11-11-11  
Date

Agreed As to Form and Substance:

for  President  
Reproductive Services  
License Number 007263

November 3, 2011  
Date



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## 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 with the requirements of HSC Ch. 171; which states that an abortion of a fetus age 16 weeks or more may be performed only at a ambulatory surgical center or hospital licensed to perform the abortion. The facility performed an abortion at a fetal age of 16 weeks or more on two patients.

This is in violation of 25 TAC §139.60. The Department proposes an Administrative Penalty in the amount of \$1,300.00



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- 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:**

- 1) Accept the Department's determination to impose Administrative Penalties totaling in the amount of \$1,300.00. Remit the recommended penalty amount of \$1,300.00 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or
- 2) Submit a written request for an informal conference and (if necessary) a hearing, regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,
- 3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

**Hearings are conducted in accordance with the provisions of the Administrative Procedure Act, Texas Government Code, Chapter 2001, and the Department's formal hearing procedures in 25 TAC §§1.21 – 1.34.**

Please use the attached **RESPONSE TO NOTICE** to notify the Department of which option you have selected.

**YOU MUST RESPOND TO THIS NOTICE NOT LATER THAN 20 CALENDER DAYS AFTER YOU RECEIVE THIS NOTICE. If you do not respond to this notice,**

- ***you will waive your right to a conference and to a hearing;***
- ***the allegations contained in this notice will be deemed true; and***
- ***the Department will impose an administrative penalty in the amount of \$1,300.00 by default.***



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



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**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

[Redacted Signature]

June 8, 2011  
DATE

[Redacted Name]  
Respondent's Printed Name

007263  
License Number



**Americans  
United  
for Life**

**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

I, Reproductive Services, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$1,300.00 for License #007263.

---

Please select an option by checking the applicable box. Sign in the space provided below, and **return this page not later than the 20th calendar day after you receive this letter.**

**OPTION 1**  Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of \$1,300.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

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

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

**PLEASE NOTE:** If you select **OPTION 2** or **3**, fax or mail your response to:  
Texas Department of State Health Services  
Enforcement Unit – MC 7927  
Attn: Valerie Agee  
P.O. Box 149347  
Austin, TX 78714-9347  
Fax: 512-834-6625

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
Respondent's Printed Name

\_\_\_\_\_  
License Number



Americans  
**United  
for Life**



## 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

September 14, 2011

Certified Mail Number 7010 1870 0001 3528 7066  
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.

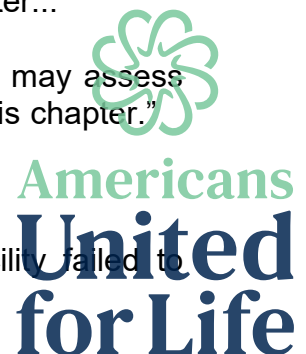
The Department proposes to assess an Administrative Penalty in the amount of \$1,500.00 against the facility, in accordance with the following criteria:

- 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 failed to ensure all patient records are protected against unofficial use; to wit:

The confidential clinical record of Patients #1, 2 and 3 were found in a trash can outside of the facility. The information included identifying information.



This is in violation of 25 TAC §139.55(b)(2). The Department proposes an Administrative Penalty in the amount of \$1,500.00 for this violation.

- 25 TAC §139.55 Clinical (b) A licensed abortion facility shall establish and maintain a clinical record for each patient. (2) All information regarding the care and services shall be centralized in the record and be protected against loss or damage and unofficial use.

In accordance with Government Code §2001.054(c), you have the right to show compliance with all requirements of law before final action by the Department. In addition, you have the right to request a hearing under the contested case provisions of Texas Government Code Chapter 2001. Hearings are held in accordance with the contested case provisions of Texas Government Code Chapter 2001 and 25 TAC §§1.21 – 1.27.

**Within twenty (20) calendar days following receipt of this Notice, you may:**

- 1) Accept the Department's determination to impose Administrative Penalties totaling in the amount of \$1,500.00. Remit the recommended penalty amount of \$1,500.00 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or
- 2) Submit a written request for an informal conference and (if necessary) a hearing, regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,
- 3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached **RESPONSE TO NOTICE** to notify the Department of which option you have selected.

**YOU MUST RESPOND TO THIS NOTICE NOT LATER THAN 20 CALENDER DAYS AFTER YOU RECEIVE THIS NOTICE. If you do not respond to this notice,**

- ***you will waive your right to a conference and to a hearing;;***
- ***the allegations contained in this notice will be deemed true; and***
- ***the Department will impose an administrative penalty in the amount of \$1,500.00 by default.***



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for Life**

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



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**United**  
**for Life**

**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

I, Whole Women’s Health of Fort Worth, LLC., Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$1,500.00 for License #140000.

---

Please select an option by checking the applicable box. Sign in the space provided below, and **return this page not later than the 20th calendar day after you receive this letter.**

**OPTION 1**  Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of \$1,500.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

**OPTION 2**  Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

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

**PLEASE NOTE:** If you select **OPTION 2** or **3**, fax or mail your response to:  
Texas Department of State Health Services  
Enforcement Unit – MC 7927  
Attn: Valerie Agee  
P.O. Box 149347  
Austin, TX 78714-9347  
Fax: 512-834-6625

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
Respondent’s Printed Name

\_\_\_\_\_  
License Number



**Americans  
United  
for Life**

IN THE MATTER OF

ALL WOMEN'S MEDICAL CENTER

SAN ANTONIO, TEXAS

§  
§  
§  
§  
§  
§

BEFORE THE

DEPARTMENT OF  
STATE HEALTH SERVICES

AUSTIN, TEXAS

**AGREED ORDER FOR PAYMENT**

**I. JURISDICTION**

The Department of State Health Services (Department), is authorized to enforce Health and Safety Code (HSC) Chapter 245 (Act), and 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules) governing the licensing and regulation of abortion facilities in Texas.

**II. RESPONDENT**

All Women's Medical Center (Respondent), 8600 Wurzbach, Suite 1206, San Antonio, TX 78240, is licensed by the Department as an Abortion Facility, license #008033, and is subject to the Act and Rules.

**III. FACTS**

On or about November 02, 2011, the Department conducted an annual relicensing survey of the Respondent. The purpose of the annual relicensing survey was to determine Respondent's compliance with the Act and the Rules. As a result of the relicensing survey, the Department concluded that Respondent failed to comply with 25 TAC §139.31(b)(7)(B).

The violation is more specifically described in the Department's January 31, 2013, Notice of Violation (Notice) which is adopted and incorporated in this Agreed Order (Order).

**IV. NOTICE**

In the Notice, Respondent was informed of the Department's intent to assess an Administrative Penalty in the amount of \$500.00.

**V. RESPONSE**

Respondent replied to the Notice by sending the Department a check in the amount of \$500.00, posted by the Department on February 12, 2013, (Remittance No. M150344000P). Respondent signed a Response document, which is adopted and incorporated by reference into this Order, admitting to the conduct and violation outlined in the Notice, accepting the assessment of an administrative penalty, agreeing to the issuance of an Order for an administrative penalty, and waiving the right to a hearing and/or an appeal.



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## 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 4<sup>th</sup> day of March, 2013.

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



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**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

January 31, 2013

Certified Mail Number 7010 2780 0002 9830 3714  
and First Class Mail Service

[REDACTED] Administrator  
All Women's Medical Center  
8600 Wurzbach, Suite #1206  
San Antonio, TX 78240

**Re: Notice of Violation (NOV), All Women's Medical Center, Abortion Facility,  
License #008033, Case #1068130695**

Dear [REDACTED]

The Department of State Health Services (Department) has reviewed documents and evidence related to an annual relicensing survey of All Women's Medical Center (Respondent) conducted on or about November 2, 2011. As a result of the relicensing survey, the Department found evidence of violations under the Texas Health and Safety Code (HSC) Chapter 245 (Act) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules) relating to the licensing and regulation of abortion facilities in Texas.

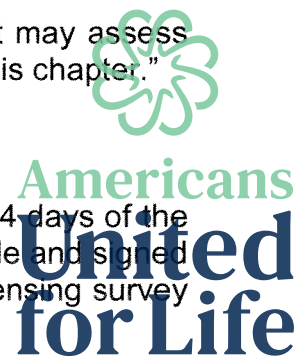
The Department proposes to assess an Administrative Penalty in the amount of \$500.00 against the facility, in accordance with the following criteria:

- HSC §245.017: "The department may assess an administrative penalty against a person who violates this chapter or a rule adopted under this chapter..."
- 25 TAC §139.33(a)(1): "Administrative Penalties. The department may assess an administrative penalty against a person who violates the Act or this chapter."

The proposed action is based upon the following allegation:

The Facility failed to return a plan of correction to the Department within 14 days of the receipt of the Statement of Deficiencies. As of May 21, 2012, an acceptable and signed plan of correction for the deficiency cited at the December 22, 2011, relicensing survey had not been received by the Department.

This conduct is in violation of 25 TAC §139.31(b)(7)(B). The Department proposes an Administrative Penalty in the amount of \$500.00 for this violation.



- 25 TAC §139.31 On-site Inspections and Complaint Investigations of a Licensed Abortion Facility
  - ...  
(b) Inspection procedures.
  - ...  
(7) If the department representative finds there are deficiencies, the facility and the department shall comply with the following procedure.
  - ...  
(B) The facility administrator or person in charge shall sign the written statement of deficiencies and return it to the department with its plan of correction(s) for each deficiency within 14 calendar days of its receipt of the statement of deficiencies. The signature does not indicate the person's agreement with deficiencies stated on the form.

**PLEASE NOTE:** In accordance with section 2001.054(c) of the Texas Government Code, you have the opportunity, upon written request, to show compliance with all requirements of law at an informal conference with the department before institution of state agency proceedings at the State Office of Administrative Hearings (SOAH). In addition, or in the alternative, you have a right to a hearing on the occurrence of the violation(s), the amount(s) of the penalty, or both. These hearings are conducted at SOAH under authority of and pursuant to the applicable provision of the Health and Safety Code as well as 25 TAC §§1.21 – 1.27; and in accordance with the Administrative Procedure Act (APA), Chapter 2001 of the Texas Government Code; as well as the SOAH Rules of Procedure set out in Title 1, Chapter 155, of the Texas Administrative Code.

**Within twenty (20) calendar days following receipt of this Notice, you may:**

- 1) Accept the Department's determination to impose Administrative Penalties in the amount of \$500.00. Remit the recommended penalty amount of \$500.00 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or
- 2) Submit a written request for an informal conference and (if necessary) a hearing, regarding the occurrence of the alleged violation, the amount of the penalties, or both; or,
- 3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violation, the amount of the penalty, or both.

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**United  
for Life**

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,



Adrian Watson, Enforcement Specialist  
Division for Regulatory Services  
Enforcement Unit

Enclosure



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**United  
for Life**

**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

I, All Women's Medical Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$500.00 for License #008033.

Please select an option by checking the applicable box. Sign in the space provided below, and **return this page not later than the 20th calendar day after you receive this letter.**

**OPTION 1**  Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of \$500.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

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

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

**PLEASE NOTE:** If you select **OPTION 2** or **3**, fax or mail your response to:  
Texas Department of State Health Services  
Enforcement Unit – MC 7927  
Attn: Adrian Watson  
P.O. Box 149347  
Austin, TX 78714-9347  
Fax: 512-834-6625

150344

[Redacted Signature]

SIGNATURE

2/6/13  
DATE

[Redacted Name]

Respondent's Printed Name

008033  
License Number



Americans  
**United  
for Life**

**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

I, All Women's Medical Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$500.00 for License #008033.

---

Please select an option by checking the applicable box. Sign in the space provided below, and **return this page not later than the 20th calendar day after you receive this letter.**

**OPTION 1**  Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of \$500.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

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

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

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Texas Department of State Health Services  
Enforcement Unit – MC 7927  
Attn: Adrian Watson  
P.O. Box 149347  
Austin, TX 78714-9347  
Fax: 512-834-6625

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
Respondent's Printed Name

\_\_\_\_\_  
License Number



**Americans  
United  
for Life**



## 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

Certified Mail Number 7010 2780 0002 9830 3714  
and First Class Mail Service

[REDACTED], Administrator  
All Women's Medical Center  
8600 Wurzbach, Suite #1206  
San Antonio, TX 78240

**Re: Notice of Violation (NOV), All Women's Medical Center, Abortion Facility,  
License #008033, Case #1068130695**

Dear [REDACTED]:

The Department of State Health Services (Department) has reviewed documents and evidence related to an annual relicensing survey of All Women's Medical Center (Respondent) conducted on or about November 2, 2011. As a result of the relicensing survey, the Department found evidence of violations under the Texas Health and Safety Code (HSC) Chapter 245 (Act) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules) relating to the licensing and regulation of abortion facilities in Texas.

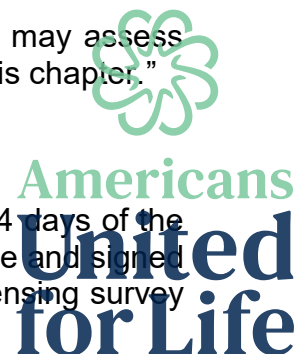
The Department proposes to assess an Administrative Penalty in the amount of \$500.00 against the facility, in accordance with the following criteria:

- HSC §245.017: "The department may assess an administrative penalty against a person who violates this chapter or a rule adopted under this chapter..."
- 25 TAC §139.33(a)(1): "Administrative Penalties. The department may assess an administrative penalty against a person who violates the Act or this chapter."

The proposed action is based upon the following allegation:

The Facility failed to return a plan of correction to the Department within 14 days of the receipt of the Statement of Deficiencies. As of May 21, 2012, an acceptable and signed plan of correction for the deficiency cited at the December 22, 2011, relicensing survey had not been received by the Department.

This conduct is in violation of 25 TAC §139.31(b)(7)(B). The Department proposes an Administrative Penalty in the amount of \$500.00 for this violation.



- 25 TAC §139.31 On-site Inspections and Complaint Investigations of a Licensed Abortion Facility
  - ...  
(b) Inspection procedures.
    - ...  
(7) If the department representative finds there are deficiencies, the facility and the department shall comply with the following procedure.
      - ...  
(B) The facility administrator or person in charge shall sign the written statement of deficiencies and return it to the department with its plan of correction(s) for each deficiency within 14 calendar days of its receipt of the statement of deficiencies. The signature does not indicate the person's agreement with deficiencies stated on the form.

**PLEASE NOTE:** In accordance with section 2001.054(c) of the Texas Government Code, you have the opportunity, upon written request, to show compliance with all requirements of law at an informal conference with the department before institution of state agency proceedings at the State Office of Administrative Hearings (SOAH). In addition, or in the alternative, you have a right to a hearing on the occurrence of the violation(s), the amount(s) of the penalty, or both. These hearings are conducted at SOAH under authority of and pursuant to the applicable provision of the Health and Safety Code as well as 25 TAC §§1.21 – 1.27; and in accordance with the Administrative Procedure Act (APA), Chapter 2001 of the Texas Government Code; as well as the SOAH Rules of Procedure set out in Title 1, Chapter 155, of the Texas Administrative Code.

**Within twenty (20) calendar days following receipt of this Notice, you may:**

- 1) Accept the Department's determination to impose Administrative Penalties in the amount of \$500.00. Remit the recommended penalty amount of \$500.00 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or
- 2) Submit a written request for an informal conference and (if necessary) a hearing, regarding the occurrence of the alleged violation, the amount of the penalties, or both; or,
- 3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violation, the amount of the penalty, or both.



Notice of Violation  
All Women's Medical Center  
Page 3

Please use the attached **RESPONSE TO NOTICE** form to notify the Department of which option you have selected.

***YOU MUST RESPOND TO THIS NOTICE NOT LATER THAN 20 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,



Adrian Watson, Enforcement Specialist  
Division for Regulatory Services  
Enforcement Unit

Enclosure



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for Life**



**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

I, All Women’s Medical Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$500.00 for License #008033.

---

Please select an option by checking the applicable box. Sign in the space provided below, and **return this page not later than the 20th calendar day after you receive this letter.**

**OPTION 1**  Respondent accepts the proposed action in the Department’s Notice. Respondent hereby remits an administrative penalty in the amount of \$500.00 by cashier’s check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

**OPTION 2**  Respondent does not accept the proposed action in the Department’s Notice and requests an informal conference and, if necessary, a hearing.

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

**PLEASE NOTE:** If you select **OPTION 2** or **3**, fax or mail your response to:  
Texas Department of State Health Services  
Enforcement Unit – MC 7927  
Attn: Adrian Watson  
P.O. Box 149347  
Austin, TX 78714-9347  
Fax: 512-834-6625

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
Respondent’s Printed Name

\_\_\_\_\_  
License Number



Americans  
**United  
for Life**

IN THE MATTER OF  
REPRODUCTIVE SERVICES  
  
HARLINGEN, TEXAS

§  
§  
§  
§  
§  
§

BEFORE THE  
  
DEPARTMENT OF  
STATE HEALTH SERVICES  
  
AUSTIN, TEXAS

**AGREED ORDER**

**I. JURISDICTION**

The Department of State Health Services (Department) is authorized to enforce Chapter 245 of the Texas Health and Safety Code (Act), and the Department Rules at 25 Texas Administrative Code (TAC) Chapter 139 (Rules) governing the licensing and regulation of abortion facilities in Texas.

**II. RESPONDENT**

Reproductive Services (Respondent), 613 Sesame Drive, Harlingen, TX 78550, is licensed by the Department as an Abortion Facility, license #0000870, and is subject to the Act and Rules.

**III. FACTS**

On or about December 22, 2011, the Department conducted on-site inspection/complaint investigation of Respondent. The purpose of the investigation was to determine Respondent's compliance with the Act and the Rules. As a result of the on-site inspection/complaint investigation, the Department concluded that Respondent failed to comply with 25 TAC §139.31.

In the Department's January 31, 2013, Notice of Violation (Notice), the Department alleged that the Facility failed to return a plan of correction to the Department within 14 days of its receipt of the Statement of Deficiencies regarding the operations at the Facility. As of October 12, 2012, an acceptable plan of correction for the deficiency cited at the December 22, 2011, investigation has not been received by the Department.

**IV. NOTICE**

In the Notice, the Department informed the Respondent of the Department's intent to assess an Administrative Penalty in the amount of \$1,100.00.

**V. RESPONSE**

Respondent replied to the Notice by making a written request for an Informal Conference.



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for Life**

## 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.



**C. COMPLETE UNDERSTANDING**

The Respondent acknowledges understanding the terms of this settlement agreement, enters into this settlement agreement freely, and agrees to the terms and conditions of this Order.

**NOW THEREFORE, IT IS ORDERED that:**

1. Respondent violated the Rules as set forth in Section III of this Order;
2. The Department's proposal to impose an Administrative Penalty in the amount of \$1,100.00 is amended as set forth in Paragraph 3 below;
3. The Department assesses an Administrative Penalty in the amount of \$550.00 for the Respondent's violation of the Rules as described in Section VI. A of this Order;
4. Respondent shall remit the amount of \$550.00, in accordance with Section VI. B. of this Order, not later than 30 days from the date the Commissioner of the Department, or his designee, signs this Order; and
5. Respondent shall henceforth comply with this Order and with all applicable laws, rules, and regulations. Failure to comply may result in additional enforcement action being taken by the Department against Respondent.

Ordered this 29th day of July, 2013.

*Kathryn C. Perkins*

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

Agreed As to Form and Substance:

[Redacted Signature]

Administrator

Reproductive Services  
License Number 008700

6-14-2013

Date



**Americans  
United  
for Life**

**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

I, Reproductive Services, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$1,100.00 for License #008700.

---

Please select an option by checking the applicable box. Sign in the space provided below, and **return this page not later than the 20th calendar day after you receive this letter.**

**OPTION 1**  Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of \$1,100.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

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

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

**PLEASE NOTE:** If you select **OPTION 2** or **3**, fax or mail your response to:  
Texas Department of State Health Services  
Enforcement Unit – MC 7927  
Attn: Adrian Watson  
P.O. Box 149347  
Austin, TX 78714-9347  
Fax: 512-834-6625

\_\_\_\_\_  
**SIGNATURE**

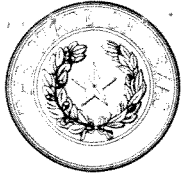
\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
Respondent's Printed Name

\_\_\_\_\_  
License Number



**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

January 31, 2013

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

 COPY

██████████ 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 assess an administrative penalty against a person who violates the Act or this chapter."

The proposed action is based upon the following allegation:

The Facility failed to return a plan of correction to the Department within 14 days of its receipt of the Statement of Deficiencies regarding the operations at the Facility. As of October 12, 2012, an acceptable plan of correction for the deficiency cited at the December 22, 2011, relicensing survey has not been received by the Department. This conduct is in violation of 25 TAC §139.31(b)(7)(B). The Department proposes an Administrative Penalty of \$100 per month for each of the 11 months past the deadline, for a total amount of \$1,100.00 for this violation.



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- 25 TAC §139.31 On-site Inspections and Complaint Investigations of a Licensed Abortion Facility;

...  
(b) Inspection procedures.

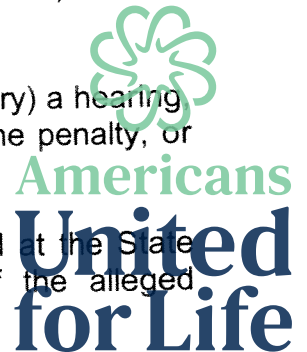
...  
(7) If the department representative finds there are deficiencies, the facility and the department shall comply with the following procedure.

...  
(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 §§1.21 – 1.27; and in accordance with the Administrative Procedure Act (APA), Chapter 2001 of the Texas Government Code; as well as the SOAH Rules of Procedure set out in Title 1, Chapter 155, of the Texas Administrative Code.

**Within twenty (20) calendar days following receipt of this Notice, you may:**

- 1) Accept the Department's determination to impose Administrative Penalties totaling \$1,100.00. Remit the recommended penalty amount of \$1,100.00 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or
- 2) Submit a written request for an informal conference and (if necessary) a hearing regarding the occurrence of the alleged violation, the amount of the penalty, or both; or,
- 3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violation, the amount of the penalty, or both.



Notice of Violation  
Reproductive Services  
Page 3

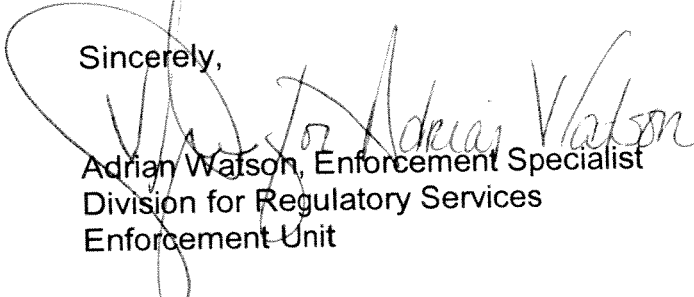
Please use the attached **RESPONSE TO NOTICE** form to notify the Department of which option you have selected.

**YOU MUST RESPOND TO THIS NOTICE NOT LATER THAN 20 CALENDER DAYS AFTER YOU RECEIVE THIS NOTICE. If you do not respond to this notice,**

- **you will waive your right to a conference and to a hearing;**
- **the allegations contained in this notice will be deemed true; and**
- **the Department will impose an administrative penalty in the amount of \$1,100.00 by default.**

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

Sincerely,

  
Adrian Watson, Enforcement Specialist  
Division for Regulatory Services  
Enforcement Unit

Enclosure



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**United  
for Life**



**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

I, Reproductive Services, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$1,100.00 for License #008700.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this letter.

**OPTION 1**  Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of \$1,100.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

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

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

**PLEASE NOTE:** If you select **OPTION 2** or **3**, fax or mail your response to:  
Texas Department of State Health Services  
Enforcement Unit – MC 7927  
Attn: Adrian Watson  
P.O. Box 149347  
Austin, TX 78714-9347  
Fax: 512-834-6625

\_\_\_\_\_  
SIGNATURE

2-1-2013  
DATE

\_\_\_\_\_  
Respondent's Printed Name

008700  
License Number



**Americans  
United  
for Life**

CASE NO. 1068141955

IN THE MATTER OF

ABORTION ACCESS AFFILIATES  
CONCERNED WOMEN'S CENTER

HOUSTON, TEXAS

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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.



**Americans  
United  
for Life**

**NOW THEREFORE, IT IS ORDERED** that License #007287 is cancelled.

Ordered this 11<sup>th</sup> day of October, 2014.



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



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**United  
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

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.

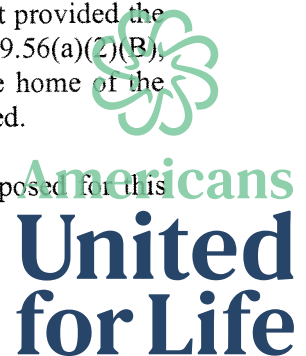
As a result of that review, the Department proposes to impose an administrative penalty in the amount of \$3,250.00 against the Facility pursuant to its authority under Chapter 245 of the Texas Health and Safety Code (HSC) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules).

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 rule violation.



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:**

- 1) Accept the Department's determination to impose an Administrative Penalty in the amount of \$3,250.00. Remit the recommended penalty amount of \$3,250.00 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or
- 2) Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,
- 3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached **RESPONSE TO NOTICE** form to notify the Department of which option you have selected.

**FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE DEPARTMENT WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.**

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,



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

Enclosure



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for Life**

**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

I, Abortion Access Affiliates Concerned Women's Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$3,250.00 for License #007287.

---

Please select an option by checking the applicable box. Sign in the space provided below, and **return this page not later than the 20th calendar day after you receive this notice.**

- OPTION 1**  Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of \$3,250.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.
- OPTION 2**  Respondent does not accept the proposed action in the Department's Notice and requests an informal conference and, if necessary, a hearing.
- OPTION 3**  Respondent does not accept the proposed action in the Department's Notice and requests a hearing before the State Office of Administrative Hearings.

**If you are not including a payment with your response, please mail your response to:  
Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
Respondent's Printed Name

\_\_\_\_\_  
007287  
License Number



**Americans  
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for Life**

**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

I, Abortion Access Affiliates Concerned Women's Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$3,250.00 for License #007287.

Please select an option by checking the applicable box. Sign in the space provided below, and **return this page not later than the 20th calendar day after you receive this notice.**

**OPTION 1**  Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of \$3,250.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

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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.**

[Redacted Signature]

**SIGNATURE**

[Redacted Name]

Respondent's Printed Name

6-9-14  
**DATE**

007287  
License Number



**Americans  
United  
for Life**

CASE NO. 1068141955

IN THE MATTER OF

ABORTION ACCESS AFFILIATES  
CONCERNED WOMEN'S CENTER

HOUSTON, TEXAS

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BEFORE THE

DEPARTMENT OF  
STATE HEALTH SERVICES

AUSTIN, TEXAS

**AMENDED ORDER ACCEPTING LICENSE SURRENDER**

**I. JURISDICTION**

The Department of State Health Services (Department) licenses and regulates Abortion Facilities in Texas in accordance with Health and Safety Code (HSC) Chapter 245 (Act) and Title 25 of the Texas Administrative Code, Chapter 139 (Rules).

**II. RESPONDENT**

Abortion Access Affiliates Concerned Women's Center (Respondent) is licensed by the Department as an Abortion Facility located at 7324 Southwest Freeway Suite 978, Houston, Texas 77074 (Facility) under license #007287, and is subject to the Act and Rules.

**III. FACTS**

According to Respondent, its licensed Facility closed effective September 30, 2014. On October 6, 2014, the Department received Respondent's abortion facility license #007187 by U.S. mail.

**IV. ACCEPTANCE**

The Department accepts the surrender by Abortion Access Affiliates Concerned Women's Center, License #007287, of its license as an abortion facility.



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**United**  
**for Life**



**NOW THEREFORE, IT IS ORDERED** that License #007287 is canceled.

Ordered this 12<sup>th</sup> day of November, 2014.

*Kathryn C. Perkins*

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



Americans  
**United  
for Life**

CASE NO. 1068141955

IN THE MATTER OF

ABORTION ACCESS AFFILIATES  
CONCERNED WOMEN'S CENTER

HOUSTON, TEXAS

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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**

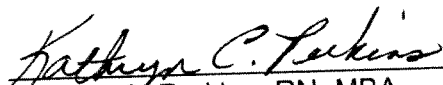
The Department accepts the surrender by Abortion Access Affiliates Concerned Women's Center, License #007287, of its license as an abortion facility, and considers such surrender as being in lieu of further enforcement action.



**Americans  
United  
for Life**

NOW THEREFORE, IT IS ORDERED that License #007287 is cancelled.

Ordered this 11<sup>th</sup> day of October, 2014.

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



Americans  
**United  
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

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 rule violation.



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for Life

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:**

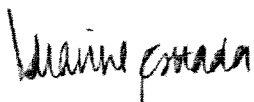
- 1) Accept the Department's determination to impose an Administrative Penalty in the amount of \$3,250.00. Remit the recommended penalty amount of \$3,250.00 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or
- 2) Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,
- 3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached **RESPONSE TO NOTICE** form to notify the Department of which option you have selected.

**FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE DEPARTMENT WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.**

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,



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

Enclosure



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**United  
for Life**

**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

I, Abortion Access Affiliates Concerned Women's Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$3,250.00 for License #007287.

Please select an option by checking the applicable box. Sign in the space provided below, and **return this page not later than the 20th calendar day after you receive this notice.**

- OPTION 1**  Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of \$3,250.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.
- OPTION 2**  Respondent does not accept the proposed action in the Department's Notice and requests an informal conference and, if necessary, a hearing.
- OPTION 3**  Respondent does not accept the proposed action in the Department's Notice and requests a hearing before the State Office of Administrative Hearings.

**If you are not including a payment with your response, please mail your response to:  
Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
Respondent's Printed Name

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
007287  
License Number



**Americans  
United  
for Life**

**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

I, Abortion Access Affiliates Concerned Women's Center, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$3,250.00 for License #007287.

Please select an option by checking the applicable box. Sign in the space provided below, and **return this page not later than the 20th calendar day after you receive this notice.**

**OPTION 1**  Respondent accepts the proposed action in the Department's Notice. Respondent hereby remits an administrative penalty in the amount of \$3,250.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

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

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

**If you are not including a payment with your response, please mail your response to: Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.**

[Redacted Signature]

SIGNATURE

[Redacted Name]

Respondent's Printed Name

6-9-14  
DATE

007287  
License Number



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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

February 19, 2014

Certified Mail Number 7011 1150 0000 6299 0772  
and First Class Mail Service

[REDACTED]  
A Affordable Women's Medical Center, LLC d/b/a  
A Affordable Women's Medical Center  
7007 North Fwy., Suite 225  
Houston, TX 77076

**Re: Notice of Violation (Notice), A Affordable Women's Medical Center, Abortion Facility, License #008248, Case #1068141961**

Dear [REDACTED]

The Department of State Health Services (Department) has reviewed documents and evidence related to the on-site surveys of A Affordable Women's Medical Center (Facility or Respondent) conducted on or about December 11, 2013, and February 7, 2014. As a result of the surveys, the Department found evidence of violations under the Texas Health and Safety Code (HSC) Chapters 245 (the Texas Abortion Facility Reporting and Licensing Act) and 171 (the Woman's Right to Know Act) (together, Chapters 245 and 171 are referred to as the Health and Safety Code or "HSC") and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules) relating to the licensing and regulation of abortion facilities in Texas.

The Department proposes to revoke the Facility's license #008248 for each of the seven violations listed below, as authorized by HSC §§ 245.012(a) and (b), 171.005, and 171.0031, and rules found at 25 TAC §§ 139.60(1), 139.32(b)(3), (4), (5), (6), (7), and (14) and 139.53(c). In addition, the Department proposes to assess the Facility a \$1,000 administrative penalty for each of the 268 violations pursuant to HSC §§ 171.005, 171.0031, 245.017 and 25 TAC 139.33. The Department also seeks to recover its reasonable costs and expenses as allowed by HSC § 245.022 and 25 TAC § 139.33(a)(5).

The Department's proposed Revocation is based on the following violations:

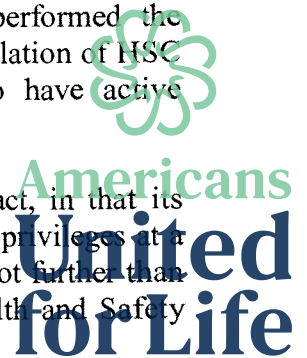
1. The Facility's employee's acts, those of [REDACTED] M.D. in performing 268 abortions without having active admitting privileges at any hospital, are acts that pose

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immediate jeopardy to the health and safety of patients, and thus are in violation of 25 TAC §139.32(b)(3).

2. The Facility, through its Medical Director, violated 25 TAC § 139.32(b)(4) and (5) by submitting a plan of correction that was unacceptable because it did not provide a means of bringing the Facility into compliance by any specific date and failed to timely comply with minimum standards for licensure within the dates designated within the plan of correction.
3. The Facility allowed its Medical Director and employee [REDACTED] M.D., the only physician who performs abortions at the Facility, to violate HSC § 171.0031 by performing 99 abortions from January 1, 2014, through February 7, 2014, when he did not have admitting privileges of the kind described below, as required by 25 TAC § 139.53(c), which provides that a physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that:
  - (1) is located not further than 30 miles from the location at which the abortion is performed or induced; and
  - (2) provides obstetrical or gynecological health care services.
4. One or more employees of the Facility, and the Facility itself aided, abetted, or permitted the commission of an illegal act in violation of 25 TAC § 139.32(b)(6) in that the Facility's Medical Director performed 268 abortions from November 6, 2013, through February 7, 2014, at the Facility without having active admitting privileges, and thereby violated HSC §171.0031.
5. The Facility through its Medical Director and only physician who performs abortions there violated §171.0031 of the Code by performing 268 abortions from November 6, 2013, through February 7, 2014, when he did not have admitting privileges of the kind described above, thus violating 25 TAC §139.32(b)(7).
6. The Facility failed to comply with 25 TAC §139.60(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, [REDACTED] who performed the abortions there, he did not have admitting privileges at any hospital, in violation of HSC §171.0031, which requires each physician who performs abortions to have active admitting privileges at a hospital located within 30 miles of the facility.
7. The Facility aided, abetted, or permitted the commission of an illegal act, in that its Medical Director performed 268 abortions without having active admitting privileges at a hospital which offers obstetrical or gynecological services and is located not further than 30 miles from the Facility. This conduct was in violation of Texas Health and Safety Code §171.0031 in violation of 25 TAC § 139.32(b)(14).



Administrative Penalties

Additionally, for each of the violations contained in violations 1 – 7 set forth above, the Department proposes to assess an Administrative Penalty of \$1,000 per violation, as provided by HSC § 245.017, for a total of \$268,000.00.

**PLEASE NOTE:** In accordance with section 2001.054(c) of the Texas Government Code, you have the opportunity, upon written request, to show compliance with all requirements of law at an informal conference with the Department before institution of state agency proceedings at the State Office of Administrative Hearings (SOAH). In addition, or in the alternative, you have a right to a hearing on the occurrence of the violation(s), the proposed sanction, or both. These hearings are conducted at SOAH under authority of and pursuant to the applicable provision of the Health and Safety Code as well as 25 TAC §§1.21 – 1.27; and in accordance with the Administrative Procedure Act (APA), Chapter 2001 of the Texas Government Code; as well as the SOAH Rules of Procedure set out in Title 1, Chapter 155, of the Texas Administrative Code.

**Within twenty (20) calendar days after you receive this Notice, you may:**

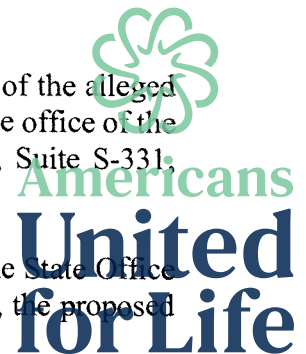
- 1) Accept the Department's determination to impose Revocation of license number 008248, and;

Mail your license to:  
Texas Department of State Health Services (DSHS)  
Regulatory Licensing Unit – Mail Code 2835  
P.O. Box 149347, Austin, Texas 78714-9347; and

Accept the Department's determination to impose Administrative Penalties totaling \$268,000.00 and remit the penalty amount of \$268,000.00 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170.*

Mail the penalty payment with this form to:  
Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347, and return the enclosed Response to Notice of Violation form, with the first box checked. Please be sure to sign and date the form; or

- 2) Submit a written request for an informal conference regarding the occurrence of the alleged violations, the proposed revocation and penalty, or all, which will be held at the office of the Department of State Health Services, Exchange Building, 8407 Wall Street, Suite S-331, Austin, TX 78754; or
- 3) Attend and present your defenses at the contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the proposed revocation and penalty, or all.



Please use the attached **RESPONSE TO NOTICE** on pages 5 and 6 below to notify the Department of which option you have selected.

**YOU MUST RESPOND TO THIS NOTICE WITHIN 20 CALENDER DAYS AFTER THE DATE YOU RECEIVE THIS NOTICE. IF YOU DO NOT RESPOND TO THIS NOTICE BY THE DEADLINE:**

- **YOUR OPPORTUNITY TO REQUEST A CONFERENCE WILL BE DEEMED WAIVED;**
- **THE DEPARTMENT WILL SET THIS CASE FOR HEARING BEFORE THE STATE OFFICE OF ADMINISTRATIVE HEARINGS PURSUANT TO HSC § 245.012(b) IF THIS CASE IS NOT RESOLVED.**

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

Sincerely,



Alan Morris  
Enforcement Unit Manager  
Division for Regulatory Services

cc: 5090 Richmond, Suite 117     Certified Mail Number 7011 1150 0000 6299 0789  
Houston, Texas 77056             and First Class Mail Service

Enclosure



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**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. 15<sup>th</sup> Street, 4<sup>th</sup> 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

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**RESPONDENTS PRINTED NAME**

\_\_\_\_\_  
**008248**  
**LICENSE NUMBER**



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for Life**

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;



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(7) the facility or any of its employees fails to comply with any provisions of the Code or this chapter;

(14) the facility has aided, abetted, or permitted the commission of an illegal act.

### III.

On December 11, 2013, the Department conducted an on-site inspection of the Facility. That inspection revealed that [REDACTED] the only physician who performs abortions at the Facility, was performing abortions there without having active admitting privileges at a hospital which offers obstetrical or gynecological services and is located not further than 30 miles from the Facility. [REDACTED] who is also the Facility's owner and Medical Director, admitted doing so. This conduct was in violation of Texas Health and Safety Code §171.0031(a)(1).

On February 7, 2014, the Department conducted a second on-site inspection of the Facility. The inspection and subsequent review revealed that [REDACTED] had not stopped performing abortions at the Facility. It was determined that [REDACTED] had performed 268 abortions between November 1, 2013, and February 7, 2014. The Facility has, therefore, committed the following violations and acts that pose immediate jeopardy to the health and safety of persons at the facility, for which the Department may immediately revoke the Facility's license:

- A. The Facility employee's acts, a physician performing 268 abortions without having active admitting privileges at any hospital, are acts that pose immediate jeopardy to the health and safety of patients, and thus are in violation of 25 TAC §139.32(b)(3).
- B. The Facility, through its Medical Director, violated Rule 139.32(b)(4) and (5) by submitting a plan of correction that was unacceptable because it did not provide a means of bringing the Facility into compliance by any specific date.
- C. The Facility allowed its Medical Director and employee [REDACTED] the only physician who performs abortions at the Facility, to violate HSC § 171.0031 by performing 99 abortions from January 1, 2014, through February 7, 2014, when he did not have admitting privileges of the kind described below, as required by Rule 139.53(c), which provides that a physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that:
  - (1) is located not further than 30 miles from the location at which the abortion is performed or induced; and
  - (2) provides obstetrical or gynecological health care services.
- D. The Facility aided, abetted, or permitted the commission of an illegal act in violation of 25 TAC 139.32(b)(6) by allowing its Medical Director and employee [REDACTED] who is also the only physician who performs abortions at the Facility, to perform 268



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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).

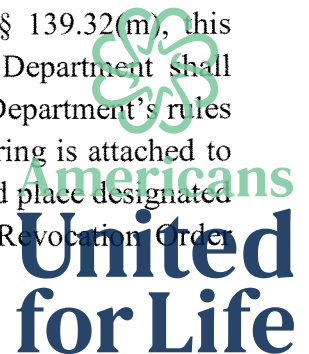
#### IV.

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), this Revocation Order is effective immediately on notice to the license holder. The Department shall conduct a hearing within 14 days. The hearing and any appeal are governed by the Department's rules for a contested case hearing and Chapter 2001 Government Code. A notice of hearing is attached to this Order, stating the time and place of the hearing. Failure to appear at the time and place designated for the hearing will result in the factual allegations contained in this Immediate Revocation Order being deemed true, and the Department's action will be final.

#### VI.



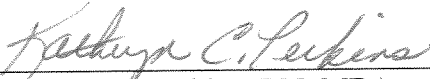
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Based on the on-site inspection and subsequent activities as described in Section III., herein, the undersigned Assistant Commissioner for Regulatory Services finds that the Facility has violated the Department's Rules 139.32(b)(3),(4),(5),(6),(7) 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 14<sup>th</sup> day of February, 2014.



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



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IN THE MATTER OF

HOUSTON WOMEN'S CLINIC, INC.

HOUSTON, TEXAS

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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.M641724000P).

**VI. SETTLEMENT**

Respondent's payment of the penalty represents a complete settlement of all issues regarding the violation described in "III. Facts" and "IV. Notice" of this Order.



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## 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 15<sup>th</sup> day of August, 2014.

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



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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

Certified Mail Number: 7011 2970 0004 0211 8814  
and First Class Mail Service

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

Certified Mail Number: 7011 2970 0004 0211 8821  
and First Class Mail Service

[REDACTED]  
Houston Women's Clinic, Inc.  
4820 San Jacinto St  
Houston, TX 77004

**Re: Notice of Violation (Notice), Houston Women's Clinic, Inc., Abortion Facility, License #007326, Case #1068143307**

The Department of State Health Services (Department) has reviewed documents and evidence related to a re-licensure survey of Houston Women's Clinic, Inc. (Facility or Respondent) conducted on or about February 20, 2014.

As a result of that review, the Department proposes to impose an administrative penalty in the amount of \$3,900 against the Facility pursuant to its authority under Chapter 245 of the Texas Health and Safety Code (HSC) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules).

The proposed action is based upon the following allegations (names of persons identified by initials or numbers will be provided upon request if permitted by law):

- 1. The Facility failed to provide the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion could be treated, to wit:**

A review of medical records revealed on or about February 20, 2014 the Facility failed to provide six women, who had an abortion procedure and were discharged, with verbal or written information of the telephone number and name of a hospital nearest to their home where they could call or go for treatment if an emergency relating to their abortion procedure should occur, in violation of 25 TAC §139.56(a)(2)(b), which states the facility shall ensure that the physicians who practice at the facility shall provide the pregnant woman with the



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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:**

- 1) Accept the Department's determination to impose an Administrative Penalty in the amount of \$3,900. Remit the recommended penalty amount of \$3,900 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or
- 2) Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,
- 3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached **RESPONSE TO NOTICE** form to notify the Department of which option you have selected.

**FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE DEPARTMENT WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.**

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,

*Dianne Estrada*

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

Enclosure



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**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



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**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.

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**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  
Fitzgerald, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

SIGNATURE

DATE

Respondent's Printed Name

7/9/14  
007326  
License Number



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United  
for Life

IN THE MATTER OF

SUBURBAN WOMEN'S MEDICAL  
CENTER

HOUSTON, TEXAS

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BEFORE THE

DEPARTMENT OF  
STATE HEALTH SERVICES

AUSTIN, TEXAS

**AGREED ORDER**

**I. JURISDICTION**

The Department of State Health Services (Department) is authorized to enforce the Health and Safety Code (HSC), Chapter 245 (Act), and Title 25 of the Texas Administrative Code (TAC), Chapter 139 (Rules), relating to the licensing and regulation of Abortion Facilities.

**II. RESPONDENT**

Suburban Women's Medical Center (Respondent), holds a license for the Abortion Facility located at 17070 Red Oak Drive Suite 505, Houston, TX 77090 (Facility) under license #008444, and is subject to the Act and Rules.

**III. FACTS**

On or about April 2, 2014, Department staff conducted a re-licensure survey of the Facility for the Department to evaluate Respondent's compliance with the Act and the Rules. As a result of the survey, the Department obtained evidence and, with this Agreed Order (Order), finds, that Respondent violated 25 TAC §§139.56(a)(2)(B), as more specifically described in the Department's July 15, 2014, Notice of Violation (Notice) which is attached and incorporated by reference into this Order.

**IV. NOTICE**

In the Notice, Respondent was informed of the Department's intent to impose an Administrative Penalty in the amount of \$1,300.

**V. RESPONSE**

Respondent replied to the Notice by making a written request for an Informal Conference.

**VI. SETTLEMENT**

**A. INFORMAL CONFERENCE**

An Informal Conference was held on October 15, 2014. The terms of the settlement are contained in this Order.



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## B. ENFORCEMENT

The Department and Respondent have agreed to the following:

1. The Department determined that the Respondent violated the Rules as set forth in Section III of this Order.
2. The Department proposed an assessment of an Administrative Penalty in the amount of \$1,300 against the Respondent for violation of the Rules.
3. The Department assesses and the Respondent accepts an administrative penalty of \$1,300 for Respondent's violations of the Rules as described in Section III of this Order.
4. Respondent's payment of \$1,300 is due within 30 days after full and final execution of the Order by the Department. Respondent shall remit a cashier's check, money order, or company check made payable to the Department of State Health Services that bears the notation, Deposit in Budget #ZZ156, Fund #170. Respondent shall mail the penalty payment to: Cash Receipts Branch, MC 2003, Department of State Health Services, P.O. Box 149347, Austin, Texas 78714-9347.
5. Respondent shall comply with this Order and with all applicable laws, rules, and regulations governing Abortion Facilities.

## VII. COMPLETE AGREEMENT

This Order is made pursuant to Government Code, §2001.056(2), and the procedural rules adopted by the Department. This Order represents the complete settlement of all allegations contained in the Notice, as described in Sections "III. Facts," "IV. Notice" and "VI. Settlement B. Enforcement" of this Order.

### A. WAIVER OF APPEAL AND AGREEMENT REGARDING SIGNATURE

In exchange for the execution of this Order, Respondent waives the right to a hearing or an appeal regarding the Department findings, assessment of the proposed administrative penalty and the Department's disposition of this case through the Department's issuance of an Order. Respondent has no objection to this Order being signed by either the Commissioner of the Department or his designee.

### B. NO WAIVER WITH REGARD TO OTHER VIOLATIONS

The Department does not waive the right to enforce this Order or to prosecute any other violations that Respondent may commit. The Department may consider this Order in the processing of any other enforcement actions.



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**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<sup>th</sup> day of December, 2014.

*Kathryn C. Perkins*

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

**Agreed as to Form and Substance:**

[Redacted] 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

11/18/2014  
Date



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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 15, 2014

Certified Mail Number: 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 ██████████

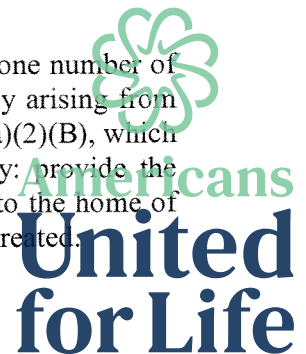
The Department of State Health Services (Department) has reviewed documents and evidence related to a re-licensure survey of Suburban Women's Medical Center (Facility or Respondent) conducted on or about April 2, 2014.

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.



An administrative penalty in the amount of \$1,300 (\$650 per patient) is proposed for this rule violation.

In accordance with Health and Safety Code Section 245.017, you have the right show compliance with all requirements of law prior to final action by the Department. **Within 20 calendar days following the day you receive this notice, you may:**

- 1) Accept the Department's determination to impose an Administrative Penalty in the amount of \$1,300. Remit the recommended penalty amount of \$1,300 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or
- 2) Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,
- 3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached **RESPONSE TO NOTICE** form to notify the Department of which option you have selected.

**FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE DEPARTMENT WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.**

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,



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

Enclosure



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**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



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**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

08/20/14  
DATE

008444  
License Number



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IN THE MATTER OF  
  
REPRODUCTIVE SERVICES, INC.  
  
EL PASO, TEXAS

§  
§  
§  
§  
§  
§  
§

BEFORE THE  
  
DEPARTMENT OF  
STATE HEALTH SERVICES  
  
AUSTIN, TEXAS

**AGREED ORDER**

**I. JURISDICTION**

The Department of State Health Services (Department) is authorized to enforce the Health and Safety Code (HSC), Chapter 245, and Title 25 of the Texas Administrative Code (TAC), Chapter 139 (Rules), relating to the licensing and regulation of Abortion Facilities.

**II. RESPONDENT**

Reproductive Services, Inc. (Respondent), holds a license for the Abortion Facility located at 1511 E. Missouri Ave., El Paso, TX 79902 (Facility) under license #140009, and is subject to the HSC and Rules.

**III. FACTS**

On or about December 8-9, 2015 and May 24-25, 2016, Department staff conducted an initial licensure survey and a follow-up licensure survey of the Facility for the Department to evaluate Respondent's compliance with the HSC and the Rules. In response to statements of deficiencies issued by the Department after the surveys, Respondent submitted plans of correction on or about December 23, 2015, and June 13, 2016, respectively. On October 10, 2016, the Department issued a Notice of Violation (Notice) which is attached and incorporated by reference into this Order.

**IV. NOTICE**

In the Notice, Respondent was informed of the Department's intent to assess an administrative penalty in the amount of \$11,650.00

**V. RESPONSE**

Respondent replied to the Notice by making a written request for an Informal Conference.



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## **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.



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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.

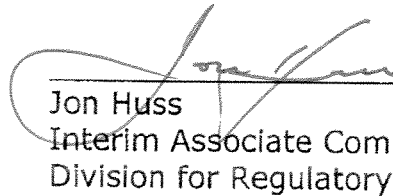
**C. COMPLETE UNDERSTANDING**

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.

Ordered this 24<sup>th</sup> day of August, 2017.

  
Jon Huss  
Interim Associate Commissioner  
Division for Regulatory Services



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**for Life**



Agreed as to Form:

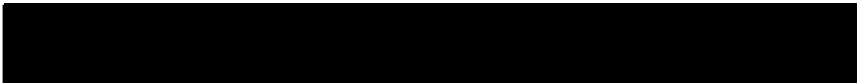


Mark J. Hanna, Attorney  
Hanna & Anderton

7/5/2017

Date

Agreed as to Form and Substance:



*President*

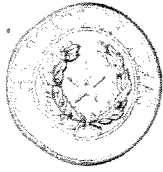
6/30/2017

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

Date



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TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DR. JOHN W. HELLERSTEDT  
COMMISSIONER

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

October 10, 2016

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

██████████ 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 amount of \$11,650 against the Facility pursuant to its authority under Chapter 245 of the Texas Health and Safety Code (HSC) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (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):



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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){.}

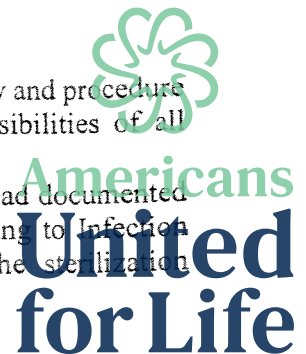
An administrative penalty in the amount of \$2,100 is proposed for this rule violation.

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

This conduct is in violation of 25 TAC §§139.44(b)(1), (2), (3)(A)-(I), (c), and (e), which states:



139.44 Orientation, Training, and Demonstrated Competency

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

- (1) the employee understands his or her specific job description;
- (2) the employee understands the facility's policy and procedure manual, including protocols and description of the roles and responsibilities of all personnel;
- (3) the employee understands, at a minimum but not limited to, the following:
  - (A) coordination and treatment of patient care;
  - (B) sterilization and infection control policies;
  - (C) patient education/information;
  - (D) informed consent policies;
  - (E) abortion techniques provided at that facility;
  - (F) care of the patient before, during, and after an abortion procedure;
  - (G) patient rights;
  - (H) possible complications of the abortion procedure; and
  - (I) prevention of infectious diseases.
- (c) The facility shall ensure that staff responsible for sterilization of critical surgical instruments are trained by the facility to meet the requirements of §139.49(d) of this title (relating to Infection Control Standards) and demonstrate competency in performing the sterilization procedures at the facility.
- (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 and 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



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destination and are considered dirty items. This conduct is in violation of 25 TAC §139.48(1)(A), which states:

139.48 Physical and Environmental Requirements

(1) A facility shall:

(A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times.

An administrative penalty in the amount of \$1,950 is proposed for this rule violation.

**5. The Facility failed to ensure personnel had documented training in infection control standards, to wit:**

The Facility did not have documented training in infection control standards and barrier precautions, including basic concepts of disease transmission, scientifically accepted principles and practices for infection control and engineering and work practice controls for six (6) personnel. This conduct is in violation of 25 TAC §139.49(b)(3)(A)-(D), which state:

139.49 Infection Control Standards

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

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

(A) HIV infection prevention; and

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

(C) bidirectional aspect of disease transmission; and

(D) epidemic control.

An administrative penalty in the amount of \$2,100 is proposed for these rule violations.

**May 24 – 25, 2016 Follow-Up Licensure Survey:**

**6. The Facility failed to provide a store hazardous cleaning solutions and compounds in a secure manner, to wit:**

The Facility failed to lock and secure a room that contained hazardous cleaning solutions. This conduct is in violation of 25 TAC §139.48(1)(E), which states:



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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 indicators were used in the sterilization process, to wit:**

The Facility failed to ensure external chemical indicators were used on each package to be sterilized to indicate that items have been exposed to the sterilization process. This conduct is in violation of 25 TAC §§ 139.49 (d)(5)(E)(i)-(ii), which state:

139.49 Infection Control Standards

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

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

(E) External chemical indicators.

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

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

An administrative penalty in the amount of \$650 is proposed for these rule violations.

In accordance with Government Code Section 2001.054(c), you have the right to show compliance with all requirements of law prior to final action by the Department. **Within 20 calendar days following the day you receive this notice, you may:**

- 1) Admit the allegations and accept the Department's determination to impose an Administrative Penalty in the amount of \$11,650. Remit the recommended penalty amount of \$11,650 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or



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- 2) Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,
- 3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached **RESPONSE TO NOTICE** form to notify the Department of which option you have selected.

**FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE DEPARTMENT WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.**

If you have any questions regarding this proposal, please contact me at (512) 834-6665, ext. 3320.

Sincerely,



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

Enclosure



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for Life**

RESPONSE TO NOTICE OF VIOLATION (NOTICE)

Reproductive Services, Inc., Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which I was notified that the Department is proposing an Administrative Penalty of \$11,650 for License #140009, Case #1068162430 and 1068167002, Docket #A26283-519-2016.

Please select an option by checking the applicable box. Sign in the space provided below, and return this page not later than the 20th calendar day after you receive this notice.

- OPTION 1  Respondent admits the allegations and accepts the proposed action in the Department's Notice. Respondent waives the right to an administrative hearing or an appeal. Respondent hereby remits an administrative penalty in the amount of \$11,650 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156, Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.
- OPTION 2  Respondent does not accept the proposed action in the Department's Notice and requests an informal conference and, if necessary, a hearing.
- OPTION 3  Respondent does not accept the proposed action in the Department's Notice and requests a hearing before the State Office of Administrative Hearings.

If you are not including a payment with your response, please mail your response to: Texas Department of State Health Services, Enforcement Unit - MC 7927, Attn: Dianne Estrada, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

\_\_\_\_\_  
SIGNATURE OF RESPONDENT'S  
AUTHORIZED REPRESENTATIVE

October 27, 2016  
DATE

\_\_\_\_\_  
PRINTED NAME AND TITLE OF  
SIGNATORY

President, Nova Health  
System, Inc.  
dba Reproductive  
Services

140009

LICENSE NUMBER



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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.

[REDACTED]  
SIGNATURE OF RESPONDENT'S  
AUTHORIZED REPRESENTATIVE

October 27, 2016  
DATE

[REDACTED]  
PRINTED NAME AND TITLE OF  
SIGNATORY

President, Nova Health  
System, Inc.  
dba Reproductive  
Services

140009  
LICENSE NUMBER



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**CASE NO. 1068172086**

**IN THE MATTER OF**

**HOUSTON WOMEN'S CLINIC**

**HOUSTON, TEXAS**

§  
§  
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§  
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**BEFORE THE**

**DEPARTMENT OF  
STATE HEALTH SERVICES**

**AUSTIN, TEXAS**

**AGREED ORDER FOR PAYMENT**

**I. JURISDICTION**

The Department of State Health Services (Department) is authorized to enforce the Health and Safety Code (HSC), Chapter 245 (Act), and Title 25 of the Texas Administrative Code (TAC), Chapter 139 (Rules), relating to the licensing and regulation of Abortion Facilities in Texas.

**II. RESPONDENT**

Houston Women's Clinic, 4820 San Jacinto, Houston, TX 77004 is licensed by the Department as an Abortion Facility, License No. 007326, and is subject to the Act and Rules.

**III. FACTS**

On or about August 16, 2016, the Department conducted a re-licensure survey of the Respondent. The purpose of the survey was to determine Respondent's compliance with the Act and the Rules. As a result of the survey, the Department alleged the Respondent engaged in the conduct as more specifically described in the Department's February 7, 2017, Notice of Violation (Notice) which is adopted and incorporated in this Agreed Order (Order).

**IV. NOTICE**

In the Notice, Respondent was informed of the Department's intent to assess an Administrative Penalty in the amount of \$20,300.00.

**V. RESPONSE**

By response dated February 24, 2017, Respondent replied to the Notice by admitting the facts and violations alleged, agreeing to the Administrative Penalty proposed by the Department and to issuance of this Order, and sending the Department a check in the agreed amount of \$20,300.00, which was posted by the Department on February 28, 2017 (Remittance No. M271106 000 P).



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## 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

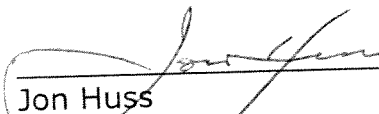
In exchange for Respondent's payment of the penalty, and the execution of this Order, Respondent waives the right to a hearing or an appeal regarding the Department findings, assessment of the proposed administrative penalty and the Department's disposition of this case through the Department's issuance 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).

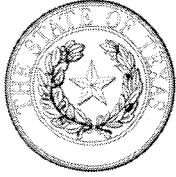
**NOW THEREFORE, IT IS ORDERED** that Respondent paid an Administrative Penalty in the amount of \$20,300.00, which the Department posted on March 1, 2017. Respondent shall henceforth comply with all applicable laws, rules and regulations. Failure to comply shall result in additional enforcement action.

Ordered this 30<sup>th</sup> day of March, 2017.

  
Jon Huss  
Interim Associate Commissioner  
Division for Regulatory Services



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## 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

[REDACTED] 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

[REDACTED] Owner  
Houston Women's Clinic, LLC  
4820 San Jacinto Street  
Houston, TX, 77004

**Re: Notice of Violation (Notice), Houston Women's Clinic, Abortion Facility, License #007326,  
Case #1068172086, Docket #A26811-519-2017**

Dear [REDACTED]

The Department of State Health Services (Department) has reviewed documents and evidence related to a re-licensure survey of Houston Women's Clinic (Respondent) located at 4820 San Jacinto, Houston TX 77004 (Facility) conducted on or about August 16, 2016.

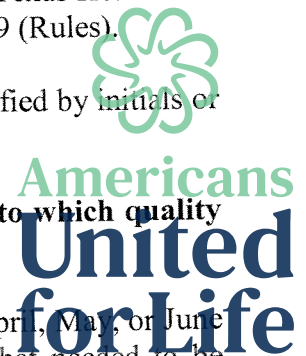
As a result of that review, the Department proposes to impose an administrative penalty in the amount of \$20,300.00 against the Facility pursuant to its authority under Chapter 245 of the Texas Health and Safety Code (HSC) and Title 25 of the Texas Administrative Code (TAC) Chapter 139 (Rules).

The proposed action is based upon the following allegations (names of persons identified by initials or numbers will be provided upon request if permitted by law):

- 1. The Facility failed to meet at least quarterly to identify issues with respect to which quality assurance activities are necessary, to wit :**

The Facility's records revealed there was no quarterly meeting held during April, May, or June of 2015 to determine if the facility had quality issues regarding patients that needed to be addressed. This is in violation of 25 TAC §139.8(c), which states:

139.8 Quality Assurance



(c) Frequency of QA committee meetings. The QA committee, by consensus, shall meet at least quarterly to identify issues with respect to which quality assurance activities are necessary.

An administrative penalty in the amount of \$350.00 is proposed for this rule violation.

**2. The Facility failed to make available current/accurate information for visitors and patients on how to report complaints, to wit:**

The Facility's policy on reporting requirements revealed an incorrect telephone number for reporting complaints relating to the Facility. This is in violation of 25 TAC §139.41(a)(1)(H) and (I), which state:

§139.41 Policy Development and Review

(a) The licensee shall be responsible for the conduct of the licensed abortion facility and shall assume full legal responsibility for developing, implementing, enforcing, and monitoring written policies governing the facility's total operation, and for ensuring that these policies comply with the Act and the applicable provisions of this chapter and are administered so as to provide health care in a safe and professionally acceptable environment. These written policies shall include at a minimum the following:

(1) administrative policies governing the administration of the facility, covering at a minimum:

(H) reporting requirements; and

(I) procedures for the resolution of complaints regarding care or services rendered by licensed health professionals and other members of the facility staff, including contract services or staff....

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

**3. The Facility failed to develop or implement a post-procedure infection monitoring policy, to wit:**

The Facility failed to develop any policies regarding post-procedure patient follow-up and monitoring of post-procedure infection for patients and did not have records of making any post-procedure follow-up attempts for 11 patients. This is in violation of 25 TAC §139.41(a)(2)(G) and (I), which state:

§139.41 Policy Development and Review

(a) The licensee shall be responsible for the conduct of the licensed abortion facility and shall assume full legal responsibility for developing, implementing, enforcing, and monitoring written policies governing the facility's total operation, and for ensuring that



these policies comply with the Act and the applicable provisions of this chapter and are administered so as to provide health care in a safe and professionally acceptable environment. These written policies shall include at a minimum the following:

(2) clinical policies governing medical and clinical practices and procedures of the facility, covering at a minimum:

(G) clinical records;

(I) monitoring post-procedure infection(s).

An administrative penalty in the amount of \$3,850.00 (\$350 x 11 patients) is proposed for this rule violation.

**4. The Facility failed to conduct annual evaluations and infection control training, to wit:**

The Facility's record review revealed lack of annual evaluations conducted and lack of infection control training for six staff members, contrary to its own policy. This is in violation of 25 TAC §139.43(2)-(5), which state:

§139.43 Personnel Policies

The licensee shall develop, implement and enforce policies which shall govern all personnel staffed by the facility using the following minimum criteria:

(2) a requirement for orientation of all employees, volunteers, students and contractors to the policies and objectives of the facility and participation by all personnel in employee training specific to their job;

(3) job-related training for each position;

(4) a requirement for an annual evaluation of employee performance;

(5) in-service and continuing education requirements;

An administrative penalty in the amount of \$2,100.00 (\$350 x 6 staff) is proposed for this rule violation.

**5. The Facility failed to maintain documentation of required laboratory testing and vaccinations of staff, to wit:**

The Facility's records did not show that Hepatitis B titers were drawn or vaccinations were given, or that Tuberculosis testing was conducted, for five staff members. This is in violation of 25 TAC §139.45(3), which states:

§139.45 Personnel Records.



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An individual personnel record shall be maintained on each person employed by the licensed abortion facility which shall include, but not be limited to, the following:

- (3) clinical laboratory tests results and vaccinations if required by law (e.g., Mycobacterium tuberculosis, hepatitis B virus);

An administrative penalty in the amount of \$1,750.00 (\$350 x 5 staff) is proposed for this rule violation.

**6. The Facility failed to provide a safe and sanitary environment to protect the health and safety of patients and staff, to wit:**

An inspection found twenty-two (22) instances of sterilization, sanitation, and safety issues. This is in violation of 25 TAC §139.48(1)(A), which states:

§139.48 Physical and Environmental Requirements

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

(1) A facility shall:

- (A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times;

An administrative penalty in the amount of \$7,700 (\$350 x 22 instances) is proposed for this rule violation.

**7. The Facility failed to enforce infection control policies to minimize the transmission of infection, to wit:**

The facility failed to safeguard against the proliferation of infection in three (3) procedure rooms. This is in violation of 25 TAC §139.49(a), which states:

§139.49 Infection Control Standards

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

An administrative penalty in the amount of \$1,050 (\$350 x 3 rooms) is proposed for this rule violation.



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**8. The Facility failed to properly package and document instruments to be sterilized, to wit:**

The Facility failed to document on the instrument packages the date and time of sterilizing, sterilizing load number, and the identification of the autoclave used and failed to properly seal the packaging. This is in violation of 25 TAC §139.49(d)(5)(D)(i)-(ii), which state:

§139.49 Infection Control Standards

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

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

(D) Packaging.

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

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

An administrative penalty in the amount of \$350.00 is proposed for this rule violation.

**9. The Facility failed to use external chemical indicators, to wit:**

The Facility failed to use external chemical indicators in peel pouches stored in a plastic container and in peel pouches that were removed from the autoclave and also failed to adhere to its own policy concerning sterilization indicators. This is in violation of 25 TAC §139.49(d)(5)(D)(i)-(ii), which state:

§139.49 Infection Control Standards



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

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

(E) External chemical indicators.

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

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

An administrative penalty in the amount of \$350.00 is proposed for this rule violation.

**10. The Facility failed to follow manufacturer's written instructions in sterilizing instruments, to wit:**

The Facility stacked peel pouches on top of other peel pouches in the sterilizer, contrary to the manufacturer's instructions. This is in violation of 25 TAC §139.49(d)(5)(G)(i)-(ii), which states:

§139.49 Infection Control Standards

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

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

(G) Sterilizers.

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

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

An administrative penalty in the amount of \$350 is proposed for this rule violation.

**11. The Facility failed to provide and ensure proper and adequate storage of sterilized items, to wit:**

The Facility failed to provide a designated storage area for sterilized instruments and also failed to store peel pouches in a position that was free of being crushed, bent, compressed or punctured. This is in violation of 25 TAC §139.49(d)(5)(J)(i)-(iv), which state:

§139.49 Infection Control Standards

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

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

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

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

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

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

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



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An administrative penalty in the amount of \$350.00 is proposed for this rule violation.

**12. The Facility failed to document and maintain clinical records accurately, to wit:**

The facility failed to document the date and provide a legible staff member signature for eleven (11) patient records reviewed. This is in violation of 25 TAC §139.55 (b) (6) which states:

§139.55 Clinical Records

(b) A licensed abortion facility shall establish and maintain a clinical record for each patient. A licensed abortion facility shall maintain the record to assure that the care and services provided to each patient is completely and accurately documented, and readily and systematically organized to facilitate the compilation and retrieval of information. Information required for the annual abortion report shall be readily retrievable from the clinical record.

(6) A facility shall maintain clinical records in their original state. Each entry shall be accurate, dated with the date of entry, and signed by the individual making the entry. Correction fluid or tape shall not be used in the record. Corrections shall be made by striking through the error with a single line, and shall include the date the correction was made and the initials of the person making the correction.

An administrative penalty in the amount of \$350.00 is proposed for this rule violation.

**13. The Facility failed to develop and implement policies and procedures for patient post-procedure follow-up, to wit:**

The Facility referred a patient who reported post-abortion complications to an emergency room and did not attempt to further inquire about her condition or confirm that she sought treatment. The Facility had no policy or process for patient follow-up and monitoring of post-procedure infections. This is in violation of 25 TAC §139.57(c)(1) and (2), which state:

§139.57 Discharge and Follow-up Referrals

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

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

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

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



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

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

An administrative penalty in the amount of \$350 is proposed for this rule violation.

**14. The Facility failed to ensure that schedule II – V drugs were properly secured, to wit:**

The Facility had no policy concerning the security of scheduled narcotics and failed to ensure schedule II – V narcotic medications were kept locked within a secure area where unauthorized personnel and patients will not have access, specifically:

- (1) A procedure room had 24 unlabeled and pre-filled syringes containing Valium, Stadol, Romazicon, and Chloroprocaine stored in an unlocked cabinet underneath the surgical suction machine.
- (2) The medication area, located along a common hallway where patients await procedures, has no door and contained a portable lockbox which contained pre-drawn syringes of Valium, Ativan and Stadol that was left unsecured on the countertop.

This is in violation of 25 TAC §139.60 (a) which states:

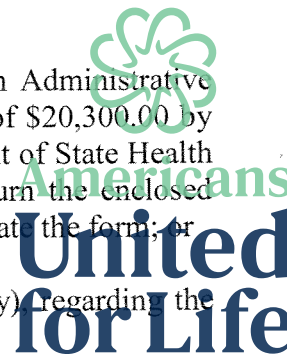
§139.60 Other State and Federal Compliance Requirements

(a) A licensed abortion facility shall be in compliance with all state and federal laws pertaining to handling of drugs.

An administrative penalty in the amount of \$1,300.00 (\$650 x 2 rooms) is proposed for this rule violation.

In accordance with Government Code Section 2001.054(c), you have the right to show compliance with all requirements of law prior to final action by the Department. **Within 20 calendar days following the day you receive this notice, you may:**

- 1) Admit the allegations and accept the Department's determination to impose an Administrative Penalty in the amount of \$20,300.00. Remit the recommended penalty amount of \$20,300.00 by cashier's check, money order, or company check made payable to the Department of State Health Services, with a notation of: *Deposit in Budget #ZZ156, Fund #170*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; 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. 2092.

Sincerely,



Charles Burkhalter, BAS  
Program Specialist  
Enforcement Unit  
Division for Regulatory Services

Enclosure



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**RESPONSE TO NOTICE OF VIOLATION (NOTICE)**

Houston Women's Clinic, Abortion Facility, (Respondent), have received a Notice from the Department of State Health Services (Department), in which it was notified that the Department is ~~proposing~~ an Administrative Penalty of \$20,300.00 for License #007326, Case #1068172086, Docket #A26811-519-2017.

Please select an option by checking the applicable box. Sign in the space provided below, and **return this page not later than the 20th calendar day after you receive this notice.**

**OPTION 1**  Respondent admits the allegations and accepts the proposed action in the Department's Notice. Respondent waives the right to an administrative hearing or an appeal. Respondent hereby remits an administrative penalty in the amount of \$20,300.00 by cashier's check, money order, or company check, made payable to the Department of State Health Services, with a notation of: Deposit in Budget #ZZ156 Fund #170. Mail the penalty with this form to: Texas Department of State Health Services, Cash Receipts Branch MC-2003, PO Box 149347, Austin, Texas 78714-9347.

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

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

If you are not including a payment with your response, please mail your response to: Texas Department of State Health Services, Enforcement Unit – MC 7927, Attn: Charles Burkhalter, P.O. Box 149347, Austin, TX 78714-9347 or fax it to: 512-834-6625.

[Redacted Signature]

SIGNATURE OF RESPONDENT'S  
AUTHORIZED REPRESENTATIVE

[Redacted Name]

PRINTED NAME AND TITLE OF  
SIGNATORY

Medical Director

2-24-17

DATE

007326

LICENSE NUMBER



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

**IN THE MATTER OF**

**HILL TOP WOMEN'S REPRODUCTIVE  
CLINIC, L.L.C.**

**EL PASO, TEXAS**

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**BEFORE THE**

**HEALTH AND HUMAN  
SERVICES COMMISSION**

**AUSTIN, 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 are contained in this Order.



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## **B. SETTLEMENT**

The Commission and Respondent have agreed to the following:

1. The Commission determines that Respondent violated the Rules as set forth in allegations 2, 3, and 5 of the Notice.
2. The Commission amends the proposed administrative penalty from \$9,850.00 to \$2,800.00 for Respondent's violation of the Rules;
3. Respondent shall pay the administrative penalty of \$2,800.00 within 30 days of full and final execution of the Order by the Commission. Respondent shall remit a cashier's check, money order, or company check made payable to the Texas Health and Human Services Commission that bears the notation, Deposit in Budget #ZZ156, Fund #170, Service Code No. 529201048. Respondent shall mail the penalty payment to, Accounts Receivable - MC 1470, PO BOX 149055, Austin, TX 78714-9055.
4. Respondent shall comply with this Order and with all applicable laws, rules, and regulations governing Abortion Facilities. Failure to comply shall result in additional enforcement action.

## **VII. COMPLETE AGREEMENT**

This Order is made pursuant to Government Code, §2001.056(2), and the procedural rules adopted by the Commission. This Order represents the complete settlement of all allegations contained in the Notice.

### **A. WAIVER OF APPEAL AND AGREEMENT REGARDING SIGNATURE**

In exchange for the execution of this Order, Respondent waives the right to a hearing or an appeal regarding the Commission findings, assessment of the proposed administrative penalty and disposition of this case through the Commission's issuance of an Order. Respondent has no objection to this Order being signed by either the Executive Commissioner of the Commission or her designee.

### **B. NO WAIVER WITH REGARD TO OTHER VIOLATIONS**

The Commission does not waive the right to enforce this Order or to prosecute any other violations that Respondent may commit. The Commission shall consider this Order and Respondent's compliance history in the processing of any other enforcement actions and the imposition of any subsequent penalty.

### **C. COMPLETE UNDERSTANDING**

The Respondent understands the terms of this settlement agreement, enters into the settlement agreement freely, and agrees to the terms and conditions of this Order.



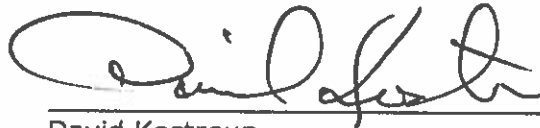
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**NOW THEREFORE, IT IS ORDERED** that:

1. Respondent violated the Rules as Described in Section VI of this Order;
2. The Commission amends the proposed administrative penalty from \$9,850.00 to \$2,800.00 for Respondent's violation of the Rules;
3. Respondent shall remit the amount of \$2,800.00 not later than 30 days from the date the Executive Commissioner of the Commission, or her designee, signs this Order, in accordance with Section VI of this Order; and,
4. Respondent shall comply with this Order and with all applicable laws, rules, and regulations governing Abortion Facilities. Failure to comply shall result in additional enforcement action.

Ordered this 28<sup>th</sup> day of February, 2019.



David Kostroun  
Deputy Executive Commissioner  
Regulatory Services Division

Agreed as to Form and Substance: 

*open en clinic CHLTON*

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

Date 2/6/19



Received  
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Enter

CASE NO. 1068180073

IN THE MATTER OF	§	BEFORE THE
	§	
REPRODUCTIVE SERVICES, INC	§	HEALTH AND HUMAN
	§	SERVICES COMMISSION
	§	
EL PASO, TEXAS	§	AUSTIN, TEXAS

**AGREED ORDER FOR PAYMENT**

**I. JURISDICTION**

The Texas Health and Human Services Commission (Commission) is authorized to enforce the Health and Safety Code, Chapter 245 (Act), and Title 25 of the Texas Administrative Code (TAC), Chapter 139 (Rules), relating to the licensing and regulation of Abortion Facilities in Texas.

**II. RESPONDENT**

Reproductive Services, Inc. (Respondent) located at 1511 East Missouri, El Paso, Texas 79902 is licensed by the Commission as an Abortion Facility, License No. 140009, and is subject to the Act and Rules.

**III. FACTS**

On or about October 2, 2017, the Commission conducted a licensure resurvey. The purpose of the review was to determine Respondent's compliance with the Act and the Rules. As a result of the survey, the Commission alleged the Respondent engaged in the conduct as more specifically described in the Commission's July 31, 2018, Notice of Violation (Notice) which is adopted and incorporated in this Agreed Order (Order).

**IV. NOTICE**

In the Notice, Respondent was informed of the Commission's intent to assess an administrative penalty of \$9,450.00.

**V. RESPONSE**

By response dated August 19, 2018, Respondent replied to the Notice by admitting the facts and violations alleged, agreeing to the administrative penalty proposed by the Commission and to issuance of this Order, and sending the Commission a check in the agreed amount of \$9,450.00, which was posted by the Commission on August 24, 2018 (Collection DLN 1182340075).

**VI. SETTLEMENT**

Respondent's payment of the penalty represents a complete settlement of all issues regarding the violation described in "III. Facts" and "IV. Notice" of this Order.



## VII. ACCEPTANCE OF ADMINISTRATIVE PENALTY

This Order is made pursuant to Chapter 2001 of the Texas Government Code §2001.056(2), and the procedural rules adopted by the Commission. This Order memorializes Respondent's acceptance of and monetary payment of the \$9,450.00 administrative penalty for the violation contained in the Notice as described in "III. Facts" and "IV. Notice" of this Order.

### A. WAIVER OF APPEAL

In exchange for Respondent's payment of the penalty, and the execution of this Order, Respondent waives the right to a hearing or an appeal regarding the Commission findings, assessment of the proposed administrative penalty and the Commission's disposition of this case through the Commission's issuance of an Order.

### B. NO WAIVER WITH REGARD TO OTHER VIOLATIONS

The Commission does not waive the right to enforce this Order or to prosecute any other violations that Respondent may commit. The Commission shall consider this Order and Respondent's compliance history in the processing of any other enforcement actions and the imposition of any subsequent penalty.

**NOW THEREFORE, IT IS ORDERED** that Respondent paid an administrative penalty in the amount of \$9,450.00, which the Commission posted on August 24, 2018. Respondent shall henceforth comply with all applicable laws, rules, and regulations. Failure to comply shall result in additional enforcement action.

Ordered this 12<sup>th</sup> day of December, 2018.



David Kostroun  
Deputy Executive Commissioner  
Regulatory Services Division



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for Life**



TEXAS  
Health and Human  
Services

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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 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. Respondent failed to provide patients accurate information concerning when to submit complaints:**

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



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§139.31 On-site Inspections and Complaint Investigations of a Licensed Abortion Facility.

(c) Complaints.

(1) In accordance with §139.50 of this title (relating to Disclosure Requirements), all licensed abortion facilities are required to provide the woman on whom the abortion is to be performed and her guardian, if present, if the patient is a minor at time of the initial visit or if guardianship is required, with a written statement that complaints relating to the abortion facility may be registered with the Manager, Health Facility Compliance Group, Department of State Health Services, Post Office Box 149347, Austin, Texas 78714-9347, (888) 973-0022.

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

**2. Respondent failed to conduct annual evaluations of all staff:**

Respondent did not conduct an annual evaluations of five staff members within the past calendar year. This conduct is in violation of 25 TAC §139.43(4), which states:

§139.43 Personnel Policies.

The licensee shall develop, implement and enforce policies which shall govern all personnel staffed by the facility using the following minimum criteria:

(4) a requirement for an annual evaluation of employee performance;

An administrative penalty of \$500.00 (\$100.00 x 5 staff) is proposed for this rule violation.

**3. Respondent failed to have a safe and sanitary environment:**

Respondent had expired ampules of epinephrine on the emergency cart and a vial of 0.9% normal saline accessed but not dated in the medication room. This conduct is in violation of 25 TAC §139. 48(1)(A), which states:

§139.48 Physical and Environmental Requirements.

(1) A facility shall:

(A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times.

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



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**4. Respondent failed to comply with the Woman's Right To Know Act:**

Respondent allowed a staff member who was not the physician or a certified sonographer to perform sonograms on 18 patients. This conduct is in violation of Texas Health and Safety Code §139.60(l), which states:

§139.60 Other State and Federal Compliance Requirements.

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

The relevant section of the Woman's Right To Know Act states:

Sec. 171.012(4)(A). Voluntary and Informed Consent.

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

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

An administrative penalty of \$6,300.00 (\$350.00 x 18 patients) is proposed for this rule violation.

**5. Respondent failed to ensure that a physician trained nonlicensed personnel, age 18 or above, to extract blood for laboratory testing:**

Respondent failed to ensure that a physician trained three non-licensed staff to extract blood for laboratory testing. This conduct is in violation of 25 TAC §139.54(b)(2), which states:

§139.54 Health Care Services.

(b) Licensed health care professionals.

(2) A licensed abortion facility may allow physicians to train nonlicensed personnel, age 18 years or above, to extract blood for laboratory testing and to administer intravenous fluids.

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



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**6. Respondent failed to schedule follow-up visits for patients within 14 days of providing them with an abortion-inducing drug:**

Respondent scheduled follow-up visits for four patients more than 14 days after Respondent provided the patients with an abortion-inducing drug. This conduct is in violation of Texas Health and Safety Code §171.063(e), which states:

§171.063. Distribution of Abortion-Inducing Drug.

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

An administrative penalty of \$1,400.00 (\$350 x 4 patients) is proposed for this rule violation.

In accordance with Government Code Section 2001.054(c) and Health and Safety Code §243.015, you have the right to show compliance with all requirements of law prior to final action by the Commission. **Within 20 calendar days following the day you receive this notice, you may:**

- 1) Admit the allegations and accept the Commission's determination to assess an administrative penalty of \$9,450.00. Remit the recommended penalty of \$6,250.00 by cashier's check, money order, or company check made payable to the Health and Human Services Commission (Commission), with a notation of: *Deposit in Budget No. ZZ156, Fund No. 170, Service Code No. 529201048*, and return the enclosed Response to Notice form, with the first box checked. Please be sure to sign and date the form; or
- 2). Submit a written request for an informal conference and a hearing (if necessary), regarding the occurrence of the alleged violations, the amount of the penalties, or both; or,
- 3) Submit a written request for a contested case hearing to be held at the State Office of Administrative Hearings regarding the occurrence of the alleged violations, the amount of the penalty, or both.

Please use the attached **RESPONSE TO NOTICE** form to notify the Commission of which option you have selected.



**FAILURE TO RESPOND TO THIS NOTICE WITHIN 20 CALENDAR DAYS FROM THE DATE YOU RECEIVE THIS LETTER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS IN THIS NOTICE WILL BE DEEMED TRUE, AND THE COMMISSION WILL ASSESS THE ADMINISTRATIVE PENALTIES BY DEFAULT.**

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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 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



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**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, Austin, Texas 78714-9347 or fax it to: 512-834-6623.

SIGNATURE OF RESPONDENT'S AUTHORIZED REPRESENTATIVE

August 19, 2018  
DATE

PRINTED NAME AND TITLE OF SIGNATORY  
*PRESIDENT*

140009  
LICENSE NUMBER

[Type here]

Received  
AUG 27 2018  
DSHS/RLU/FLG



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

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**Abortion Facilities**  
September 2018 – August 2019

<b>Name</b>	<b>License Number</b>	<b>City of Residence</b>	<b>Alleged Violation</b>	<b>Disciplinary Action</b>	<b>Date of Action</b>
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(l) 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.***



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