



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT**

Ambulatory Surgical Center License

This is to certify that

PLANNED PARENTHOOD OF GREATER TEXAS SURGICAL HEALTH SERVICES
7989 W VIRGINIA DRIVE
DALLAS, TX 75237

is licensed as an Ambulatory Surgical Center under the provision of the Health and Safety Code, Chapter 243, and
the Ambulatory Surgical Center Licensing Rules.

License Number: 130193

Expiration Date: 07/31/2016



DEPT. ID ZZ101/FUND 168

Application for a License to Operate an Ambulatory Surgical Center

U Please phone / say

Initial
Projected Date Center Will Open: _____ Architectural Project or Application #: _____

Change of Ownership
Effective Date: 06-23-2014 Current License #: 008438

Relocation
Projected Date Center Will Open: _____ Current License #: _____
Architectural Project or Application #: _____

1. Center Information:

a. Name the center will be doing business as (d/b/a): Planned Parenthood of Greater Texas Surgical Health Services **Received JUN 02 2014**

b. Street Address: 7989 W. Virginia Drive **DSHS/RLU/FLG**
Street Number
Dallas, TX 75237 Dallas
City/State/Zip County

c. Mailing Address: _____
(If different) Street or P.O. Box Number

City/State/Zip

d. Telephone Number (include area code) (214) 373-1868 Fax Number (include area code) (214) 373-7419
Leave blank if number is unknown at this time. *Leave blank if number is unknown at this time.*

2. Ownership Information:

Planned Parenthood Of Greater Texas Surgical Health Services
Name of Owner (entity legally responsible for the operation of the center, whether by lease or ownership)

7424 Greenville Avenue Ste. 206 Dallas, TX 75231
Mailing Address City/State/Zip

20-1121091 214-254-3021 sheila.mckinney@ppgt.org
Tax ID Number or SS# Telephone Number E-Mail Address

Status: Profit Non-Profit

Type of Ownership: Sole Proprietor County Limited Liability Company LTD
 Corporation City Limited Liability Partnership LP
 Partnership City-County Hospital District/Authority Other: _____



Name of Center: Planned Parenthood of Greater Texas Surgical Health Services DEPT. ID ZZ101/FUND 168

3. Ownership and Control Interest Disclosure:

Update fees

a. The owner must disclose the following data for the two-year period preceding the application date. Check yes or no to the following questions. If yes is checked, you must provide details, including ownership and facility information, circumstances, dates and final action, on a separate sheet with this application.

- 1. Eviction involving any property used as a health care facility in any state? Yes No
- 2. Federal or state (any state) tax liens? Yes No
- 3. Unsatisfied final judgments? Yes No
- 4. Federal or state (any state) criminal misdemeanor arrests or convictions? Yes No
- 5. Injunctive orders from any court? Yes No
- 6. Unresolved final state or federal Medicare or Medicaid audit exceptions? Yes No

b. The owner must disclose the following data. Check yes or no to each question. If yes is checked, provide details on a separate sheet, including all ownership and facility information, circumstances, dates and final action.

- 1. Denial, suspension, or revocation of ambulatory surgical center license or any health agency in any state or any other enforcement action? Yes No
- 2. Denial, suspension or revocation or other enforcement action against a health care facility license in any state, which is or was proposed by the licensing agency and the status of the proposal? Yes No
- 3. Surrendered a license before expiration of the license or allowing a license to expire in lieu of the department proceeding with enforcement action? Yes No
- 4. Federal or state (any state) criminal felony arrests or convictions? Yes No
- 5. Federal or state Medicaid or Medicare sanctions or penalties relating to the operation of a health care facility? Yes No
- 6. Operating a health care facility that has been decertified with Medicare or Medicaid? Yes No
- 7. Debarment, exclusion, or contract cancellation from Medicare or Medicaid in any state? Yes No

- 4. Licensing Fee:**
- Initial \$5,200.00
 - Change of Ownership \$5,200.00 *(A Bill of Sale is required for change of ownership applications. It can be submitted separately from the license application.)*
 - Relocation \$5,200.00

Fees paid to the Department are not refundable. Application will not be processed without the appropriate fee.

5. Services:

Mark all surgical specialties that are offered at this center:

- Cardiovascular
- Neurological
- Oral
- Plastic
- Abortion
- Foot
- OB/GYN
- Orthopedic
- Thoracic
- Other (Specify) _____
- General
- Ophthalmology
- Otolaryngology
- Urology
- Gastroenterology
- Pain Management
- Chiropractic
- Endoscopy

- 6. Accreditation Status:** JCAHO AAAHC AAAASF AOA Other None
If applicable, attach a copy of the accreditation letter or certificate from the accrediting agency.

7. Total # of Surgery Suites: 3**8. Medical Staff:**

- a. Provide the total number of physicians, dentists, podiatrists, and/or advanced practice registered nurses on staff at the center.

Physicians 3 Dentists 0 Podiatrists 0 APRNs 0

- b. Medical Chief of Staff:

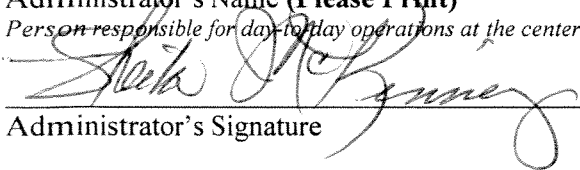
Darrel Jordan J8615 02/28/2015
Name License # Expiration Date (mm/dd/yyyy)

- c. Director of Nurses:

Karenina Eubanks-Wright 645326 06/30/2015
Name License # Expiration Date (mm/dd/yyyy)

9. Administrator's Signature:

The administrator attests that the owner is capable of meeting the requirements of 25 Texas Administrative Code, Chapter 135, Ambulatory Surgical Centers. The administrator attests that all information contained in this application is true and correct. The administrator attests that all copies submitted with the application are original copies or copies of the original documents.

Sheila McKinney
Administrator's Name (Please Print)
Person responsible for day-to-day operations at the center

Administrator's Signature
sheila.mckinney@ppgt.org
Administrator's Email Address

Chief Operating Officer
Title
5-22-14
Date Signed
214-254-3021
Administrator's Telephone Number

10. Contact Person:

Sheila McKinney
Name of the person completing this application
214-254-3021
Telephone Number

Chief Operating Officer
Title
sheila.mckinney@ppgt.org
Email Address

Mailing address for applications with fees: Department of State Health Services, Facility Licensing Group, Mail Code 2003, PO Box 149347, Austin, TX 78714-9347

Overnight mailing address for applications with fees: Department of State Health Services, Facility Licensing Group, Mail Code 2003, 1100 West 49th Street, Austin, TX 78756