EXHIBIT 1

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MISSOURI
CENTRAL DIVISION

Comprehensive Health of Planned Parenthood Great Plains, et al. Plaintiffs, v. Joshua D. Hawley, in his official capacity as Attorney General of Missouri, et al. Defendants.	)	Case No. 2:16-cv-04313-BCW

Declaration of William Koebel

1. My name is William Koebel. I am the Section Administrator for the Section for Health Standards and Licensure within the Division of Regulation and Licensure of the Missouri Department of Health and Senior Services (Department), which is responsible for inspecting and licensing abortion facilities in Missouri.
2. Attached hereto as Exhibit A is a copy of the Statement of Deficiencies issued by the Department on September 28, 2018, regarding a licensure inspection revisit conducted on September 26, 2018, of the Planned Parenthood licensed abortion facility located at 711 North Providence Road, Columbia, Missouri 65203 (Facility). Exhibit A is a true and accurate copy of the original Statement of Deficiencies issued to the Facility and a true and accurate report of what was observed during the September 26, 2018, licensure inspection revisit of the Facility.
3. Attached hereto as Exhibit B is a copy of the Facility's current abortion facility license which reflects that the license expires on October 2, 2018.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 9-28-18

William Koebel
Section Administrator
Section for Health Standards and Licensure
Missouri Department of Health and Senior Services

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	A004	A. BUILDING: _____ B. WING _____	R 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE HEALTH OF PLANNED PAR	711 N PROVIDENCE ROAD COLUMBIA, MO 65203

(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
{L 000}	Initial Comments An on-site, unannounced state licensure revisit was conducted on 09/26/18 to determine compliance with applicable statutes and regulations governing abortion facilities, including 19 CSR 30-30.050, 060, and 061 and Chapter 188, RSMo (Regulation of Abortions). See below for findings:	{L 000}		
{L1084}	19 CSR 30-30.060(1)(B)(6) The admin shall be responsible for, programs The administrator shall be responsible for establishing, implementing, enforcing, and maintaining comprehensive programs for identifying and preventing infections as further detailed in this regulation and for maintaining a safe environment. This regulation is not met as evidenced by: Based on nationally-recognized standards, policy review, observation, and interview, the Abortion Facility failed to: - Ensure a sanitary environment was preserved by providing easily cleanable surfaces that will not harbor bacteria and transmit infections; - Ensure a clean and sanitary environment in the soiled room; - Dispose of used, soiled single-use suction tubing; - Dispose of a soiled reusable series connecting hose (clear secondary suction tubing); and - Clean and disinfect a reusable glass suction bottle. The Abortion Facility does an average of 14 cases per month. On the first day of the survey, there were no cases.	{L1084}		

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{L1084}	Continued From page 1 Findings included: 1. Review of the Association of PeriOperative Registered Nurses (AORN), "Guideline for Environmental Cleaning," dated 2017, showed: - Recommendation II. * The patient should be provided with a clean, safe environment. - Recommendation II.a. * The perioperative Registered Nurse (RN) should assess the perioperative environment frequently for cleanliness and take action to implement cleaning and disinfection procedures. Environmental cleaning and disinfection is a team effort involving perioperative personnel and environmental services personnel. The responsibility for verifying a clean surgical environment before the start of an operative or invasive procedure rests with perioperative nurses. * Dust is known to contain human skin and hair, fabric fibers, pollens, mold, fungi, insect parts, glove powder, and paper fibers, among other components. - Recommendation III.c. * Operating and procedure rooms must be cleaned after each patient. - Recommendation V.a.1. * Areas and items that should be cleaned on a schedule include clean and soiled storage areas and sterile storage areas. 2. Review of the facility's "Infection Prevention Manual," dated 08/15, showed infection control resources included: - Centers for Disease Control and Prevention (CDC); - Association for Professionals in Infection Control and Epidemiology (APIC);	{L1084}		

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{L1084}	Continued From page 2 - Association for the Advancement of Medical Instrumentation (AAMI); and - AORN. 3. Review of the facility's "Infection Prevention Manual" policy titled, "Housekeeping Services," dated 08/15, showed: - The routine housekeeping schedule is followed and should include exam tables, counters, chairs, desks, floors, and patient care equipment. 4. Review of the facility's "Infection Prevention Manual" policy titled, "Directions for Cleaning and Disinfection - Abortion Procedure Suction Tubing," dated 08/15, showed: - Single-use suction tubing must be disposed of as an infectious waste after each patient use. - Multi-use suction tubing is first cleaned by running water through the tube, removing all blood and bioburden immediately after the procedure. Then soak tubing in chemical disinfectant ad per manufacturer's instructions for semi-critical devices. 5. Observation on 09/26/18 at 9:40 AM of the procedure room showed: - The metal suction machine cabinet had numerous rusted areas (uncleanable surface); - There was a used, single-use suction tubing connected to a plastic suction canister. The single-use tubing contained reddish colored fluid; - A reusable series connecting hose on the top of the machine had a blackish-gray substance on the inside the length of the tubing; and - The reusable series connecting hose was connected to a reusable glass suction bottle. There was a layer of dried black substance in the bottom of the bottle.	{L1084}		

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{L1084}	Continued From page 3 During an interview upon the observation Staff C, Health Center Manager, stated that the replacement reusable series connecting hose was on back order. 6. Observation on 09/26/18 at 9:50 AM of the storage room showed the metal cabinet of a second suction machine had numerous rusted areas, old peeling tape, dried adhesive residue on the front surface, (uncleanable surfaces) and a dried brown spill down the side of the machine that was approximately six-inches long. 7. During an interview on 09/26/18 at 9:55 AM, Staff C stated that: - The substance in the single-use suction tubing was most likely bodily fluid; - Their last procedure had been the previous Friday (09/21/18); - She did not think they had used the suction machine that day; and - The blackish gray substance in the secondary reusable series connecting hose was mold. 8. During an interview on 09/26/18 at 12:00 PM, Staff I, Maintenance, stated that the replacement for the reusable series connecting hose was located inside the suction machine cabinet. Staff C stated that she was not aware that the secondary replacement reusable series connecting hose was inside the suction cabinet. 9. During an interview on 09/26/18 at 2:10 PM, Staff C stated that: - She identified the problem (blackish gray residue) inside the reusable series connecting hose a couple of months previously (probably July) and began trying to find replacement tubing; - They continued to use the machine (with the	{L1084}		

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{L1084}	Continued From page 4 reusable series connecting hose that had blackish gray residue inside) on patients after they identified the issue; and - She had talked with other people about the issue with the reusable series connecting hose and it was not an infection control issue. 10. Review of the American National Standards Institute (ANSI) and AAMI document titled, "ANSI/AAMI ST79:2017," Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities, dated 2017, showed: - 3.3.6.4 Sterile storage: * Open or wire shelving is suitable for confined storage areas, provided that proper attention is given to traffic control, area ventilation, and housekeeping. * Storage areas should be designed to protect sterile items and their packaging from damage. - 11.1.1 Storage Facilities: * The bottom shelf of storage carts or shelving should be solid. 11. Observation on 09/26/18 at 10:00 AM of the recovery room medication supply room showed a metal storage shelving unit. There was no bottom barrier on the bottom shelf. The shelf was placed over a submersible sump pump (used to remove water that has accumulated in a water-collecting sump basin) installed in the floor. 12. Observation on 09/26/18 from 10:05 AM to 10:10 AM of exam room #1 and #2 showed each room contained a pressed wood table with chipped paint exposing the pressed wood (uncleanable surface). 13. Observation on 09/26/18 at 10:10 AM of the soiled room showed the cabinet under the sink	{L1084}		

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{L1084}	Continued From page 5 had a large area of dried white residue and an area of dried yellowish brown residue. During an interview upon the observation, Staff C stated that housekeeping staff were responsible to clean and confirmed the cabinet was not clean.	{L1084}		
L1113	19 CSR 30-30.060(2)(K) The facility shall ensure, each patient prep The facility shall ensure that each patient is prepared for the abortion in a manner that facilitates her safety and comfort. This regulation is not met as evidenced by: Based on nationally-recognized standards, policy review, record review, observation, and interview, the facility failed to ensure equipment used for patient care was approved for use in healthcare facilities. The Abortion Facility does an average of 14 cases per month. On the first day of the survey, there were no cases. Findings included: 1. Review of the FDA/Consumer Product Safety Commission (CPSC) document titled, "FDA/CPSC Public Health Advisory - Hazards Associated with the Use of Electric Heating Pads", dated 12/12/95, showed: - The FDA and CPSC have received many reports of injury and death from burns, electric shock and fires associated with the use of electric heating pads. - An electric heating pad can be dangerous for patients with decreased temperature sensation and patients taking medication for pain.	L1113		

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L1113	Continued From page 6 - Prolonged use on one area of the body can cause a severe burn, even when the heating pad is at a low temperature setting. FDA and CPSC recommend the following precautions be taken to avoid hazards associated with the use of electric heating pads: - Never [partial list]: * Use on a person who has skin that is not sensitive to temperature changes (e.g. sedated or medicated for pain). * Use in an oxygen enriched environment or near equipment that stores or emits oxygen. 2. Observation 09/26/18 at 9:30 AM in the recovery room showed: - Four recovery chairs with heating pads draped across the backs. - Three of the four heating pads were labeled "For Household Use Only" and the fourth heating pad was not labeled. - The fourth heating pad cover showed a one inch streak of clear, hard surface matter with a small circular bead of clear material at the top on the heating pad cover. 3. During an interview on 09/26/18 at 1:45 PM, Staff C, Health Center Manager, stated that: - The heating pads were for household use and needed to be removed. - She did not believe the facility had a policy for the use of heating pads.	L1113		

ABORTION FACILITY LICENSE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

Comprehensive Health of Planned Parenthood Great Plains, Inc.

711 N. Providence Road
Columbia MO 65203

IS GRANTED THIS LICENSE PURSUANT TO SECTIONS 197.200 THROUGH 197.240, RSMo TO OPERATE AN ABORTION FACILITY

Issue Date: October 3, 2017

Expiration Date: October 2, 2018

Administrator
Bureau of Ambulatory Care

LICENSE NO. 16-3

DHSS Complaint Number: 1-573-751-6083

MO 580-0015 (7-03) 0069