

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

**Ambulatory Surgical Center License**

This is to certify that

**PLANNED PARENTHOOD SOUTH TEXAS SURGICAL CENTER**  
2140 BABCOCK ROAD  
SAN ANTONIO, TX 78229

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: 130241

Expiration Date: 06/30/2017

Non-Transferable

121653



# Application for a License to Operate an Ambulatory Surgical Center

10-15-14  
M 001601  
\$5200 xx

Initial

Projected Date Center Will Open: 1-10-2015 Architectural Project or Application #: 13199

Change of Ownership

Effective Date: \_\_\_\_\_ Current License #: \_\_\_\_\_

Relocation

Projected Date Center Will Open: \_\_\_\_\_ Current License #: \_\_\_\_\_  
Architectural Project or Application #: \_\_\_\_\_

## 1. Center Information:

FILE # 910 ENTITY # 1610259

a. Name the center will be doing business as (d/b/a):

Planned Parenthood South Texas Surgical Center

b. Street Address: 2140 Babcock Road

Street Number

San Antonio, Texas 78229  
City/State/Zip

Bexar  
County

RECEIVED

c. Mailing Address:

(If different) Street or P.O. Box Number

OCT 16 2014

DSHS/RLU/FLG

City/State/Zip

d. Telephone Number (include area code)

Fax Number (include area code)

( 210 ) 736-2244  
*Leave blank if number is unknown at this time.*

( 210 ) 736-0011  
*Leave blank if number is unknown at this time.*

## 2. Ownership Information:

FILE # 1627 ENTITY # 916556

Planned Parenthood South Texas Surgical Center

Name of Owner (entity legally responsible for the operation of the center, whether by lease or ownership)

104 Babcock Road  
Mailing Address

San Antonio, Texas 78201  
City/State/Zip

20-2851697  
Tax ID Number or SS#

(210)736-2244  
Telephone Number

polin.barraza@ppsouthtexas.org  
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: \_\_\_\_\_



**3. Ownership and Control Interest Disclosure:**

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 <u>X</u> |
| 2. Federal or state (any state) tax liens?                                      | Yes _____ | No <u>X</u> |
| 3. Unsatisfied final judgments?   | Yes _____ | No <u>X</u> |
| 4. Federal or state (any state) criminal misdemeanor arrests or convictions?    | Yes _____ | No <u>X</u> |
| 5. Injunctive orders from any court?  | Yes _____ | No <u>X</u> |
| 6. Unresolved final state or federal Medicare or Medicaid audit exceptions?     | Yes _____ | No <u>X</u> |

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 <u>X</u> |
| 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 <u>X</u> |
| 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 <u>X</u> |
| 4. Federal or state (any state) criminal felony arrests or convictions?   | Yes _____ | No <u>X</u> |
| 5. Federal or state Medicaid or Medicare sanctions or penalties relating to the operation of a health care facility?  | Yes _____ | No <u>X</u> |
| 6. Operating a health care facility that has been decertified with Medicare or Medicaid?  | Yes _____ | No <u>X</u> |
| 7. Debarment, exclusion, or contract cancellation from Medicare or Medicaid in any state?   | Yes _____ | No <u>X</u> |

- 4. Licensing Fee:**
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Initial  | \$5,200.00  |
| <input type="checkbox"/> Change of Ownership | \$5,200.00 <i>(A Bill of Sale is required for change of ownership applications. It can be submitted separately from the license application.)</i> |
| <input type="checkbox"/> 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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Cardiovascular      | <input type="checkbox"/> Foot                  | <input type="checkbox"/> General            | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> Neurological        | <input checked="" type="checkbox"/> OB/GYN     | <input type="checkbox"/> Ophthalmology      | <input type="checkbox"/> Pain Management  |
| <input type="checkbox"/> Oral                | <input type="checkbox"/> Orthopedic            | <input type="checkbox"/> Otolaryngology     | <input type="checkbox"/> Chiropractic     |
| <input type="checkbox"/> Plastic             | <input type="checkbox"/> Thoracic              | <input checked="" type="checkbox"/> Urology | <input type="checkbox"/> Endoscopy        |
| <input checked="" type="checkbox"/> Abortion | <input type="checkbox"/> Other (Specify) _____ |   |   |

**6. Accreditation (CHOWS and RELOCATIONS ONLY):**

- JCAHO    AAAHC    AAAASF    AOA    Other    None    Pending

*If applicable, attach a copy of the accreditation letter or certificate from the accrediting agency.*

7. Total # of Operating Rooms: 2 Total # of Treatment/Procedure Rooms: 0

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 \_\_\_\_\_ Podiatrists \_\_\_\_\_ APRNs 6

b. Medical Chief of Staff:

Dallas Johnson, M.D. H4441 05/31/2015  
Name License # Expiration Date (mm/dd/yyyy)

c. Director of Nurses:

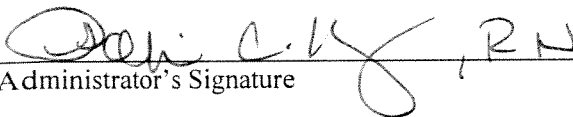
Clora Nichole Johnson 714544 08/31/2016  
Name License # Expiration Date (mm/dd/yyyy)

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.

Polin C. Barraza, RN

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

  
Administrator's Signature

polin.barraza@ppsouthtexas.org

Administrator's Email Address

Vice Chair & Secretary  
Title

10-7-2014  
Date Signed

(210) 736-2244, ext. 334

Administrator's Telephone Number

10. Contact Person:

Polin C. Barraza, RN

Name of the person completing this application

(210) 736-2244, ext. 334

Telephone Number

Vice Chair & Secretary  
Title

polin.barraza@ppsouthtexas.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 49<sup>th</sup> Street, Austin, TX 78756



434 West 33rd Street, New York, NY 10001  
Phone 212.541.7800 Fax 212.245.1845  
www.plannedparenthood.org

March 13, 2012

Martha Hixson, Board Chair  
Jeffrey Hons, CEO  
Planned Parenthood Trust of South Texas  
104 Babcock Road  
San Antonio, TX 78201

Dear Martha and Jeffrey

Attached please find your affiliate's final Affiliate Accreditation Report (AAR). This report contains the results of all components of PPTST's accreditation review process. As you review the report, please let me know if you find any factual errors.

Please note the corresponding timeline for each corrective action that must be addressed. A report on your affiliate's progress in completing these actions is due to me no later than May 1, 2012. The Evidence of Standard Compliance (ESC) Progress Report template is attached.

Your affiliate's **fully accredited** status was approved by the Affiliate Development and Accreditation (ADA) Committee on March 5<sup>th</sup>. This will now be added to the March 24<sup>th</sup> PPFA Board agenda. Shortly after the Board meeting, you will receive the official approval letter and certificate.

I hope you will take a few minutes and complete the feedback survey that you will receive in a separate email. Your comments and suggestions are important and appreciated. Please extend a special *thank you* to everyone for the hospitality and cooperation provided to us during this review.

Sincerely,

A handwritten signature in cursive script that reads 'Berta Portigiani'.

Berta Portigiani, RNC, NP  
Deputy Director, Accreditation and Evaluation Department  
Lead Accreditation Surveyor  
Affiliate Services Division, PPFA

DAILY REMITTANCES - For October 15, 2014 - Budget: ZZ101 Fund: 168

Initial x 1  
Renewal x 5

ANY EMPLOYEE IN THE DIVISION MAY SIGN FOR RECEIPT OF THIS REMITTANCE LIST WITH THE ATTACHED CORRESPONDENCE. INDICATE DISPOSITION BY ENTERING APPROPRIATE NUMERIC CODE IN DEPOSIT DISP. COLUMN BEFORE EACH REMIT. NUMBER. RETURN ONE COPY OF THIS LIST WITH THE DISPOSITION CODES OR ENTER THE DISPOSITION CODES ON THE REMITTANCE DEPOSIT SYSTEM ON THE DAY OF RECEIPT BY YOUR DIVISION TO AVOID AUTOMATIC DEPOSIT ERRORS. DIVISION DIRECTOR OR OTHER AUTHORIZED INDIVIDUAL MUST SIGN THIS FORM AND ANY OTHER DEPOSIT INSTRUCTIONS.

- DEPOSIT DISP CODE    EXPLANATION    ADDITIONAL REQUIREMENTS
1. DEPOSIT TO FUND    INDICATE FUND IF INCORRECT OR MISSING
  2. DEPOSIT TO SUSPENSE    FISCAL USE ONLY
  3. CORRECTION NEEDED    INDICATE CORRECT BUDGET IF KNOWN AND RETURN CORRESPONDENCE
  4. RETURN TO REMITTER    TRANSMITTAL LETTER WITH ONE COPY AND ADDRESSED ENVELOPE REQUIRED WITHIN THREE DAYS OR REMITTANCE WILL AUTOMATICALLY BE DEPOSITED TO THE FUND INDICATED.
  5. RELEASE TO DIVISION    EXPLANATION MEMO FROM DIV DIR TO BE HAND CARRIED TO CASHIER FOR RELEASE
  6. CANCEL STATE WARRANT    WARRANT CANCELLATION MEMO REQUIRED
  7. REFER TO FISCAL    INDICATE PURCHASE VOUCHER # FOR REFUND OF EXPENDITURE

Deposit Disp	Remit No	Type	Description	Name	Address	Status	Check No	Amount
Asc	M001601 000	P	<i>initial + fee</i>	PLANNED PARENTHOOD SOUTH TEXAS SURGICAL CENTER	104 BABCOCK RD., SAN ANTONIO, TX. 78201	C	1896	\$5,200.00
Asc	M001632 000	P	<i>Renewal + fee</i>	VALLEY ENDOSCOPY CENTER	3101 S. 77 SUNSHINE STRIP SUITE B, HARLINGEN, TX. 78550	C	105645	\$5,220.00
Asc	M009458 000	P	<i>Renewal + fee</i>	BAY AREA HOUSTON ENDOSCOPY	1015 MEDICAL CENTER BOUL SUITE 1200, WEBSTER, TX. 77598	C	22269320	\$5,220.00
Asc	M009476 000	P	<i>Renewal + fee</i>	GASTROENTEROLOGY CONSULTANTS OF SAN ANTONIO PA	8415 DATA POINT #1000, SAN ANTONIO, TX. 78229	C	11530	\$5,220.00
Asc	S132583 000	P	<i>Renewal + fee</i>	SOUTH TEXAS EYE SURGICENTER	4406 N LAURENT ST, VICTORIA, TX. 77901	D	13217	\$5,220.00
Asc	S132594 000	P	<i>Renewal + fee</i>	SOUTH TEXAS AMBULATORY	9238 FLOYD CURL DR STE 100, SAN ANTONIO, TX. 78240	D	2098	\$5,220.00

TOTAL ZZ101-168 REMITTANCES: \$31,300.00

LISTING AND CORRESPONDENCE RECEIVED BY: AC  
DEPOSIT INSTRUCTIONS APPROVED BY: AC

Received

OCT 16 2014

DSHS/RLU/FLG

Pre-Survey/Change of Ownership Conference

Received

Health Facility Compliance-San Antonio Group

NOV 17 2014

R. Moten DSHS/RLU/FLG  
Program Specialist ✓

Date: Monday, November 10<sup>th</sup> at 10:30 am

Attendee's Name	Facility's d.b.a Name	Physical Address	Type of Facility
Polin C. Barraza	Planned Parenthood South Texas Surgical Center	2140 Babcock Road San Antonio TX	ASC
Valerie Mascaro	Planned Parenthood South Texas Surgical Center	2140 Babcock Rd. San Antonio TX	ASC
Clara Johnson	Planned Parenthood South Texas Surgical CTK	2140 Babcock Rd San Antonio TX	ASC



**REGULATORY LICENSING UNIT, ARCHITECTURAL REVIEW GROUP  
FINAL ARCHITECTURAL INSPECTION FORM**

APPLICATION NUMBER 13199 License No.. (if applicable) \_\_\_\_\_ Facility Type ASC  
 Facility Name DELANTERO DEVELOPMENT  
 Physical Address 2140 BABCOCK Rd. City SAN ANTONIO TX \_\_\_\_\_  
 Project Name and/or Description of Phase NEW ASC Phase 1 of 1  
 Date of FINAL Architectural Inspection: 6/17/2015 Effective Date of Approval: 6/17/2015

**Facility Instructions:**

- Upon receipt of this form, facilities applying for a new license, currently licensed facilities moving to a new location, hospital multiple-location sites to be added to an existing license, and currently licensed hospitals with **changes in design bed capacity**, must fax this form to the Facility Licensing Group and contact the facility licensing program to continue with the licensing process. **Please fax this form to 512/ 834-4514.**
- **1** Until the facility receives a new or modified license from the department, the facility may occupy the newly constructed space with staff only. Under no circumstance may patients be admitted, transferred in, or procedures performed until the facility receives their new or modified license.
- **2** However, if this Construction Project does not require changes in the facility's license, as indicated below, the design space may be occupied by staff and services may be provided to patients (e.g. construction of an operating room, catheterization lab, or imaging suite).
- The final inspection report will be sent to facility administration and to the architect of record for an acceptable plan of correction, if necessary, as noted below. At that time, facility administration will be informed of other required documentation, if any, that must be submitted before the project can be officially approved.

**DSHS Architectural Approval :** **I conducted a final construction inspection at the facility referenced above.**

- 1 Approval to Proceed with Licensing** - Patients may not be admitted nor patient services provided until a license or modified license has been issued to the facility by the department. No Architectural deficiencies were identified at the time of this final inspection.
- Approval to Proceed with Licensing** - Patients may not be admitted nor patient services provided until a license or modified license has been issued to the facility by the department for any newly constructed space. Architectural Final Approval of this project is contingent upon receipt of an acceptable Plan of Correction.
- 2 Approval of Construction Project** - This project does not require changes in the facility's license. This design space may be occupied by staff and services may be provided to patients. No architectural deficiencies were identified at the time of this final inspection.
- 2 Approval of Construction Project** - This project does not require changes in the facility's license. This design space may be occupied by staff and services may be provided to patients. Architectural Final Approval of this project is contingent upon receipt of an acceptable Plan of Correction.

The following documentation has been received as indicated by the checklist below. (All projects)

Req.	N/A	All Documents Required (unless noted)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Building Inspector Approval (CO)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Marshal Approval
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Alarm Certificate of Installation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sprinkler Approval Letter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Gas Certification
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>GRAND</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Final Construction Approval Form (for initial Hospitals only)

<b>Hospitals only - Design Bed Change in this final inspection only.</b>		<b>Hospital design bed(s) (DBs) for this inspection only (+/-)</b>
Total DBs for this project before construction	<u>N/A</u>	Total DBs for this project after construction
Med /Surg		NCCU (Neonatal)
Pediatric/ Adolescent		Continuing Care Nursery
CCU/CCCU		LDRP
SNU		Post Partum
Intermediate Care		Ante Partum
Universal Care		Psych
Comp Med Rehab		Chemical Dependency

<b>ESRD only - Stations</b>	Before constr.	Added /Deleted	After constr.
Treatment stations			
Isolation rm/stations			
Hemo training			
Peritoneal training			

\_\_\_\_\_  
 Signature of Architect/Engineer:



## Smith,Gina (DSHS)

---

**From:** Polin Barraza <Polin.Barraza@ppsouthtexas.org>  
**Sent:** Wednesday, June 17, 2015 2:50 PM  
**To:** Smith,Gina (DSHS)  
**Subject:** ASC license  
**Attachments:** Inspection Form - Signed.pdf

Good afternoon Gina,

Per our discussion last week attached please find the Final Architectural Inspection form that is needed to obtain our ASC license. Please let me know if you have any questions or require any additional information.

Regards,

***Polin C. Barraza, RN***

Senior VP & COO

*We've moved to the Medical Center!*

*New Address:* 2140 Babcock Road | San Antonio, TX 78229

p:(210) 736 -2244 ext. 334 | f: (210) 736-0011

[polin.barraza@ppsouthtexas.org](mailto:polin.barraza@ppsouthtexas.org) | [www.ppsouthtexas.org](http://www.ppsouthtexas.org)



The information in this email and any documents transmitted with it, are confidential, privileged and exempt from disclosure under applicable law. This email is intended to be read only by the individuals named in the email. If the reader of this email is not the intended recipient, you are hereby notified that any review, dissemination, or copy of this email or the information contained herein is prohibited. If you receive this email in error, please immediately notify the sender by reply email and delete this email from your system.



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

October 23, 2014

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

FAX: 210-736-0011

POLIN BARRAZA  
PLANNED PARENTHOOD SOUTH TEXAS SURGICAL CENTER  
2140 BABCOCK ROAD  
SAN ANTONIO, TX 78229

### AMBULATORY SURGICAL CENTER INITIAL DEFICIENCY NOTICE

Dear Ms. Barraza:

This is to serve as notification that we are in receipt of the Initial Ambulatory Surgical Center License Application for Planned Parenthood South Texas Surgical Center. The application and submitted documents have been reviewed. We are unable to process the application until the following documents are corrected/received:

- **Pre-Survey Conference** - Attendance at a pre-survey conference. Please contact the San Antonio zone office at (210) 531-4532 to schedule attendance.
- **Architectural Approval** – Please submit the Final Architectural Inspection. For further guidance, you may call the Texas Department of State Health Services Architectural Review Group at (512) 834-6649.

A response may be faxed to (512) 834-4514. A license to provide ambulatory surgical services will not be issued until all items are completed. Should you have any questions, please contact our office at (512) 834-6646.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melanie Moore".

Melanie Moore  
Administrative Assistant IV  
Regulatory Licensing Unit  
Facility Licensing Group

# Transmission Report

Date/Time  
Local ID 1  
Local ID 2

10-23-2014  
5128346640

11:49:37 a.m.

Transmit Header Text  
Local Name 1  
Local Name 2

This document : Confirmed  
(reduced sample and details below)  
Document size : 8.5"x11"



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

October 23, 2014

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

FAX: 210-736-0011

POLIN BARRAZA  
PLANNED PARENTHOOD SOUTH TEXAS SURGICAL CENTER  
2140 BABCOCK ROAD  
SAN ANTONIO, TX 78229

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Sincerely,

Melanie Moore  
Administrative Assistant IV  
Regulatory Licensing Unit  
Facility Licensing Group

Total Pages Scanned : 1

Total Pages Confirmed : 1

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	930	912107360011	11:48:10 a.m. 10-23-2014	00:00:33	1/1	1	EC	HS	CP14400

#### Abbreviations:

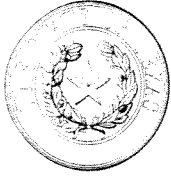
HS: Host send  
HR: Host receive  
WS: Waiting send

PL: Polled local  
PR: Polled remote  
MS: Mailbox save

MP: Mailbox print  
RP: Report  
FF: Fax Forward

CP: Completed  
FA: Fail  
TU: Terminated by user

TS: Terminated by system  
G3: Group 3  
EC: Error Correct



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

KIRK COLE  
INTERIM COMMISSIONER

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

April 2, 2015

POLIN BARRAZA  
DELANTERO DEVELOPMENT  
2140 BABCOCK ROAD  
SAN ANTONIO, TX 78229

Re: DELANTERO DEVELOPMENT  
SAN ANTONIO, TX  
NEW ASC  
Application #13199

Dear MS. BARRAZA:

On March 10, 2015, I conducted an intermediate construction inspection of the above referenced project to assess compliance with the State licensing rules and Life Safety Code Standards. A copy of the inspection report is enclosed. Please provide a written response to each item listed in the inspection report within 10 days of your receipt of this report.

If you have any questions, please contact me at 512/834-6649.

Sincerely,

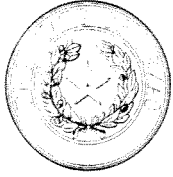
A handwritten signature in black ink, appearing to read 'BC' followed by a long horizontal stroke.

Bruce P. Cerepaka, Engineer  
Architectural Review Group  
Regulatory Licensing Unit

BC/es

Enclosures

Cc: LYNN M. PETERS  
LK DESIGN GROUP, INC.



## 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

POLIN BARRAZA  
DELANTERO DEVELOPMENT  
2140 BABCOCK ROAD  
SAN ANTONIO TX 78229

Re: DELANTERO DEVELOPMENT  
SAN ANTONIO TX  
NEW ASC  
Application # 13199  
\*\*PHASE I\*\*

Dear MS. BARRAZA:

The plan submittal received for the referenced project has been reviewed and the project appears to meet the requirements of the State licensing rules. This letter will serve as the approval to begin construction.

Please note the attached important information concerning the project.

Sincerely,

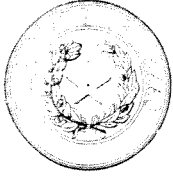
A handwritten signature in black ink, appearing to read "Bruce P. Cerepaka".

Bruce P. Cerepaka, Engineer  
Architectural Review Group  
Regulatory Licensing Unit

BC/kt

Enclosures

Cc: LYNN M. PETERS  
LK DESIGN GROUP, INC.



## 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

August 28, 2014

POLIN BARRAZA  
DELANTERO DEVELOPMENT  
2140 BABCOCK ROAD  
SAN ANTONIO TX 78229

Re: DELANTERO DEVELOPMENT  
SAN ANTONIO TX  
NEW ASC  
Application # 13199  
\*\*PHASE 1\*\*

Dear MS. BARRAZA:

The final plan submittal for the referenced project has been reviewed. Please respond within 30 days to each of the enclosed comments and make appropriate revisions to the documents. Upon satisfactory resolution of all comments, approval to begin construction can be granted. State licensing rules require that final plans and specifications be approved before construction is begun. On-site construction inspections will not be scheduled until final plans have been approved.

This review is based upon the State licensing rules and Life Safety Code Standards. In no way should this review be construed to mean the approval of the structural stability or mechanical integrity of this facility. Any item not covered by this review that is contrary to the above mentioned rules and standards does not mean the waiver of these standards. If you have any questions regarding the enclosed comments, please contact me at 512-834-6649.

Sincerely,

Bruce P. Cerepaka, Engineer  
Architectural Review Group  
Regulatory Licensing Unit

BC/kt

Enclosures

Cc: LYNN M. PETERS  
LK DESIGN GROUP, INC.

# Delantero

August 12, 2014

Received  
AUG 18 2014  
DSHS/RLU/ARG

Texas Department of State Health Services  
Architectural Review Group  
Mail Code 180  
8407 Wall Street, Room S-259  
Austin, TX 78754

The project is a new Ambulatory Surgery Center consisting of Two Operator Rooms and support space as required. The hours of operation will be Monday through Friday, 7:30 am until 6:00 pm, unless otherwise requested by the providing physicians. The staffing pattern for the ASC will include physicians, physician assistants and advance practice nurses, registered nurses, licensed vocational nurses and medical assistants. All hospital transfers will follow the admitting privileges of the providing physician. Outside service agreements for ancillary and supporting services will comply with all aspects of the ASC license, best practices and standards of care.



Polin C. Barraza, RN,  
Secretary & Treasurer  
Delantero Development