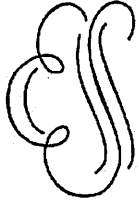


PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



**Acacia Women's Center, Inc., dba
Acacia Women's Center
1615 East Osborn Road
Phoenix, AZ 85016**

This facility is licensed to operate as a(n) Abortion Clinic

From: November 1, 2018

To: October 31, 2019

Issued: August 14, 2018

License: AC4111

Recommended By: William Alcock, Bureau Chief

Issued By: Colby Bower, Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE



**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
LICENSING

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

August 14, 2018

Ms. Gretchen Pacheco, Administrator
Acacia Women's Center
1615 East Osborn Road
Phoenix, AZ 85016

RE: AC4111
Acacia Women's Center
1615 East Osborn Road
Phoenix, AZ 85016

Dear Ms. Pacheco:

Enclosed is the license to operate a(n) Abortion Clinic. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

REMINDER: Renewal Applications are processed via the online portal system only. It is your responsibility to register and access the online portal system to renew your license, refer to rules 9 A.A.C. 10, Article 1 regarding "renewal license application". Pursuant to Arizona Revised Statutes (A.R.S.) 36-425 (C)(2), a health care institution's license becomes invalid if the fees are not paid before the licensing fee due date. It is a violation of A.R.S. 36-407(a) to operate a health care institution without a current and valid license. Once your license is no longer valid, an initial application is required to recommence operations.

Sincerely,

William Alcock, R.N., J.D.
Bureau Chief
Bureau of Medical Facilities Licensing

WA:MA



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

In accordance with A.R.S. §41-1030

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I. HEALTH CARE INSTITUTION INFORMATION

Name of Health Care Institution: ACACIA WOMEN'S CENTER		License No. AC4111
Street Address: 1615 EAST OSBORN ROAD		
City: PHOENIX	State: AZ	Zip Code: 85016
Mailing Address: 1615 EAST OSBORN ROAD		
City: PHOENIX	State: AZ	Zip Code: 85016
Phone No. (602) 462-5559	E-mail: acaciawomenscenter@cox.net	

Select one class or subclass (Listed in A.A.C. R9-10-102):

- | | | |
|--|--|--|
| <input type="checkbox"/> General hospital | <input type="checkbox"/> Rural general hospital | <input type="checkbox"/> Special hospital |
| <input type="checkbox"/> Behavioral health inpatient facility | <input type="checkbox"/> Home health agency | <input type="checkbox"/> Unclassified health care institutions |
| <input type="checkbox"/> Recovery care center | <input type="checkbox"/> Hospice inpatient facility | <input type="checkbox"/> Hospice service agency |
| <input type="checkbox"/> Outpatient surgical center | <input type="checkbox"/> Outpatient treatment center | <input checked="" type="checkbox"/> Abortion clinic |
| <input type="checkbox"/> Substance abuse transitional facility | Respite on the premises capacity: | <input type="checkbox"/> Counseling facility |
| <input type="checkbox"/> Behavioral health specialized transitional facility | Number of dialysis stations: | |
| | Number of observation/stabilization chairs: | |

What is the health care institution's scope of practice:
abortion services

Health care institution's days and hours of operation:(i.e. 8-5, 8:00a-5:00p):

	Sun	M	T	W	T	F	Sat
Admv Hours:	closed	9-2	9-2	9-2	9-2	9-2	9-12
Clinic Hours:	closed	closed	closed	9-2	9-2	9-2	9-12
Respite Hours:	closed	closed	closed	closed	closed	closed	closed

Is health care institution accredited? ☐ YES ☒ NO

Name of accrediting organization (must be from a nationally recognized organization):

Is health care institution requesting certification under Title XIX of the Social Security Act? ☐ YES ☒ NO



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

II. OWNER INFORMATION

Owner's Name: ACACIA WOMEN'S CENTER, INC.

Street Address: 3417 N. 32ND STREET

City: PHOENIX

State: AZ

Zip Code: 85018

Phone No. (602) 462-5559

Fax No.

The owner is a (select one):

☐ Sole proprietorship

☒ Corporation

☐ Partnership

☐ Limited liability partnership

☐ Limited liability company

☐ Governmental agency

If the owner is a partnership or a limited liability partnership, the name of each partner;

If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;

If the owner is a corporation, the name and title of each corporate officer; or

If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: gretchen pacheco

Title: president

Name: daniel lowe

Title: secratary

Name:

Title:

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted?

☐ YES

☒ NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license:



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted?

☐ YES ☒ NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10-108(C)(2)? ☒ YES ☐ NO

SUBMIT applicable fees required by R9-10-106. All fees are non-refundable except as provided in A.R.S. § 41-1077.

III.SUPPLEMENTAL APPLICATION – HOSPITALS ONLY

If applicable, the licensed occupancy for providing observation/stabilization services to:

Individuals under 18 years of age:

Individuals 18 years of age and older:

IDENTIFY all medical staff specialties and subspecialties, ATTACH LIST to renewal license application.



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

SUPPLEMENTAL APPLICATION – HOSPITALS ONLY(cont'd)

In addition to the supplemental application requirements above and if a hospital is requesting a single group license, authorized in A.R.S. § 36-422(F), the following information for each satellite facility providing medical services, nursing services, or health-related services under the single group license:

Name of Satellite Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		
Name of Satellite Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		
Name of Satellite Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

IV.SUPPLEMENTAL APPLICATION – BEHAVIORAL HEALTH INPATIENT FACILITIES ONLY

- ☐ Behavioral health observation/stabilization services including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals
- ☐ Under 18 years of age
- ☐ 18 years of age and older
- ☐ Inpatient services to individuals under 18 years of age, including the licensed capacity requested

V. SUPPLEMENTAL APPLICATION – HOSPICE ONLY

For a hospice service agency:

Hours of operation for the hospice's administrative office:

Geographic region served:

For a hospice inpatient facility, requested licensed capacity:

VI.SUPPLEMENTAL APPLICATION – HOME HEALTH AGENCIES ONLY

For a home health agency:

Name of Proposed Branch Office:

Street Address:

City:

State:

Zip Code:

Geographic region served:

Name of Proposed Branch Office:

Street Address:

City:

State:

Zip Code:

Geographic region served:

Name of Proposed Branch Office:

Street Address:

City:

State:

Zip Code:

Geographic region served:



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

VII. SUPPLEMENTAL APPLICATION - AFFILIATED OUTPATIENT TREATMENT CENTERS ONLY

In addition to the supplemental application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an Affiliated Outpatient Treatment Center, as defined in R9-10-1901, applying for an initial or renewal license for the Affiliated Outpatient Treatment Center shall submit the following information for each counseling facility for which the Affiliated Outpatient Treatment Center is providing administrative support:

Name of Counseling Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		

Name of Counseling Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		

Name of Counseling Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

VIII. SUPPLEMENTAL APPLICATION - COLOCATION

R9-10-1031 Colocation Requirements: The following information for each proposed colocator that may share a common area and non-treatment personnel at the collaborating outpatient treatment center. For each proposed associated licensed provider:

Associated license provider's name:

Associated licensed provider's license number:

Proposed Scope of Services:

Name of associated licensed provider's governing authority:

Will the associated licensed provider share medical records with the collaborating outpatient treatment center?

☐ YES

☐ NO

IF the associated licensed provider plans to share medical records with the collaborating Outpatient Treatment Center, specify information (in the written agreement) about which party will obtain a patient's:

- General consent or informed consent (if applicable)
- Consent to allow a colocator access to the patient's medical record
- Consent to allow a colocator access to the patient's advance directives

SUBMIT a copy of the written agreement with the collaborating Outpatient Treatment Center and a floor plan that shows each colocator's proposed treatment area and the common areas of the collaborating outpatient treatment center.

Associated license provider's name:

Associated licensed provider's license number:

Proposed Scope of Services:

Name of associated licensed provider's governing authority:

Will the associated licensed provider share medical records with the collaborating outpatient treatment center?

☐ YES

☐ NO

IF the associated licensed provider plans to share medical records with the collaborating Outpatient Treatment Center, specify information (in the written agreement) about which party will obtain a patient's:

- General consent or informed consent (if applicable)
- Consent to allow a colocator access to the patient's medical record
- Consent to allow a colocator access to the patient's advance directives

SUBMIT a copy of the written agreement with the collaborating Outpatient Treatment Center and a floor plan that shows each colocator's proposed treatment area and the common areas of the collaborating outpatient treatment center.



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

IX. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS

Name: donald newman Title: attorney
Street Address: 7330 north 16 street c-117
City: Phoenix State: AZ Zip Code: 85020
Phone No. (602) 462-5559

X. GOVERNING AUTHORITY

Name: ACACIA WOMEN'S CENTER
Street Address: 1615 EAST OSBORN ROAD
City: PHOENIX State: AZ Zip Code: 85016

XI. CHIEF ADMINISTRATIVE OFFICER

Name: gretchen pacheco Title: administrator
Highest Educational Degree: bachelor of science
Work experience related to the health care institution class or subclass related to licensing requested:
abortion clinic administrator for over 20 years

XII. SIGNATURES

1. If the applicant is an individual, the owner of the health care institution.
2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.
3. If the applicant is a governmental agency, the head of the governmental agency.

gretchen pacheco

Signature

president of corp

Title

daniel lowe

Signature

secratary of corp

Title

XIII. ADDITIONAL DOCUMENTATION

If the health care institution is located in a leased facility, submit a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility. ☒ YES ☐ NO

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



Acacia Women's Center, Inc., dba
Acacia Women's Center
1615 East Osborn Road
Phoenix, AZ 85016

This facility is licensed to operate as a(n) Abortion Clinic

From: October 1, 2017

To: October 31, 2018

Issued: July 18, 2017

A handwritten signature in cursive script, reading "Connie Belden", written over a horizontal line.

Recommended By: Connie Belden, Bureau Chief

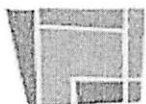
License: AC4111

A handwritten signature in cursive script, reading "Colby Bower", written over a horizontal line.

Issued By: Colby Bower, Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE



ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

July 18, 2017

Ms. Gretchen Pacheco, Administrator
Acacia Women's Center
1615 East Osborn Road
Phoenix, AZ 85016

RE: AC4111
Acacia Women's Center
1615 East Osborn Road
Phoenix, AZ 85016

Dear Ms. Gretchen Pacheco:

Enclosed is the license to operate a(n) Abortion Clinic. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

Sincerely,

Connie Belden, R.N.
Bureau Chief
Bureau of Medical Facilities Licensing

CB:ag



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

In accordance with A.R.S. §41-1030

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I. HEALTH CARE INSTITUTION INFORMATION

Name of Health Care Institution: ACACIA WOMEN'S CENTER			License No. AC4111
Street Address: 1615 EAST OSBORN ROAD			
City: PHOENIX	State: AZ	Zip Code: 85016	
Mailing Address: 1615 EAST OSBORN ROAD			
City: PHOENIX	State: AZ	Zip Code: 85016	
Phone No. (602) 462-5559		E-mail: acaciawomenscenter@cox.net	

Select one class or subclass (Listed in A.A.C. R9-10-102):

- | | | |
|--|--|--|
| <input type="checkbox"/> General hospital | <input type="checkbox"/> Rural general hospital | <input type="checkbox"/> Special hospital |
| <input type="checkbox"/> Behavioral health inpatient facility | <input type="checkbox"/> Home health agency | <input type="checkbox"/> Unclassified health care institutions |
| <input type="checkbox"/> Recovery care center | <input type="checkbox"/> Hospice inpatient facility | <input type="checkbox"/> Hospice service agency |
| <input type="checkbox"/> Outpatient surgical center | <input type="checkbox"/> Outpatient treatment center | <input checked="" type="checkbox"/> Abortion clinic |
| <input type="checkbox"/> Substance abuse transitional facility | Respite on the premises capacity: | <input type="checkbox"/> Counseling facility |
| <input type="checkbox"/> Behavioral health specialized transitional facility | Number of dialysis stations: | |
| | Number of observation/stabilization chairs: | |

What is the health care institution's scope of practice:
abortion

Health care institution's days and hours of operation:(i.e. 8-5, 8:00a-5:00p):

	Sun	M	T	W	T	F	Sat
Admv Hours:	closed	closed	9-4	9-4	9-4	9-4	9-12
Clinic Hours:	closed	closed	9-12	9-12	9-12	9-12	9-12
Respite Hours:	closed	closed	closed	closed	closed	closed	closed

Is health care institution accredited? ☐ YES ☒ NO

Name of accrediting organization (must be from a nationally recognized organization):

Is health care institution requesting certification under Title XIX of the Social Security Act? ☐ YES ☒ NO



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

II. OWNER INFORMATION

Owner's Name: ACACIA WOMEN'S CENTER, INC.

Street Address: 3417 N. 32ND STREET

City: PHOENIX

State: AZ

Zip Code: 85018

Phone No. (602) 462-5559

Fax No. (602) 667-6608

The owner is a (select one):

☐ Sole proprietorship

☒ Corporation

☐ Partnership

☐ Limited liability partnership

☐ Limited liability company

☐ Governmental agency

If the owner is a partnership or a limited liability partnership, the name of each partner;

If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;

If the owner is a corporation, the name and title of each corporate officer; or

If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: gretchen pacheco

Title: president

Name: daniel lowe

Title: secretary

Name:

Title: secretary

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted?

☐ YES ☒ NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license:



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted?

☐ YES ☒ NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10-108(C)(2)? ☒ YES ☐ NO

SUBMIT applicable fees required by R9-10-106. All fees are non-refundable except as provided in A.R.S. § 41-1077.

III.SUPPLEMENTAL APPLICATION – HOSPITALS ONLY

If applicable, the licensed occupancy for providing observation/stabilization services to:

Individuals under 18 years of age:

Individuals 18 years of age and older:

IDENTIFY all medical staff specialties and subspecialties, ATTACH LIST to renewal license application.



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

SUPPLEMENTAL APPLICATION – HOSPITALS ONLY(cont'd)

In addition to the supplemental application requirements above and if a hospital is requesting a single group license, authorized in A.R.S. § 36-422(F), the following information for each satellite facility providing medical services, nursing services, or health-related services under the single group license:

Name of Satellite Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		
Name of Satellite Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		
Name of Satellite Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

IV.SUPPLEMENTAL APPLICATION – BEHAVIORAL HEALTH INPATIENT FACILITIES ONLY

- ☐ Behavioral health observation/stabilization services including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals
- ☐ Under 18 years of age
- ☐ 18 years of age and older
- ☐ Inpatient services to individuals under 18 years of age, including the licensed capacity requested

V. SUPPLEMENTAL APPLICATION – HOSPICE ONLY

For a hospice service agency:

Hours of operation for the hospice's administrative office:

Geographic region served:

For a hospice inpatient facility, requested licensed capacity:

VI.SUPPLEMENTAL APPLICATION – HOME HEALTH AGENCIES ONLY

For a home health agency:

Name of Proposed Branch Office:

Street Address:

City:

State:

Zip Code:

Geographic region served:

Name of Proposed Branch Office:

Street Address:

City:

State:

Zip Code:

Geographic region served:

Name of Proposed Branch Office:

Street Address:

City:

State:

Zip Code:

Geographic region served:



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

VII. SUPPLEMENTAL APPLICATION - AFFILIATED OUTPATIENT TREATMENT CENTERS ONLY

In addition to the supplemental application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an Affiliated Outpatient Treatment Center, as defined in R9-10-1901, applying for an initial or renewal license for the Affiliated Outpatient Treatment Center shall submit the following information for each counseling facility for which the Affiliated Outpatient Treatment Center is providing administrative support:

Name of Counseling Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		
Name of Counseling Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		
Name of Counseling Facility:		
Street Address:		
City:	State:	Zip Code:
Phone No.		
Name of Administrator:		
Hours of Operation:		



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

VIII. SUPPLEMENTAL APPLICATION - COLOCATION

R9-10-1031 Colocation Requirements: The following information for each proposed colocator that may share a common area and non-treatment personnel at the collaborating outpatient treatment center. For each proposed associated licensed provider:

Associated license provider's name:

Associated licensed provider's license number:

Proposed Scope of Services:

Name of associated licensed provider's governing authority:

Will the associated licensed provider share medical records with the collaborating outpatient treatment center?

☐ YES ☐ NO

IF the associated licensed provider plans to share medical records with the collaborating Outpatient Treatment Center, specify information (in the written agreement) about which party will obtain a patient's:

- General consent or informed consent (if applicable)
- Consent to allow a colocator access to the patient's medical record
- Consent to allow a colocator access to the patient's advance directives

SUBMIT a copy of the written agreement with the collaborating Outpatient Treatment Center and a floor plan that shows each colocator's proposed treatment area and the common areas of the collaborating outpatient treatment center.

Associated license provider's name:

Associated licensed provider's license number:

Proposed Scope of Services:

Name of associated licensed provider's governing authority:

Will the associated licensed provider share medical records with the collaborating outpatient treatment center?

☐ YES ☐ NO

IF the associated licensed provider plans to share medical records with the collaborating Outpatient Treatment Center, specify information (in the written agreement) about which party will obtain a patient's:

- General consent or informed consent (if applicable)
- Consent to allow a colocator access to the patient's medical record
- Consent to allow a colocator access to the patient's advance directives

SUBMIT a copy of the written agreement with the collaborating Outpatient Treatment Center and a floor plan that shows each colocator's proposed treatment area and the common areas of the collaborating outpatient treatment center.



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

IX. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS

Name: donald newman

Title: attorney

Street Address: 7330 north 16 street c-117

City: phoenix

State: AZ

Zip Code: 85020

Phone No. (602) 258-2614

X. GOVERNING AUTHORITY

Name: acacia women's center, inc

Street Address: 1615 East osborn road

City: phoenix

State: AZ

Zip Code: 85016

XI. CHIEF ADMINISTRATIVE OFFICER

Name: gretchen pacheco

Title: administrator

Highest Educational Degree: B. S.

Work experience related to the health care institution class or subclass related to licensing requested:

Licensed nurse and administrator for abortion clinics for 10 plus years

XII. SIGNATURES

1. If the applicant is an individual, the owner of the health care institution.
2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.
3. If the applicant is a governmental agency, the head of the governmental agency.

gretchen pacheco

Signature

president of corp

Title

daniel lowe

Signature

secretary of corp

Title

XIII. ADDITIONAL DOCUMENTATION

If the health care institution is located in a leased facility, submit a copy of the lease showing the rights and

responsibilities of the parties and exclusive rights of possession of the leased facility.

☒ YES

☐ NO

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



**Acacia Women's Center, Inc., dba
ACACIA WOMEN'S CENTER
1615 East Osborn Road
Phoenix, Arizona 85016**

**This facility is licensed to operate as a(n) OUTPATIENT TREATMENT CENTER
ABORTION SERVICES**

From: November 1, 2016

To: October 31, 2017

Issued: November 15, 2016

A handwritten signature in cursive script, reading "Connie Belden", positioned above a horizontal line.

Recommended By: Connie Belden, Bureau Chief

License: OTCAC4111

A handwritten signature in cursive script, reading "Colby Bower", positioned above a horizontal line.

Issued By: Colby Bower, Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

**PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE**



**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
LICENSING

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

November 15, 2016

Gretchen Pacheco, Administrator
Acacia Women's Center
1615 East Osborn Road
Phoenix, AZ 85016

RE: OTCAC4111
Acacia Women's Center
1615 East Osborn Road
Phoenix, AZ 85016

Dear Gretchen Pacheco:

Enclosed is the license to operate a(n) Outpatient Treatment Center/Abortion Clinic. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

Sincerely,

Connie Belden, R.N.
Bureau Chief
Bureau of Medical Facilities Licensing

CB:zp

OK #53146
#415-
DW

Arizona
Department of
Health Services

RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION
ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES - BUREAU OF MEDICAL FACILITIES LICENSING

10/1/14

med1570 / 23520

In accordance with A.R.S. §41-1030

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

ADHS CONTROLLER'S OFFICE
JUL 25 2016

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I. HEALTH CARE INSTITUTION INFORMATION

Name of Health Care Institution: Acacia Women's Center License No. OTCA04111
Street Address: 1615 E Osborn Road
City: Phoenix State: AZ Zip Code: 85016
Mailing Address: same
City: _____ State: _____ Zip Code: _____
Phone No. 602-462-5559 E-mail: acaciawomenscenter@cox.net

Select one class or subclass (Listed on A.A.C. R9-10-102):

- | | | |
|--|--|--|
| <input type="checkbox"/> General hospital | <input type="checkbox"/> Rural general hospital | <input type="checkbox"/> Special hospital |
| <input type="checkbox"/> Behavioral health inpatient facility | <input type="checkbox"/> Home health agency | <input type="checkbox"/> Unclassified health care institutions |
| <input type="checkbox"/> Recovery care center | <input type="checkbox"/> Hospice inpatient facility | <input type="checkbox"/> Hospice service agency |
| <input type="checkbox"/> Outpatient surgical center | <input type="checkbox"/> Outpatient treatment center | <input checked="" type="checkbox"/> Abortion clinic |
| <input type="checkbox"/> Substance abuse transitional facility | Respite on the premises capacity: _____ | <input type="checkbox"/> Counseling facility |
| <input type="checkbox"/> Behavioral health specialized transitional facility | Number of dialysis stations: _____ | |
| | Number of observation/stabilization chairs: _____ | |

What is the health care institution's scope of practice:

Abortion services (surgical and medical)

Health care institution's days and hours of operation (i.e. 8-5, 8:00a-5:00p):

	Sun	M	T	W	T	F	Sat
Admv Hours:	closed	closed	9-12				
Clinic Hours:				9-4	9-4	9-4	9-12
Respite Hours:							

Is health care institution accredited? ☐ YES ☒ NO

Name of accrediting organization (must be from a nationally recognized organization): _____

Is health care institution requesting certification under Title XIX of the Social Security Act? ☐ YES ☒ NO

RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES - BUREAU OF MEDICAL FACILITIES LICENSING

II. OWNER INFORMATION

Owner's Name: Acacia Women's Center, Inc
 Street Address: 1615 E Osborn Road
 City: Phoenix State: AZ Zip Code: 85016
 Phone No. 602-462-5559 Fax No. 602 667 6608

The owner is a (select one):

- ☐ Sole proprietorship ☒ Corporation ☐ Partnership
☐ Limited liability partnership ☐ Limited liability company ☐ Governmental agency

If the owner is a partnership or a limited liability partnership, the name of each partner;

If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;

If the owner is a corporation, the name and title of each corporate officer; or

If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: Gretchen Pacheco Title: President
 Name: Daniel D Lowe Title: Secretary
 Name: _____ Title: _____

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted?

☐ YES ☒ NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension: N/A

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

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RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES - BUREAU OF MEDICAL FACILITIES LICENSING

Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted?

☐ YES ☒ NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension: N/A

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10-108(C)(2)? ☒ YES ☐ NO

SUBMIT applicable fees required by R9-10-106. All fees are non-refundable except as provided in A.R.S. § 41-1077.

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III SUPPLEMENTAL APPLICATION – HOSPITALS ONLY

If applicable, the licensed occupancy for providing observation/stabilization services to:

Individuals under 18 years of age: _____

Individuals 18 years of age and older: _____

N/A

ADHS BUREAU OF MEDICAL FACILITIES LICENSING

IDENTIFY all medical staff specialties and subspecialties, ATTACH LIST to renewal license application.

RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES - BUREAU OF MEDICAL FACILITIES LICENSING

IX. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS

Name: Donald Newman, Esq Title: attorney
Street Address: 7330 N 16 Street C-117
City: Phoenix State: AZ Zip Code: 85020
Phone No. 602-258-2614

X. GOVERNING AUTHORITY

Name: Acacia Women's Center, Inc
Street Address: 1615 E Osborn Road
City: Phoenix State: AZ Zip Code: 85016

XI. CHIEF ADMINISTRATIVE OFFICER

Name: Gretchen Pacheco Title: Administrator
Highest Educational Degree: Bachelor of Sci
Work experience related to the health care institution class or subclass related to licensing requested:
Administrative of Abortion Clinics for over 20 years



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES - BUREAU OF MEDICAL FACILITIES LICENSING

XII. SIGNATURES

1. If the applicant is an individual, the owner of the health care institution.
2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.
3. If the applicant is a governmental agency, the head of the governmental agency

[Handwritten Signature]

Signature

David D. Lowe

Signature

President of Corporation

Title

Secretary of Corporation

Title

XIII. ADDITIONAL DOCUMENTATION

Is health care institution located in a leased facility?

☒ YES ☐ NO

If yes, provide a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility.

Does the licensee have an accreditation report from a nationally recognized accrediting organization?

☐ YES ☒ NO

If yes, SUBMIT a copy of the health care institution's current accreditation report from a nationally recognized accrediting organization.

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JUL 26 2016

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