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6 000	TAC 139.1 Initial Co	omments	8 000			
	document. All informunchanged except if correction, correction space. Any discrepicitation(s) will be reit Texas Attorney Gen If Information is inacprovider/supplier, the should be notified in (a) Purpose. The purpose.	or entering the plan of in dates, and the signature ancy in the original deficiency ierred to the Office of the eral (OAG) for possible fraud. Ivertently changed by the e State Survey Agency (SA)	1			
	and Licensing Act, I Chapter 245, which Human Services Co to establish rules go regulation of abortio annual reporting req performed. This cha	Health and Safety Code, provides the Health and immission with the authority werning the licensing and in facilities and to establish sufrements for each abortion opter also implements the now Act, Health and Safety				
		•				
	(1) Licensing requi	rements.				
	abortion facility in Te	not establish or operate an xas without a license issued nless the person is exempt rements.				
	(B) The following this chapter:	need not be licensed under			i	
	(i) a hospital lice: Safety Code, Chapte	nsed under Health and er 241;			-//	
	(ii) an ambulator	y surgical center licensed			2/11/20	115
Slate F	OM	PICLIPALIER REPRESENTATIVE'S SIG	NATURE	, , , , ,	11	(X6) DATE
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**FORM APPROVED** Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING . 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETÉ DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) 6 000 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. (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 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. 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. Recommend continued licensure based on an approved plan of correction. 6 001 TAC 139.2 Definitions 6 001 The following words and terms, when used in this chapter, shall have the following meanings. unless the context clearly indicates otherwise. (1) Abortion--The act of using or prescribing an

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instrument, a drug, a medicine, or any other substance, device, or means with the intent to

PRINTED: 02/08/2019 FORM APPROVED Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 6 001 6 001 Continued From page 2 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 abortion may be performed only by a physician licensed to practice medicine in this state. An act is not an abortion if the act is done with the intent to save the life or preserve the health of an unborn child; remove a dead, unborn child whose death was caused by spontaneous abortion; or remove an ectopic pregnancy. (2) Abortion complication—Any harmful event or adverse outcome with respect to a patient related to an abortion that is performed on the patient and that is diagnosed or treated by a health care practitioner or at a health care facility, including: (A) shock; (B) uterine perforation; (C) cervical laceration; (D) hemorrhage; (E) aspiration or allergic response; (F) infection: (G) sepsis: (H) death of the patient; (I) incomplete abortion;

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(J) damage to the uterus; or

(K) an infant born alive after the abortion.

Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING .. 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 6 001 6 001 Continued From page 3 (3) Abortion facility--A place where abortions are performed. (4) Act--Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245. (5) Administrator--A person who: (A) is delegated the responsibility for the implementation and proper application of policies, programs, and services established for the licensed abortion facility; and (B) meets the qualifications established in §139.46(2) of this title (relating to Licensed Abortion Facility Staffing Requirements and Qualifications). (6) Advanced practice registered nurse (APRN)-A registered nurse approved by the Texas Board of Nursing to practice as an advanced practice registered nurse on the basis of completion of an advanced educational program. The term includes a nurse practitioner, nurse midwife, nurse anesthetist, and clinical nurse specialist. The term is synonymous with "advanced nurse practitioner." (7) Affidavit--A written statement, sworn to or affirmed, and witnessed by a witness whose signature and printed name appears on the affidavit. "Notarized affidavit" in these rules means an affidavit in which the statement is witnessed by a notary acting pursuant to Government Code, Chapter 406. (8) Affiliate--With respect to an applicant or

owner which is:

Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING\_ 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 **PLANNED PARENTHOOD** SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) 6 001 6 001 Continued From page 4 (A) a corporation--includes each officer, consultant, stockholder with a direct ownership of at least 5.0%, subsidiary, and parent company; (B) a limited liability company--includes each officer, member, and parent company: (C) an individual--includes: (i) the individual's spouse; (ii) each partnership and each partner thereof of which the individual or any affiliate of the individual is a partner; and (iii) each corporation in which the individual is an officer, consultant, or stockholder with a direct ownership of at least 5.0%; (D) a partnership--includes each partner and any parent company; and (E) a group of co-owners under any other business arrangement-includes each officer, consultant, or the equivalent under the specific business arrangement and each parent company. (9) Applicant--The owner of an abortion facility which is applying for a license under the Act. For the purpose of this chapter, the word "owner" includes nonprofit organization. (10) Certified registered nurse anesthetist (CRNA)--A registered nurse who has current certification from the Council on Certification of Nurse Anesthetists and who is currently authorized to practice as an advanced practice

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registered nurse by the Texas Board of Nursing.

Texas Health and Human Services Commission (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PHEFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 6 001 6 001 Continued From page 5 (11) Change of ownership--A sole proprietor who transfers all or part of the facility's ownership to another person or persons; the removal, addition, or substitution of a person or persons as a partner in a facility owned by a partnership; or a corporate sale, transfer, reorganization, or merger of the corporation which owns the facility if sale, transfer, reorganization, or merger causes a change in the facility's ownership to another person or persons. (12) Commission--The Texas Health and Human Services Commission. (13) Condition on discharge--A statement on the condition of the patient at the time of discharge. (14) Critical item--All surgical instruments and objects that are introduced directly into the bloodstream or into other normally sterile areas of the body. (15) Decontamination--The physical and chemical process that renders an inanimate object safe for further handling. (16) Department--The Department of State Health Services. (17) Director--The director of the Health Care Quality Department of the commission or his or her designee. (18) Disinfection--The destruction or removal of vegetative bacteria, fungi, and most viruses but not necessarily spores; the process does not remove all organisms but reduces them to a level that is not harmful to a person's health. There are

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Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ 140015 B. WING 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 6 001 Continued From page 6 6 001 three levels of disinfection: (A) high-level disinfection--kills all organisms. except high levels of bacterial spores, and is effected with a chemical germicide cleared for marketing as a sterilant by the United States Food and Drug Administration: (B) Intermediate-level disinfection--kills mycobacteria, most viruses, and bacteria with a chemical germicide registered as a "tuberculocide" by the United States Environmental Protection Agency (EPA); and (C) low-level disinfection--kills some viruses and bacteria with a chemical germicide registered as a hospital disinfectant by the EPA. (19) Ectopic pregnancy--The implantation of a fertilized egg or embryo outside of the uterus. (20) Education and information staff--A professional or nonprofessional person who is trained to provide information on abortion procedures, alternatives, informed consent, and family planning services. (21) Embryonic and fetal tissue remains--An embryo, a fetus, body parts, or organs from a pregnancy that terminates in the death of the embryo or fetus and for which the issuance of a fetal death certificate is not required by state law. The term does not include the umbilical cord, placenta, gestational sac, blood, or body fluids. (22) Executive Commissioner-The Executive Commissioner of the Texas Health and Human Services Commission.

Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 **PLANNED PARENTHOOD** SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 6 001 Continued From page 7 6 001 (23) Facility-A licensed abortion facility as defined in this section. (24) Fetus-An individual human organism from fertilization until birth. (25) Health care facility--Any type of facility or home and community support services agency licensed to provide health care in any state or is certified for Medicare (Title XVIII) or Medicaid (Title XIX) participation in any state. (26) Health care worker--Any person who furnishes health care services in a direct patient care situation under a license, certificate, or registration issued by the State of Texas or a person providing direct patient care in the course of a training or educational program. (27) Hospital-A facility that is licensed under the Texas Hospital Licensing Law, Health and Safety Code, Chapter 241, or if exempt from licensure. certified by the United States Department of Health and Human Services as in compliance with the conditions of participation for hospitals in Title XVIII, Social Security Act (42 United States Code, §§1395 et. seq.). (28) Immediate jeopardy to health and safety--A situation in which there is a high probability that serious harm or injury to patients could occur at any time or already has occurred and may well occur again, if patients are not protected effectively from the harm or if the threat is not removed. (29) Inspection--An on-site inspection by the commission in which a standard-by-standard evaluation is conducted.

PRINTED: 02/06/2019 **FORM APPROVED** Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ 140015 8. WING 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 **PLANNED PARENTHOOD** SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 6 001 Continued From page 8 6 001 (30) Licensed abortion facility--A place licensed by the commission under Health and Safety Code, Chapter 245, where abortions are performed. (31) Licensed mental health practitioner--A person licensed in the State of Texas to provide counseling or psychotherapeutic services. (32) Licensed vocational nurse (LVN)--A person who is currently licensed by the Texas Board of Nursing as a licensed vocational nurse. (33) Licensee--A person or entity who is currently licensed as an abortion facility. (34) Medical abortion--The use of a medication or combination of medications to induce an abortion, with the purpose of terminating the pregnancy of a woman known to be pregnant. Medical abortion does not include forms of birth control. (35) Medical consultant -- A physician who is designated to supervise the medical services of the facility. (36) Nonprofessional personnel-Personnel of the facility who are not licensed or certified under the laws of this state to provide a service and shall function under the delegated authority of a physician, registered nurse, or other licensed health professional who assumes responsibility for their performance in the licensed abortion

facility.

contact with intact skin.

(37) Noncritical items-Items that come in

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	notarized affidavit v	byA copy attached to a which states that the attached and correct copies of the		ā.		
		egnant female on whom an ed, but shall in no event be e a fetus.				
	(40) Person-Any corporation, or asso	individual, firm, partnership, ociation.				
		n individual licensed by the rd and authorized to practice le of Texas.				
		sistantA person licensed as a by the Texas Physician	i.			
	correcting a licensir correction shall be a shall address the sy	ctionA written strategy for ag violation. The plan of developed by the facility, and stemic operation(s) of the nic operation(s) apply to the			ļ	
	acquired at or durin there shall be no ev present or incubatin the facility. Post-pro complications that or include, but are not other infections of the laboratory-confirme	re infection—An infection g an admission to a facility; idence that the infection was a state of admission to be dure infections and their may occur after an abortion limited to, endometritis and he female reproductive tract, d or clinical sepsis, septic oltis, and disseminated lopathy.				

Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ... B. WING 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE OATE PREFIX **(EACH DEFICIENCY MUST BE PRECEDED BY FULL** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 6 001 Continued From page 10 6 001 (45) Pregnant unemancipated minor certification form--The document prepared by the commission and used by physicians to certify the medical indications supporting the judgment for the immediate abortion of a pregnant minor. (46) Pre-inspection conference--A conference held on site at the facility proposed for licensure with commission staff and the applicant or his or her representative to review licensure standards. inspection documents, and provide consultation prior to licensure. (47) Professional personnel-Patient care personnel of the facility currently licensed or certified under the laws of this state to use a title and provide the type of service for which they are licensed or certified. (48) Quality assurance-An ongoing, objective, and systematic process of monitoring, evaluating, and improving the appropriateness, and effectiveness of care. (49) Quality improvement--An organized, structured process that selectively identifies improvement projects to achieve improvements in products or services. (50) Registered nurse (RN)--A person who is currently licensed by the Texas Board of Nursing as a registered nurse. (51) Semicritical items-Items that come in contact with nonintact skin or mucous membranes. Semicritical items may include respiratory therapy equipment, anesthesia equipment, bronchoscopes, and thermometers.

PRINTED: 02/06/2019 **FORM APPROVED** Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD **SAN ANTONIO, TX 78229** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG **DEFICIENCY**) 6 001 Continued From page 11 6 001 (52) Standards--Minimum requirements under the Act and this chapter. (53) Sterile field--The operative area of the body and anything that directly contacts this area. (54) Sterilization--The use of a physical or chemical procedure to destroy all microbial life, including bacterial endospores. (55) Supervision--Authoritative procedural guidance by a qualified person for the accomplishment of a function or activity that includes initial direction and periodic inspection of the actual act of accomplishing the function or activity. (56) Surgical abortion--The use of instruments, aspiration, and/or suction to induce an abortion. with the purpose of terminating the pregnancy of a woman known to be pregnant. (57) Third trimester certification form--The document prepared by the commission and used by physicians to certify the medical indications supporting the judgment for the abortion of a viable fetus during the third trimester of pregnancy. (58) Third trimester--A gestational period of not less than 26 weeks (following last-menstrual

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period (LMP)).

Chapter 31.

(59) Unemancipated minor--A minor who is unmarried and has not had the disabilities of minority removed under the Family Code,

Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 6 001 Continued From page 12 6 001 This Requirement is not met as evidenced by: Tag 6001: 01/31/19 Based on observation and interview, the facility As of 01/31/2019 the failed to ensure compliance with the Health and Marketing and Program Safety Code, Chapter 245, Sec. 245.025 which requires human trafficking signs be posted in Manager in coordination patient restrooms and consulting areas. with the Facility Manager assured that all patient Findings include: restrooms and consulting Based on Health and Safety Code, Chapter 245: areas has posted signage for "Sec. 245.025, HUMAN TRAFFICKING SIGNS Human Trafficking as REQUIRED. (a) An abortion facility shall display required by Health and separate signs, in English, Spanish, and any Safety Code, chapter 245, Sec. additional language as required by Subsection (b), side by side in accordance with this section in 245.025, see attachment #1 each restroom and patient consulting room. The signs must include the following information: no person, including an individual's parents. may force any individual to have an abortion; (2) it is illegal for a person to force an individual to engage in sexual acts; (3) a woman who needs help may call or text a state or national organization that assists victims of human trafficking and forced abortions; and (4) the toll-free number of an organization

Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 **PLANNED PARENTHOOD** SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 6 001 Continued From page 13 6 001 described by Subdivision (3). (b) Signs required under this section must be in English and Spanish. If an abortion facility is located in a political subdivision required to provide election materials in a language other than English or Spanish under Section 272.011, Election Code, the facility shall display a separate sign in that language. (c) Signs required under this section must be at least 8-1/2 by 11 inches in size and displayed in a conspicuous manner clearly visible to the public and employees of an abortion facility. The notice must cover at least four-fifths of the sign." Observations conducted on 1/14/19 at 1:00 pm revealed the facility did not have human trafficking signage posted in each restroom per regulations. In an interview conducted on 1/14/19 at 1:15 pm the facility general manager confirmed the above findings. Tag 6007: 6 007 6 007 01/31/19 SOD · State Form

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Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF COFRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ 140015 B. WING \_ 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 6 007 Continued From page 14 6 007 SOD - Slate Form

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Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ B. WING ... 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 6 007 Continued From page 15 6 007

Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 **PLANNED PARENTHOOD** SAN ANTONIO, TX 78229 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 6 007 Continued From page 16 6 007 6 035 6 035 SOD - State Form

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Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING \_ 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD SAN ANTONIO, TX 78229 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 6 035 Continued From page 17 6 035

Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ 140015 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD, STE 200 PLANNED PARENTHOOD SAN ANTONIO, TX 78229 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 6 035 Continued From page 18 6 035 Tag 6035: 01/31/19 02/14/19 SOD - State Form

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# NEED HELP? MAKE THE CALL.

- 1. No one, including your family, may force you or coerce you into having an abortion.
- 2. It is illegal for anyone to force or coerce you into having any kind of sex.
- If you or someone you know needs help, call or text:

THE NATIONAL HUMAN TRAFFICKING HOTLINE: 888-373-7888

or text INFO or HELP to 233733 (BeFree). Confidential help is available 24/7.

IF YOU ARE IN IMMEDIATE DANGER, PLEASE CALL 911.





## ¿NECESITAS AYUDA? HAZ LA LLAMADA.

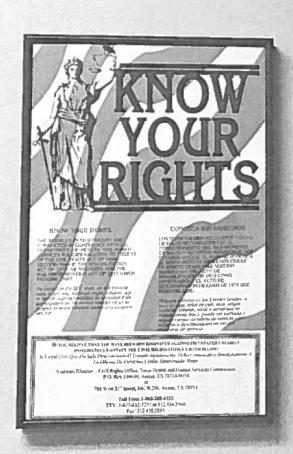
- Nadie, incluida tu familia, puede obligarte o coaccionarte para que tengas un aborto.
- 2. Es ilegal que alguien intente forzarte o coaccionarte a tener cualquier tipo de actividad sexual.
- Si tú o alguien a quien conoces necesita ayuda, llama o envía un mensaje de texto a:

LÍNEA NACIONAL CONTRA LA TRATA DE PERSONAS 888-373-7888

o envía las palabras INFO o HELP al 233733 (BeFree). Esta línea te ofrece ayuda confidencial los siete días de la semana, las 24 horas del día.

SI TE ENCUENTRAS EN PELIGRO INMEDIATO, LLAMA AL 911.













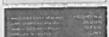
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@ Planned Parenthood\*



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