

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
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NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B EL PASO, TX 79902
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 000	<p>TAC 139.1 Initial Comments</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>(a) Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman's Right to Know Act, Health and Safety Code, Chapter 171.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		

SOD - State Form
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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6 000	<p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(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.</p> <p>(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). Attempted to conduct the annul onsite visit for this facility on 03/24/20. Upon approaching the facility it was noted the exterior of the building was being painted, the names of the physician and administrator were not present on the building.</p> <p>It was also not that posted letter date 03/24/20 on the front window stated in part, "Out of an abundance of caution and to decrease the possibility of the coronavirus transmission, our El Paso clinic located at [address] will be closed until further notice..."</p> <p>Upon entering the facility it was noted only an administrative assistance and the administrator were present in the building. The administrator told the 2 surveyors that the facility was closing and the building being put up for sale. The administrator also stated that there had been no patients at the facility since March and no records were on site. She took the surveyors though the facility.</p> <p>It was observed that boxes were packed, no medications were on site, and no sterilization was occurring. It appeared the facility had ceased operations. The administrator added the facility</p>	6 000		

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6 000	Continued From page 2 was drafting a letter to surrender their their license number "this week". Due to the above circumstances an on-site survey was not conducted.	6 000		