Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		440045	B. WING		2010						
		140015	D. WING		09/2	23/2020					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
PLANNED PARENTHOOD 2140 BABCOCK ROAD, STE 200 SAN ANTONIO, TX 78229											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			COMPLETE DATE					
6 000	TAC 139.1 Initial Comments		6 000								
	document. All inforr unchanged except correction, correction space. Any discrepcitation(s) will be result information is inapprovider/supplier, the should be notified in (a) Purpose. The primplement the Texas and Licensing Act, I Chapter 245, which Human Services Coto establish rules go regulation of abortic annual reporting resperformed. This chapter 245 in the control of the stable in the services of th	urpose of this chapter is to as Abortion Facility Reporting Health and Safety Code, provides the Health and commission with the authority overning the licensing and on facilities and to establish quirements for each abortion apter also implements the Know Act, Health and Safety									
	(b) Scope and appli	icability.									
	(1) Licensing requ	irements.									
	abortion facility in T	y not establish or operate an exas without a license issued unless the person is exempt irements.									
	(B) The following this chapter:	need not be licensed under									
	(i) a hospital lice Safety Code, Chap	ensed under Health and ter 241;									
	(ii) an ambulato	ry surgical center licensed									

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Texas Health and Human Services Commission

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE					
6 000	Continued From page 1		6 000								
	under Health and S	afety Code, Chapter 243; or									
	Texas Medical Boar medicine in the Sta	a physician licensed by the rd and authorized to practice te of Texas, unless the office ose of performing more than 12-month period.									
	facilities and facilities licensing shall computed (relating to Annual Facility). Abortions Performe An onsite licensure the Texas Administration on 9/2 Administrator on 9/2	survey was conducted using rative Code Title 25, Chapter y Licensing Regulations. An e was held with the Facility 23/20. The purpose and ey was discussed, and an									
	9/23/20 with the Far members of manag findings of the surve	was held the afternoon of cility Administrator and other lement onsite. Preliminary ey were discussed, and an or questions and discussion.									
	No violations were	cited. Approve licensure.									

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