Texas Health and Human Services Commission

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH MAIN STREET MC ALLEN, TX 78501 SUMMARY STATEMENT OF DEFICIENCES SEACH SEASON, MAIN STREET MC ALLEN, TX 78501 PROVIDERS PLAN OF CORRECTION. (EACH CHORN MAIN STREET TAG REGULATORY OR LSC IDENTIFYING INFORMATION.) 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 traud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. (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. (b) Scope and applicability. (1) Licensing requirements. (A) A person may not establish or operate an abortion facilities and ticenses issued under this chapter unless the person is exempt from licensing requirements. (B) The following need not be licensed under this chapter: (i) a hospital licensed under Health and Safety Code, Chapter 121. (ii) an ambulatory surgical center licensed	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
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		(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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		008036	B. WING		10/2	29/2020	
	PROVIDER OR SUPPLIER WOMANS HEALTH O	F MCALLEN LP 802 SOUT	DRESS, CITY, S TH MAIN STR N, TX 78501				
(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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
6 000	(iii) the office of Texas Medical Boar medicine in the Sta is used for the purp 50 abortions in any (2) Reporting required facilities and facilities and facilities licensing shall comportions Performed Abortions Performed An onsite licensure the Texas Administrator on 10 process of the survice opportunity was given and the survice opportunity given for the survice opportunity	afety Code, Chapter 243; or a physician licensed by the rd and authorized to practice te of Texas, unless the office ose of performing more than 12-month period. irrements. All licensed abortion es and persons exempt from ply with §139.4 of this title Reporting Requirements for All ed). survey was conducted using rative Code Title 25, Chapter y Licensing Regulations. An e was held with the Facility 1/29/20. The purpose and ey was discussed, and an en for questions. was held the afternoon of acility Administrator and other gement onsite. Preliminary ey were discussed, and an or questions and discussion.	6 000				

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