

\$ 585

DEPARTMENT OF HEALTH
AMBULATORY SURGICAL TREATMENT CENTER
APPLICATION

AMBULATORY SURGICAL TREATMENT CENTER APPLICATION

To: Health Regulations and Licensing Administration
899 North Capitol Street, NE
2nd Floor
Washington, DC 20002

We, (1) Laura Meyers and (2) _____

Resident at (1) [Redacted] Washington DC 20007

(2) _____
Street Address City State Zip Code

Officers of the center named below, certifying that we are twenty-one years of age or older and of reputable and responsible character do hereby apply for a license to maintain and operate a center during the 2020 calendar year subject to the provisions of District of Columbia Law 2-66, and to any regulations and standards adopted thereunder.

Name of ambulatory surgical treatment center: Carol Whitehill Moses Center

Location: 1225 4th St NE Washington DC 202-763-7404 20002
Street Address City State Tele. Zip Code

Name of person in charge: Laura Meyers

Medical director or principal physician: Dr. Serina Floyd

[Redacted]
Street Address City State Zip Code

Name of organization owning and conducting center: _____

Type of organization: Non-Profit Corp. , Private Corp. _____
(Attach lists of board officers and members)

Class of institution for which application is made: (Check one)

[] General Surgery [] Family Planning [x] Other (Specify)

Transfer agreement with a hospital within twenty minutes ambulance time [x] Yes [] No

Name of hospital: Washington Hospital Center

Number of surgical procedures performed in the previous fiscal year 0 (2800 projected)

Application and license fee* of 585.00 drawn payable to: "D.C. Treasurer" is attached to this application. (Fee is not refundable.) There is also attached documentary evidence of financial responsibility on the part of the applicant institution in the sum of not less than One Hundred Thousand Dollars (\$100,000.00) per occurrence and Three Hundred Thousand Dollars in the aggregate which become readily available for the benefit of any person who may become aggrieved as the result of the center.

Signatures of Applicants (1)  Title President & CEO
(2) _____ Title _____

Sworn and subscribed to before me this _____ day of _____,

Notary Public for the District of Columbia

My commission expires _____

NOTE: THIS FORM FOR APPLICATION OF ASSOCIATION OR OTHER NON-INDIVIDUAL APPLICANT

* Refer to license fees for ambulatory surgical centers for correct fee

**DEPARTMENT OF HEALTH
AMBULATORY SURGICAL TREATMENT CENTER
APPLICATION**

AMBULATORY SURGICAL TREATMENT CENTER APPLICATION

To: Health Regulations and Licensing Administration
899 North Capitol Street, NE
2nd Floor
Washington, DC 20002

We, (1) Tom Sizemore and (2) _____

Resident at (1) _____

(2) _____
Street Address City State Zip Code

Officers of the center named below, certifying that we are twenty-one years of age or older and of reputable and responsible character do hereby apply for a license to maintain and operate a center during the 2020 _____ calendar year subject to the provisions of District of Columbia Law 2-66, and to any regulations and standards adopted thereunder.

Name of ambulatory surgical treatment center: Carol Whitehill Moses Center

Location: 1225 4TH Street N.E. Washington DC 202-763-7404 20002
Street Address City State Tele. Zip Code

Name of person in charge: Laura Meyers

Medical director or principal physician: Dr. Serina Floyd

Street Address City State Zip Code

Name of organization owning and conducting center: Planned Parenthood Metropolitan Washington, DC Inc.

Type of organization: Non-Profit Corp. _____, Private Corp. _____
(Attach lists of board officers and members)

Class of institution for which application is made: (Check one)

General Surgery Family Planning Other (Specify): **Surgical Abortions:** First Trimester with mild and moderate sedation, Second Trimester with moderate sedation.

Family Planning Services: Well-woman exam, breast exam, Pelvic exam, UTI Vaginal Infection, HPV vaccines, Cervical Cancer Screening, Prevention, and Management, Birth Control Services, Emergency Contraception, Pregnancy Testing & Options Counseling, Medication Abortions, STI Testing and Treatment, HIV Testing and Linkage to Care and Men's Health Services.

Transfer agreement with a hospital within twenty minutes ambulance time Yes No

Name of hospital: Washington Hospital Center

Number of surgical procedures performed in the previous fiscal year 2800

Application and license fee* of 585.00 drawn payable to: "D.C. Treasurer" is attached to this application. (Fee is not refundable.) There is also attached documentary evidence of financial responsibility on the part of the applicant institution in the sum of not less than One Hundred Thousand Dollars (\$100,000.00) per occurrence and Three Hundred Thousand Dollars in the aggregate which become readily available for the benefit of any person who may become aggrieved as the result of the center.

Signatures of Applicants (1) [Signature] Title VP of Finance and Administration
(2) _____ Title _____

Sworn and subscribed to before me this 4th day of December, 2019

Notary Public for the District of Columbia
My commission expires 10-31-2022

NOTE: THIS FORM FOR APPLICATION OF ASSOCIATION OR OTHER NON-INDIVIDUAL APPLICANT

* Refer to license fees for ambulatory surgical centers for correct fee

District of Columbia: SS
Sworn to and subscribed before me on the 4th day of December, 2019
[Signature]
Notary Public's Signature
My Commission Expires 10-31-2022





Government of the District of Columbia
Department of Health



Health Regulation and Licensing Administration

“CLEAN HANDS” SELF-CERTIFICATION FORM

TO THE APPLICANT:

Please read the following statement carefully before signing. A false statement on this Certification requires that the Department proceed immediately to revoke the license or permit for which you are now applying and fine you \$1,000.00. This Self-Certification Form is required by the “Clean Hands Before Receiving A License or Permit Act of 1996”, effective May 11, 1996, as amended, (D.C. Law 11-118; D.C. Official Code § 47-2861 *et seq.*) (2015).

I, Laura Meyers, as _____, certify that
Print Name Clearly (owner/partner/corporate officer)

Planned Parenthood of Metropolitan trading as _____,
Business Name Trade Name

using license # HFD06-0114 as of this date _____ does not owe
(DOH License Number) (Date)

more than \$100.00 in outstanding debt to the District of Columbia as a result of:

- (1) I do not owe more than \$100 to the District of Columbia Government in outstanding fines, penalties, or interest assessed pursuant to the following acts or any regulations promulgated under the authority of any of the following acts, the:
 - (A) Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Official Code § 8-801 *et seq.*);
 - (B) Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code § 8-901 *et seq.*);
 - (C) District of Columbia Traffic Adjudication Act of 1978, effective September 12, 1978 (D.C. Law 2-104; D.C. Official Code § 50-2301.01 *et seq.*);
 - (D) Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code § 2-1801.01 *et seq.*);
 - (E) District of Columbia Taxicab Commission Establishment Act of 1985, effective March 25, 1986 (D.C. Law 6-97; D.C. Official Code § 50-301 *et seq.*); or
 - (F) The Compulsory/No-Fault Motor Vehicle Insurance Act of 1982, effective September

18, 1982 (D.C. Law 4-155; D.C. Official Code § 31-2401 *et seq.*);

I also certify that I do not owe:

- (2) More than \$100 to the District of Columbia Government in past due taxes;
- (3) Fines assessed to car dealers pursuant to § 50-1501.02(i);
- (4) Parking fines or penalties assessed by another jurisdiction; provided, that a reciprocity agreement is in effect between the jurisdiction and the District;
- (5) Past due District of Columbia Water and Sewer Authority service charges or fees;
- (6) A vehicle conveyance fee, as that term is defined in § 50-2302.01(i);
- (7) The District more than \$ 100 in outstanding fines, penalties, or interest;

And, I further certify that:

- (8) I have filed required District tax returns; [and]
- (9) I do not owe the District any past due fines, penalties, or past due restitution on behalf of an employee due to a violation of Chapter 13 of Title 32, Chapter 1A of Title 32, Chapter 10 of Title 32, or Subchapter X-A of Chapter 2 of Title 2.

I understand the Department will move to immediately revoke each license or permit for which I am applying that contains a false certification, and to fine me \$1,000.00 for each false certification.

I understand that the Department may conduct an investigation to ascertain the veracity of this certification.

I further understand that this Certification is required to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

Laura Meyers
PRINT NAME


SIGNATURE OF APPLICANT

9/16/19



Government of the District of Columbia

CERTIFICATE OF CLEAN HANDS

**PLANNED PARENTHOOD ASSOCIATION OF METROPOLITA
1225 4TH ST NE
WASHINGTON, DC 20002-3431**

EIN : ***4621**

As reported in the Citywide Clean Hands system, the above referenced individual or entity has no outstanding liability with the District of Columbia. As of the date herein, you have complied with the following official DC code and therefore are issued this Certificate of Clean Hands.

TITLE 47. TAXATION, LICENSING, PERMITS, ASSESSMENTS AND FEES
CHAPTER 28. GENERAL LICENSE LAW
SUBCHAPTER II. CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT
D.C. Code § 47-2862 (2006)
§ 47-2862. Prohibition against issuance of license or permit.

A handwritten signature in blue ink, appearing to read "Marc Aronin".

**Authorized By Marc Aronin
Chief, Collection Division**

Date: Friday this 23rd day of August 2019 04:24 PM

Tracking#: 1104783

This document is a certified, complete and true copy.



DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

Identifying Information

| | | | | |
|--|-------|--|------------|--------------------------------------|
| (a). Name of Entry Planned Parenthood Metropolitan Washington, DC Inc. | D/B/A | Provider No. HFD06-0114 | Vendor No. | Telephone No. 202-347-8500 |
| Street Address 1225 4th Street N.E. | | City, County, State Washington, DC | | Zip Code 20002 |

II. Answer the following questions by checking "Yes" or "No". If any of the questions are answered "Yes", list names and addresses of individuals or corporations under Remarks on page 2. Identify each item number to be continued.

A. Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVII, XIX, or XX?

Yes No

B. Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVII, XIX, or XX?

Yes No

C. Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVII providers only)

Yes No

III. (a) List names, addresses for individuals, or the EIN for organization having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under "Remarks" on Page 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under Remarks.

| Name | Address | EIN |
|------|---------|-----|
| | | |
| | | |
| | | |

(b) Type of Entity: Sole Proprietorship Partnership Corporation
 Unincorporated Associations Other (Specify)

(c) If the disclosing entity is a corporation, list names, addresses of the Directors, and EINs for corporations under Remarks.

Check appropriate box for each of the following questions

(d) Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example, sole proprietor, partnership or members of Board of Directors.) If yes, list names, addresses of individuals and provider numbers.

Yes No

| Name | Address | Provider Number |
|------|---------|-----------------|
| | | |



DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION

IV. (a) Has there been a change in ownership or control within the last year? Yes No
If yes, give date _____

(b) Do you anticipate any change of ownership or control within the year? Yes No
If yes, when? _____

(c) Do you anticipate filing for bankruptcy within the year? Yes No
If yes, when _____

V. Is this facility operated by a management company, or leased in whole or part by another organization? Yes No
If yes, give date of change in operations _____

VI. Has there been a change in Administrator, Director of Nursing or Medical Director within the last year? Yes No

VII. (a) Is this facility chain affiliated? (If yes, list name, address of Corporation, and EIN) Yes No
Name _____ EIN# _____
Address _____

VIII. Have you increased your bed capacity by 10% or more or by 10 beds, whichever is greater, within the last 2 years? Yes No
If yes give year change _____
Current Beds _____ Prior beds _____

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE D. C. STATE AGENCY AS APPROPRIATE.

Name of Authorized Representative (Typed) Tom Sizemore Title VP of Finance & Administration

Signature  Date 12/04/2019
Remarks

**Planned Parenthood of Metropolitan Washington,
Board of Directors Roster 2019-2020**

| NAME | JOINED BOARD | END OF FINAL TERM | OFFICE |
|-------------------------------|---------------------|--------------------------|--------------------------------------|
| Arnold, Lydia P. | June 1, 2018 | May 31, 2024 | |
| Chessen, Sonia | June 1, 2019 | May 31, 2025 | |
| Cooper, Jeff | June 1, 2017 | May 31, 2023 | Treasurer / Finance Committee Chair |
| Dixon, Shontelle | June 1, 2018 | May 31, 2024 | |
| Dreyfus, Jennifer | June 1, 2017 | May 31, 2023 | Quality & Compliance Committee Chair |
| Ford, Imani | June 1, 2018 | May 31, 2024 | |
| González, Adrián | June 1, 2019 | May 31, 2025 | |
| Katch, Hannah | June 1, 2016 | May 31, 2022 | |
| Lampi, Catherine | June 1, 2018 | May 31, 2024 | |
| Large, Anne | January 1, 2013 | January 1, 2019 | |
| Livingston, Catherine (Cathy) | June 1, 2018 | May 31, 2024 | Governance Committee Chair |

| | | | |
|--------------------------------|-----------------|-----------------|--------------------------------------|
| Luray, Jennifer (Jenny) | June 1, 2015 | May 31, 2021 | Board Chair |
| Mohr, Cheryl (Cherie) | June 1, 2014 | May 31, 2020 | Real Estate Committee Co-Chair |
| Pinckney, Jessica | June 1, 2016 | May 31, 2022 | Vice Chair |
| Rubiner, Laurie | June 1, 2019 | May 31, 2025 | |
| Sanabria, María Jose (Majo) | June 1, 2018 | May 31, 2024 | |
| Taylor, Amy | June 1, 2016 | May 31, 2022 | Secretary |
| Taylor, Audrey | June 1, 2014 | May 31, 2020 | |
| Thomas, Dana | June 1, 2018 | May 31, 2024 | |
| Thomas, John | June 1, 2016 | May 31, 2022 | Audit Committee Chair |
| Waxman, Judith G. | June 1, 2017 | May 31, 2023 | Development Committee Chair |

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH



HEALTH REGULATION AND LICENSING ADMINISTRATION
HEALTH CARE FACILITIES DIVISION

Certificate of Licensure

Pursuant to Title 1, Section 102 of the D.C. Ambulatory Surgical Treatment Center Licensure Act 2-66

Licensure is Granted to:

PLANNED PARENTHOOD OF METROPOLITAN WASHINGTON DC

To Maintain and Operate: PLANNED PARENTHOOD
Located at: 1225 4TH STREET, NE, WASHINGTON, DC

as an Ambulatory Surgical Center, for the period of December 08, 2019 through December 07, 2020 .

License Number: HFD06-0114

LaQuandra S. Nesbitt MD

DEC 05 2019

LaQuandra S. Nesbitt, MD, MPH

Date

Director

This license is required to be framed under clear glass or plastic and posted in a conspicuous place in the main lobby or administrative office of the licensed premises. It is valid only for the licensee(s) and premises named above, and only for the period specified and is not transferable.

02090

This facility has affirmed its compliance with Title VI of the Civil Rights Act of 1964



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH



HEALTH REGULATION ADMINISTRATION

HEALTH CARE FACILITIES DIVISION
PHONE:202-442-4737
FAX:202-442-9431

MAILING ADDRESS
899 NORTH CAPITOL ST, NE
FIRST FLOOR
WASHINGTON DC 20002

LAURA MEYERS, PHD PRESIDENT/CEO
PLANNED PARENTHOOD
1225 4TH STREET NE
WASHINGTON, DC 20002

DEC 05 2019

Dear LAURA MEYERS, PHD PRESIDENT/CEO

Enclosed is your Certificate of Licensure for December 08, 2019 through December 07, 2020 . The staff of the Department of Health, Health Regulation Administration may visit your facility at a future date to determine continued compliance with both District and Federal laws.

If you have any questions, please contact me on 202-442-4737.

Sincerely,

Veronica Longstreeth, RN, MSN
Program Manager

Enclosure(s)