Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130061	A. BUILDING: ________ B. WING ________	09/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD CENTER FOR CHOI(	**4600 GULF FREEWAY, SUITE 300 HOUSTON, TX 77023**

(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
T 000	Ambulatory Surgery Centers 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. An unannounced relicensure survey of this ambulatory surgery center was conducted. This process was to determine the center's compliance with the State Licensing Regulations under Title 25 Texas Administrative Code (TAC), Chapter 135 (Ambulatory Surgical Centers), Subchapter A (Operating Requirements for Ambulatory Surgical Centers). An entrance conference was held on the morning of 9/15/2020 with key administrative personnel. The purpose, scope, and process of the visit was explained and an opportunity for questions and discussion was provided. An exit conference was held on the afternoon of 9/16/2020 with key administrative personnel. Findings of the survey were discussed and an opportunity for questions and discussion was provided.	T 000		

LABORATORY ... RESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	10/08/20

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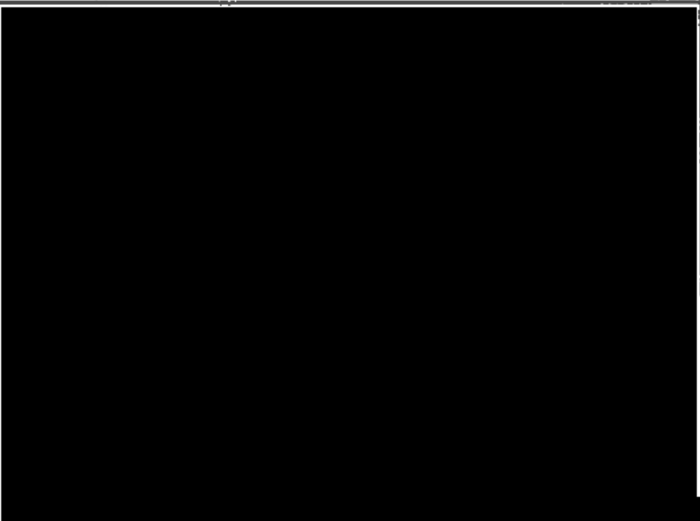
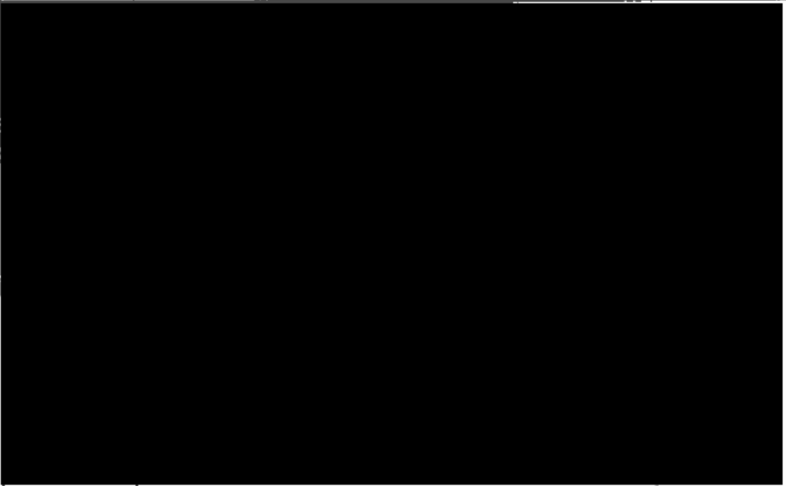
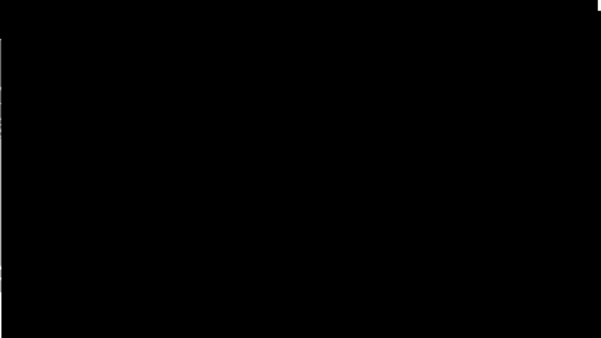
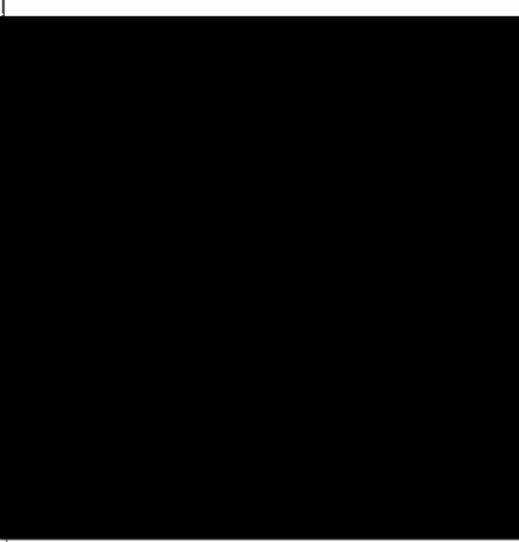

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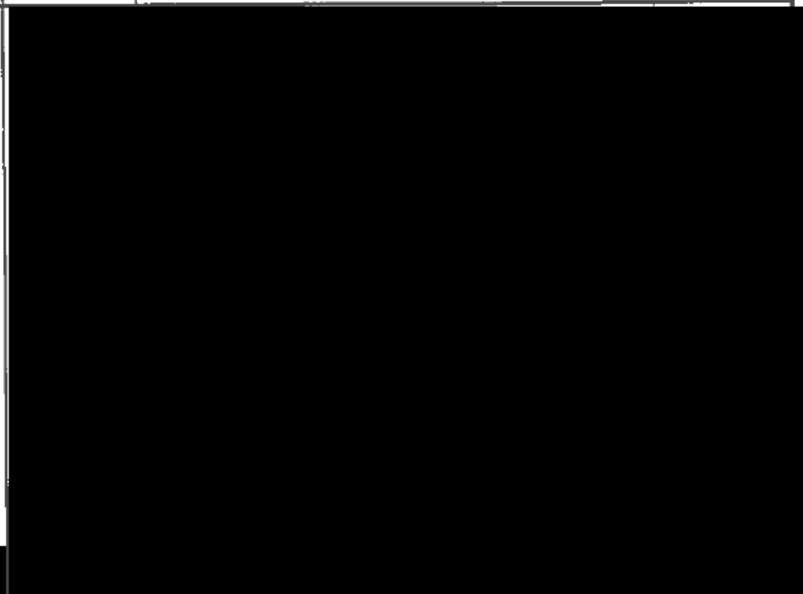

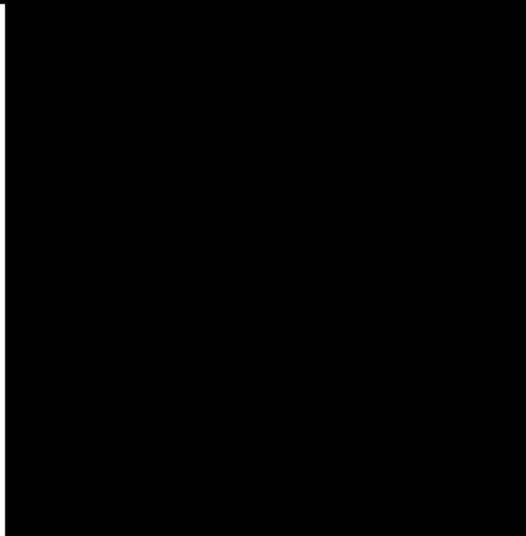

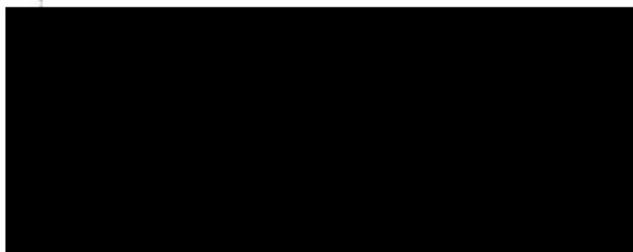

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