Texas Health and Human Services Commission

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.	A. BUILDING:		
		140012	B. WING		01/2	4/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NORTH	PARK MEDICAL GRO	UP 8363 MEA DALLAS,	DOW ROAD TX 75231			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
6 000	TAC 139.1 Initial Co	omments	6 000			
	document. All informunchanged except correction, correction space. Any discrepticitation(s) will be resulted to the resulted formation is inapprovider/supplier, the should be notified in	rm is an official, legal mation must remain for entering the plan of on dates, and the signature pancy in the original deficiency ferred to the Office of the neral (OAG) for possible fraud. dvertently changed by the ne State Survey Agency (SA) mmediately.				
	implement the Texa and Licensing Act, I Chapter 245, which Human Services Co to establish rules go regulation of abortic annual reporting red performed. This cha Woman's Right to R Code, Chapter 171	as Abortion Facility Reporting Health and Safety Code, I 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	•				
	abortion facility in T under this chapter u from licensing requ	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

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		140012	B. WING		01/2	4/2019
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 01/2	112010
NORTH I	PARK MEDICAL GRO	UP 8363 MEA DALLAS,	DOW ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
6 000	under Health and S  (iii) the office of Texas Medical Boa medicine in the Sta is used for the purp 50 abortions in any  (2) Reporting required facilities and facilities and facilities licensing shall complete (relating to Annual I Abortions Performed An entrance confer Manager the morning and process of the discussed, and an equestions.  Continued licensured approved plan of confinition of the survice opportunity given for the facility, the facility, the facility, the facility and required plan of confinition of the survice opportunity given for the survice opportunity given for the facility, the facility and required plan of confinition of the survice opportunity given for the facility, the facility and the facility of the survice opportunity given for the facility of the survice of the survice of the survice of the survice of the surviview of the	afety Code, Chapter 243; or a physician licensed by the rd and authorized to practice te of Texas, unless the office lose of performing more than 12-month period.  Interments. All licensed abortion less and persons exempt from ply with §139.4 of this title Reporting Requirements for All led). lence was held with the Clinic licensure resurvey were licensure resurvey were licensure for  It is recommended, with an approximate on the clinic licensure is recommended, with an approximate on the clinic licensure resurvey were licensure	6 000			
	(b), side by side in a each restroom and	e as required by Subsection accordance with this section in patient consulting room. The the following information:				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		140012	B. WING		01/2	4/2019
	PROVIDER OR SUPPLIER	8363 MEA	DOW ROAD	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
6 000	(1) no person, inclumay force any individual (2) it is illegal for a to engage in sexual (3) a woman who restate or national orgof human trafficking (4) the toll-free nur described by Subdit (b) Signs required English and Spanis located in a political provide election mathan English or Spatial Election Code, the sign in that language (c) Signs required least 8-1/2 by 11 inconspicuous mannand employees of a must cover at least (d) The executive elections	uding an individual's parents, vidual to have an abortion; person to force an individual I acts; needs help may call or text a ganization that assists victims g and forced abortions; and mber of an organization vision (3).  under this section must be in the If an abortion facility is I subdivision required to aterials in a language other anish under Section 272.011, facility shall display a separate	6 000			
		7, 85th Leg., R.S., Ch. 858 2, eff. September 1, 2017.				
	During a tour of the read as follows (in "Warning: Obtaining crime under Texas know is a victim of encouraged to call					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY
/ I D I D II	or contraction	IDENTIFICATION NOMBER.	A. BUILDING:		OOMI LETED	
		140012	B. WING		01/	24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
NORTH	PARK MEDICAL GRO	IIP	DOW ROAD			
	OLIMAN DV OT		TX 75231	DDOV/IDEDIO DI ANI OF O	ODDECTION	0.5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
6 000	Continued From pa	age 3	6 000			
	"(1) no person, incomay force any indiv (2) it is illegal for a to engage in sexual The above was con	eluding an individual's parents, vidual to have an abortion; person to force an individual				
6 019			6 019			

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Texas Health and Human Services Commission

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		140012	B. WING		01/2	4/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NORTH F	PARK MEDICAL GRO	IIP	ADOW ROAD TX 75231	)		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  BY PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					
6 019	Continued From pa	ge 4	6 019			

STATE FORM 6899 E1YV11 If continuation sheet 5 of 11

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 COMP	(X3) DATE SURVEY COMPLETED	
		140012	B. WING		01/2	4/2019
	PROVIDER OR SUPPLIER	11P 8363 ME	DDRESS, CITY, S ADOW ROAD TX 75231	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
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6899 E1YV11 If continuation sheet 6 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		140042			04/	24/2040
		140012			01/2	24/2019
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
NORTH F	PARK MEDICAL GRO	IIIP	, TX 75231			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		440042			04.5	14/2040
		140012			01/2	24/2019
	ROVIDER OR SUPPLIER	8363 ME	DDRESS, CITY, S			
NORTH F	ARK MEDICAL GRO	UP	, TX 75231			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
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Texas Health and Human Services Commission

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COM	SURVEY PLETED
			A. BUILDING:			
		140012	B. WING		01/2	24/2019
NAME OF PE	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
NORTH PA	ARK MEDICAL GRO	111111111111111111111111111111111111111	ADOW ROAD			
OVA) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	, TX 75231	PROVIDER'S PLAN OF	CODDECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMI	(X3) DATE SURVEY COMPLETED	
		140012	B. WING		01/2	24/2019
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
NORTH F	PARK MEDICAL GRO	IIP	ADOW ROAD 5, TX 75231			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
6 019	Continued From pa	ge 9	6 019			
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PRINTED: 02/12/2019 FORM APPROVED Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 140012 01/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD NORTH PARK MEDICAL GROUP **DALLAS, TX 75231** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 6 019

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