PRINTED: 10/04/2021 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 140013 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 WHOLE WOMAN'S HEALTH ALLIANCE **AUSTIN, TX 78753** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PREFIX (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**) 6 000 TAC 139.1 Initial Comments 6 000 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. (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 facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.

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this chapter:

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

Safety Code, Chapter 241;

(B) The following need not be licensed under

(i) a hospital licensed under Health and

(ii) an ambulatory surgical center licensed

Clinic Manager

(X6) DATE

If continuation sheet 1 of 12

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
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	under Health and Safe	ety Code, Chapter 243; or				
i	(iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period. (2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed). An entrance conference was held with the Health Center Manager on 9-29-21. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions. Continued licensure is recommended, with an approved plan of correction. An exit conference was held with the Health Center Manager on 9-29-21. Preliminary findings of the survey were discussed, and an opportunity given for questions. Based on a review of clinical records and an interview with staff, the facility failed to demonstrate compliance with the requirements of the Sonogram Election Form under HSC 171.012. Per HSC 171.012: "ABORTION AND SONOGRAM ELECTION (1) THE INFORMATION AND PRINTED MATERIALS DESCRIBED BY SECTIONS 171.012(a)(1)-(3), TEXAS HEALTH AND					

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753 (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) FREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) FOR COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 6 000 Continued From page 2 SAFETY CODE, HAVE BEEN PROVIDED AND EXPLAINED TO ME. (2) I UNDERSTAND THE NATURE AND	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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CONSEQUENCES OF AN ABORTION. (3) TEXAS LAW REQUIRES THAT I RECEIVE A SONOGRAM PRIOR TO RECEIVING AN ABORTION. (4) LUNDERSTAND THAT I HAVE THE OPTION TO VIEW THE SONOGRAM MAGES. (5) LUNDERSTAND THAT I HAVE THE OPTION TO HEAR THE HEARTBEAT. (6) LUNDERSTAND THAT I AM REQUIRED BY LAW TO HEAR AN EXPLANATION OF THE SONOGRAM IMAGES ULLESS I CERTIFY IN WRITING TO ONE OF THE FOLLOWING: IAM PREGNANT AS A RESULT OF A SEXULT OF A SEXUAL ASSAULT, INCEST, OR OTHER VIOLATION OF THE TYLD AND ASSAULT, INCEST, OR OTHER VIOLATION OF THE TEXAS PENAL CODE THAT HAS BEEN REPORTED TO LAW ENPORCEMENT AUTHORITIES OR THAT HAS NOT BEEN REPORTED BECAUSE I REASONABLY BELIEVE THAT DOING SO WOULD PUT ME AT RISK OF RETALLATION RESULTING IN SERIOUS BODILY INJURY, _IAM A MINOR AND OBTAINING AN ABORTION IN ACCORDANCE WITH JUDICIAL BYPASS PROCEDURES UNDER CHAPTER 33, TEXAS FAMILY CODE. _MY UNBORN CHILD HAS AN IRREVERSIBLE MEIGLAL CONDITION OR ABBORMALITY, AS IDENTIFIED BY RELIABLE DIAGNOSTIC PROCEDURES AND DOCUMENTED IN MY MEDICAL FILE (7) I AM MAKING THIS ELECTION OF MY OWN FREE WILL AND WITHOUT COERCION (8) FOR A WOMAN WHO LUYES 100 MILES OR MORE FROM THE 18 AFACILITY LICENSED UNDER CHAPTE 245, TEXAS HEALTH AND	6 000	SAFETY CODE, HAVEXPLAINED TO ME. (2) I UNDERSTAND CONSEQUENCES OF CONSEQUENCE	THE NATURE AND OF AN ABORTION. QUIRES THAT I RECEIVE A OTO RECEIVING AN THAT I HAVE THE OPTION OGRAM IMAGES. THAT I HAVE THE OPTION OGRAM IMAGES. THAT I HAVE THE OPTION RTBEAT. THAT I AM REQUIRED BY XYLANATION OF THE OS UNLESS I CERTIFY IN OF THE FOLLOWING: TAS A RESULT OF A ONCEST, OR OTHER TEXAS PENAL CODE OF ORTED TO LAW THORITIES OR THAT HAS TED BECAUSE I EVE THAT DOING SO RISK OF RETALIATION IOUS BODILY INJURY. ND OBTAINING AN ORDANCE WITH JUDICIAL RES UNDER CHAPTER 33, OE. HILD HAS AN DICAL CONDITION OR IDENTIFIED BY RELIABLE OF ORTED TO WITH OWN THOUT COERCION. WHO LIVES 100 MILES OR UEAREST ABORTION A FACILITY LICENSED	6 000			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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	the physician who is to abortion receives a concertification required to (7) the pregnant work each person who provinformation required to (a-1) During a visit more prequirements of Subs	o perform or induce the opy of the signed, written by Subdivision (5); and man is provided the name of vides or explains the				
	of payment, deposit, of financial agreement for abortion-related service of a service required I amount charged for a Subsection (a) may neimbursement rate e the executive commis reimbursement progra(b) The information reunder Subsections (a provided by audio or service abortion of the service of the serv	or exchange or make any or an abortion or ces other than for payment by Subsection (a). The service required by ot exceed the stablished for the service by sioner for statewide medical				

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	(1) orally and in pers	· ·				
	confidential setting if to currently lives less that					
		ider that is a facility licensed	[,	
	· ·	a facility that performs	1			
		ns in any 12-month period;	Į.			
	or					
	(2) orally by telephor	e on a private call or in	-			
		d confidential setting if the	İ			:
	pregnant woman cert					
		les or more from the nearest				
	,	is a facility licensed under				
		lity that performs more than				
	50 abortions in any 13					
	(c) When providing the					
		e physician or the physician's se pregnant woman with the				
		et website on which the				
		cribed by Section 171.014				
	may be viewed as red					
	171.014(e).					1
	(d) The information p	rovided to the woman under				
	Subsection (a)(2)(B)	must include, based on				
	information available					
	Attorney General and					
	*	and Human Services Office				
		rcement for the three-year				
	period preceding the					
	likelihood of collecting	on regarding the statistical				
		s not required to republish				
		ls described by Subsection				
		a change in information				
		tion (d) unless the statistical				
		terials changes by five				
	percent or more.					
		is to perform the abortion,				
		signee, shall in person hand				
	to the pregnant woma					
	informational materials described by Section					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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6 000	171.014: (1) on the day of the Subsection (a)(4) for less than 100 miles fr provider that is a facil 245 or a facility in wh are performed in any (2) before any sedati administered to the p of the abortion and all abortion if the womar from the nearest abolicensed under Chapi more than 50 abortion 12-month period. Added by Acts 2003, eff. Sept. 1, 2003. Amended by: Acts 2011, 82nd Leg. Sec. 2, eff. September Acts 2015, 84th Leg. 3.0518, eff. April 2, 2: Acts 2019, 86th Leg. Sec. 1, eff. September Acts 2021, 87th Leg. 8, eff. September 1, 2: Findings were: A review of clinical re (medication patients services after 9-1-21 revealed that the son been changed from ti	consultation required under a pregnant woman who lives from the nearest abortion lity licensed under Chapter ich more than 50 abortions 12-month period; or live or anesthesia is regnant woman on the day a least two hours before the a lives 100 miles or more ation provider that is a facility for 245 or a facility in which has are performed in any 178th Leg., ch. 999, Sec. 1, 178th Leg., ch. 999, Sec. 1, 178th Leg., ch. 999, Sec. 1, 178th Leg., ch. 179, Sec. 1999, Sec. 1	6 000	The Clinic Manager is responsible for compliance with DSHS regulation and Woman's Health Alliance policies and procedures. Whole Woman's Health Alliance receives the required language chang HB15 Sonogram and Abortion Election on September 15, 2021. After research DSHS website for printed resources at reaching out to our local DSHS office, that the HB15 Sonogram Election Fornot updated with the newly required la Whole Woman's Health Alliance Austinamended the provided form internally these changes. The updated forms we implemented on September 20, 2021, Whole Woman's Health Alliance has recompliant since implementation. The provided HB15 Sonogram and Abelection Form on the DSHS website for updated forms and correction. The Clinic Manager will continue to me DSHS website for updated forms and continue to monitor compliance.	whole yed es to n Form hing the nd we found n was nguage. n to reflect ere and emained ortion emains dated plan of	

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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 _ 140013 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 WHOLE WOMAN'S HEALTH ALLIANCE **AUSTIN, TX 78753** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 6 007 Continued From page 6

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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 _ 140013 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 WHOLE WOMAN'S HEALTH ALLIANCE **AUSTIN, TX 78753** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 6 007 | Continued From page 7 6 007

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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 140013 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 WHOLE WOMAN'S HEALTH ALLIANCE **AUSTIN, TX 78753** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 6 033 TAC 139.48 Physical and Environmental 6 033 Requirements The physical and environmental requirements for a licensed abortion facility are as follows. (1) A facility shall: (A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times; (B) equip each procedure room so that procedures can be performed in a manner that assures the physical safety of all individuals in the area: (C) have a separate recovery room if moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia are administered at the facility; (D) have a written protocol for emergency evacuation for fire and other disasters tailored to the facility's geographic location. Each staff member employed by or under contract with the facility shall be able to demonstrate their role or responsibility to implement the facility's emergency evacuation protocol required by this subparagraph; (E) store hazardous cleaning solutions and compounds in a secure manner and label substances;

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WHOLE W	OMAN S REALTH ALLIA	AUSTIN, TX	78753				
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6 033	Continued From page 10		6 033				
	(F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings. If other food is provided by the facility, it shall be subject to the requirements of Chapter 228 of this title (relating to Retail Food);					:	
	(G) provide clean hand washing facilities for patients and staff including running water, and soap; (H) have two functioning sinks and a functioning toilet; and (I) have equipment available to sterilize instruments, equipment, and supplies in accordance with §139.49(d) of this title (relating to Infection Control Standards) before use in the facility. (2) The equipment for vacuum aspiration shall be electrically safe and designed to prevent reverse pump action in facilities that provide vacuum aspiration.						
	to existing buildings sometimes of that on-site minimize disruptions. Access, exit ways, an maintained so that the						
	This Requirement is not met as evidenced by: Based on a tour of the facility and an interview with staff, the facility failed to maintain a safe and sanitary environment, as the sonogram machine						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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6 033	was not properly main the correct time and and compounds were manner. Findings were: During a tour of the fat following observation * The sonogram mad displayed the time as correct time was 12:4 * In the patient bathroon the shelf and toiled the sink. * Under the lab sink, had been stored.	ntained and did not display nazardous cleaning solutions on not stored in a secure acility on 9-29-21, the swere made: chine in the Amelia room 11:44 am, although the	6 033	The Clinic Manager is responsible for compliance with DSHS regulation and Woman's Health Alliance policies and procedures. Whole Woman's Health Alliance Austin maintains a safe and sanitary environt Clinic Manager completed a walk-throuthe physical plant to review physical plant to review physical prequirements, ensure proper storage, ensure the time is accurately displayed sonogram machines. The time on the sonogram machine in the Amelia room updated by the Clinic Manager to refleaccurate time. A staff in-service will be facilitated by the Manager to review proper storage and usage, to be completed by November Daily monitoring of accurate time on smachines will be completed by Clinic Manager will be responsible monitoring ongoing compliance by commonthly physical plant walk-throughs.	whole ment. The ugh of ant and d on all was ct the he Clinic sink 28, 2021. onogram Manager.	

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