Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	008036	A. BUILDING _____ B. WING _____	09/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHOLE WOMANS HEALTH OF MCALLEN LP	802 SOUTH MAIN STREET MC ALLEN, TX 78501

(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
A 000	TAC 139 Initial Comments 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 entrance conference was conducted with the clinic Administrator of Woman ' s . the purpose of the unannounced onsite survey (re-licensure) and survey process were explained. An opportunity was provided for questions and discussions. A re-licensure survey was conducted per 25TAC 139.31 to determine the abortion facility ' s compliance with the requirements at 25 TAC 139 (abortion facility licensing rules) using survey report form. An exit conference was conducted with the Administrator of the abortion facility. The preliminary findings of the survey and the next steps in the survey process were explained. An opportunity was provided for questions and discussion. No evidence of compliance was provided where noncompliance was identified.	A 000	RECEIVED OCT 18 2012	
A 117	[redacted]	A 117	[redacted]	

SOD - State Form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

§245.023

Texas Department of State Health Services

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A 117	Continued From page 1 [redacted]	A 117		
A 232	[redacted]	A 232	[redacted]	