EXHIBIT 7
Legal Opinion to ISDH

Texas Abortion Clinics Marred with Health, Safety Issues, Inspection Reveals

Posted By *Charles Fain Lehman* On October 27, 2017 @ 5:00 am In Issues | No Comments

New detailed inspection reports reveal dozens of violations of health and safety standards by Whole Woman's Health (WWH), a chain of abortion clinics that says it is "committed to changing the culture around abortion stigma."

The new documents, inspection reports between 2011 and 2017 from the Texas Department of State Health Services, were obtained by And Then There Were None (ATTWN), a nonprofit group that "exists to help abortion clinic workers leave the abortion industry."

The documents show a widespread problem of health violations at WWH clinics. Staff failed to properly disinfect and sterilize equipment used on multiple women, and were not properly trained in the sterilization of surgical instruments. In 2011, the Beaumont, Texas, clinic did not have a registered nurse on staff, in contravention of legal requirements.

The inspector's reports also expressed concerns about maintenance of medical equipment. "There was [sic] numerous rusty spots on the suction machine used on the patient for evacuation of the products of conception," the Beaumont report notes. In multiple cases, supplies and medication were found to be clearly expired.

Facilities themselves were also in disrepair, with floors that were "stained and discolored which gives the appearance of being dirty." A 2016 report on the McAllen, Texas, facility notes a counter so warped it "was no longer a wipeable surface, which could harbor bacteria and infectious matter." The reports also show cracks, rips, and tears on exam tables' covers, and a hole in cabinet flooring that had "the likelihood to allow rodents to enter the facility."

In the most recent report, investigating the Austin facility, investigators found missing stock of fentanyl, the schedule narcotic linked to thousands of overdose deaths.

These reports are part of broader concerns about the safety standards of abortion clinics. According to a report from the pro-life advocacy group Americans United for Life, between 2008 and 2016, 227 abortion clinics, including six Whole Woman's Health clinics, were cited for over 1,400 health and safety deficiencies. These included failures to ensure a "safe and sanitary environment" and failures to properly handle patients' private information.

"Restaurants and tanning salons and vet clinics, they're all more closely regulated than the abortion industry," said Arina Grossu, a bioethicist and the Director of the Center for Human Dignity at the Family Research Council.

Grossu pointed out how regulators and inspectors often look the other way when investigating abortion facilities. Such was true, Grossu said, in the case of abortion doctor and convicted murderer Kermit Gosnell. Pennsylvania state regulators did not inspect Gosnell's facility, out of concerns that inspections would be "putting a barrier up to women" seeking abortions.

"Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot button topic, does not mean that the abortion industry should get a free pass," Grossu told the *Free Beacon*.

Abby Johnson, ATTWN's founder, had previously toured a WWH clinic in Austin, where she documented dirty equipment and what she took to be blood on the walls.

"I was appalled at the state of the Austin Whole Woman's Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice," Johnson said.

Johnson, like Grossu, sees these failed health inspections as part of the broader trend of repeated failures of oversight in the abortion industry.

"Laws only matter if they're enforced. And what we see in the abortion industry across the country is that inspections are done, people come in, they're cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite them for the same violations, they make a temporary plan to improve … it's the same cycle, over and over again," she said.

WWH's violations are of particular note because the group was the plaintiff in a case that went all the way to the Supreme Court in a successful effort to ensure that abortion clinics were not required to meet high medical standards.

In 2013, the Texas State Legislature passed, and then-Gov. Rick Perry (R.) signed, H.B. 2. Among other limits on abortion, the bill imposed requirements that physicians at abortion clinics have admitting privileges at a hospital within 30 miles of the clinic; that they provide a 24-hour contact number for patients to reach them at; and that abortion clinics meet the health and safety standards of ambulatory surgical centers, a particular kind of clinic that provides surgeries as an alternative to hard-to-access hospitals.

"If we're going to say that we're for women, and we're for protecting women, then this was sort of a common sense measure," Johnson said.

Johnson, who lobbied for the bill, noted that many of the Planned Parenthood centers opened in Texas since the passage of H.B. 2 met the ambulatory surgical center standards voluntarily. However, WWH decided that the health and safety requirements were unconstitutionally burdensome.

WWH brought suit, alleging that H.B. 2 violated it and its clients' constitutional rights. The state of Texas responded that it was simply trying to ensure the health and safety of its female citizens. That suit eventually came before the Supreme Court which, in a 5-3 decision, agreed with WWH.

"The Texas law called H. B. 2 inevitably will reduce the number of clinics and doctors allowed to provide abortion services…. it is beyond rational belief that H. B. 2 could genuinely protect the health of women, and certain that the law 'would simply make it more difficult for them to obtain abortions,'" wrote Justice Ruth Bader Ginsburg in a brief concurrence.

Justice Samuel Alito, for his part, warned that the court's rush to support abortion rights meant that it failed to adequately investigate the surgical center requirements as anything but a "package," leading to the striking down of obvious and constitutionally sound safety measures.

"Provisions that are indisputably constitutional—for example, provisions that require facilities performing abortions to follow basic fire safety measures—are stricken from the books. There is no possible justification for this collateral damage," Alito wrote.

(http://freebeacon.com/issues/texas-abortion-clinics-marred-health-safety-issues-inspection-reveals/print/)

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Charles Fain Lehman is a staff writer for the Washington Free Beacon. He writes about policy, especially crime, law, drugs, and social issues. Reach him on twitter (@CharlesFLehman) or by email at lehman@freebeacon.com.

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Exhibit 7.1
Legal Opinion to ISDH

PRINTED: 12/29/2015
FORM APPROVED

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
	140007	A. BUILDING: _____ B. WING _____	10/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHOLE WOMANS HEALTH OF SAN ANTONIO	4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 SAN ANTONIO, TX 78222

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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 unannounced visit was made on the morning of 10/20/2015 to conduct a Re-licensure Survey to determine compliance with 25 TAC Chapter 139 State Licensing Rules for Abortion Facility. An entrance conference was conducted with the Director of Clinic Services. The purpose of the visit and procedure for the survey was discussed. An exit conference was conducted on 10/21/15 with the Director of Clinic Services. Deficiencies were cited. The facility's personnel was given an opportunity to provide additional information and ask questions.	A 000	Acceptable 11/5/16	
A 149	TAC 139.44(b)(3)(A)(B)(C)(D) Orientation/Training/Demonstrated Competency (3) the employee understands, at a minimum but not limited to, the following: (A) coordination and treatment of patient care; (B) sterilization and infection control policies; (C) patient education/information; (D) informed consent policies;	A 149	A149 The Clinic Administrator will be responsible for ensuring all personnel working in the pathology lab has gone through the appropriate orientation process, training and demonstrate competency on decontamination and sterilization techniques.	11/30/15

SOD - State Form
LABOR [redacted] ENTATIVE'S SIGNATURE TITLE (X6) DATE
Director of Clinical Svcs 11/5/16 12/08/15
STATE 6899 JME311 If continuation sheet 1 of 22

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A 149	Continued From page 1 This Requirement is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure 1 (#3) of 1 was trained in the sterilization process of surgical instruments. Observed during the tour on 10/20/2015 at 10:15 AM there were approximately 20 sterile instruments packaged in peel pouches which were being stored in a plastic container with no lid. These instruments were stored in the room where products of conception were examined and contaminated instruments were washed. The peel pouches were observed to have water stains or discoloration noted on the sterile packages. There were no chemical indicators inside the peel pouches. Also, observed the peel pouches were not sealed correctly. There is a perforated line where the pouches are to be folded. The pouches were not folded correctly which allowed outside contaminated air to enter the pouches. The peel pouches were observed to be crushed, bent, and compressed in the plastic container, which had no lid and the container was over filled with instruments. The peel packs were not labeled with the load number, date and or time. A review of the of the steam sterilizer operation guide recommends no more than 1.8 lbs., if using the appropriate tray and pouches may not be stacked. It was observed in the sterilizer a load with peel pouches and 4 wrapped instrument sets on the day of tour. There was no tray in the sterilizer to separate the instruments. The instruments were lying on top of each other which allowed no room for the instruments to have air circulation for proper sterilization and drying.	A 149	During the survey conducted on 10/21/15 the surveyor noted staff was not properly sealing the sterilization pouches, therefore according to the surveyor allowing contaminated air to get inside the pouch. There is no indication of infection control hazard to patients due to the air circulating throughout the facility, Whole Woman's Health of San Antonio has not reported an increase of infection rate. The Director of Clinical services will facilitate an infection control training on November 30th, 2015. Staff will be required to prepare for this training by reading WWH policy for decontamination and sterilization techniques, during the training the designated trainer will show the staff the proper way to wrap, pack and sterilize instruments, by the end of the training the staff will be asked to perform each one of these steps while being evaluated by the trainer. A competency checklist will be documented and filed in the staff's personnel record. In order to ensure compliance, the Clinic Administrator will perform randomized tracers to address staff's competency and follow through of our policies and address training needs.	

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A 149	Continued From page 2 A review of the autoclave load log from 9/29/2015 thru 10/19/2015 revealed no temperature, time, or pressure recorded on the log. A review of the record titled, "Whole Women's Health Pathology Training Checklist" revealed the only record of training for Staff #3. There was no training on sterilization of sterile instruments. Review of the policy titled, "Procedure Decontamination, Disinfection, Sterilization, and Storage of Sterile Supplies" revealed the following: "Maintenance of Sterility Items that are packaged properly will remain sterile unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of being compromised. Commercially packaged items will be considered sterile according to the manufacturer's instructions. A. All packages will be inspected before use. If a package is torn, wet, discolored, has a broken seal, or is damaged, the item will be returned to the sterile area for reprocessing/sterilizing. B. The indicator tape on the outside and on the inside of the pack will be checked before the instruments are used. If the indicator tape did not change the pack will be returned to the sterile area for reprocessing/sterilizing. The other packs/pouches from that load will be checked. C. If instruments are ("flash") sterilized unwrapped an indicator tape or strip will be placed in the tray and presented to the providing MD along with the instrument. D. Sterilized items will be handled in a manner that does not compromise the packaging of the product.	A 149		

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A 149	Continued From page 3 E. Sterilized items will be transported as to maintain cleanliness and sterility and to prevent physical damage. F. Sterilized items will be stored in the sterile area. This area has controlled ventilation and has restricted access. G. Sterilized items will be packed in the sterilizers and positioned so the packaging is not crushed, bent, compressed, or punctured in order to ensure the packages' sterility." An interview with Staff #3 on 10/20/2015 at approximately 3:00 PM confirmed the above findings and the policy was not being followed. Staff #3 was asked what type of training have you had on the sterilization of instruments. Staff #3 stated, "I just shadowed someone for couple of days." The interview with Staff #3 revealed the staff member was still not knowledgeable in the proper procedure of sterilizing instruments.	A 149		
A 197	TAC 139.48(1)(A) Physical & Environmental 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; This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to provide safe and sanitary environment.	A 197	A197 The Clinic Administrator will be responsible for ensuring the physical and environmental requirements for the facility are strictly followed.	11/30/15

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A 197	Continued From page 4 During the tour of the facility on 10/21/2015 at approximately 10:00 AM the following environmental issues were observed: The findings included: Laboratory Area: Patient lab supplies were being stored under the sink in the Lab room. Observed a brown substance on patients' supplies and on the floor of the sink shelf which appeared to be a leak. Pathology Room: Observed some type of soap being stored in the bag out of the original container on the pathology sink. There was water on the cabinet surface where instruments are placed to dry. The Administrator laid her phone down on the cabinet in the water during the tour and stated "Oh that's wet." In the Pathology room beside the Biohazard container in a card board box sitting on the floor was the blue wrap for the surgical instruments. In the pathology room (what the facility calls the sterile side) was another box of the blue wrap in a card board box sitting on the floor. The products of conception were being examined and contaminated instruments were being washed in this same room. The width of area discussed was approximately 3 feet that separated clean from dirty. A fan was sitting on top of the surgical trays on the shelf, the under the cabinet in the Pathology room. In the Pathology room 15 gallons of Cidex, Enzymatic solution, and bleach were being stored	A 197	Laboratory Area: All patient supplies have been removed from the cabinet under the sink, and have been stored in a plastic container on a separate cabinet. The packaging that was stained with betadine "brown substance" has been removed from the lab and properly disposed. An infection control training outlining the proper method to store laboratory supplies was facilitated for staff on 11/11/15, and the records have been failed in the each staff's personnel record. Recovery Room: The oxygen tank has been moved to a safer place away from risk of being knocked down by patients, visitors, or staff. Laundry Room: The Laundry room has been re organized with the intent of maintaining a clear separation between the dirty linens, and the clean laundry. All janitorial supplies have been properly stored in a closest designated for janitorial supplies. Physical walk through of the facility: The exam tables, and suction machines will be refurbished to address the peeling paint, and the ceiling tile with the 3 inch water mark in the lab will be replaced.	11/11/15 11/11/15 11/12/15 11/30/15

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A 197	Continued From page 5 directly on the floor. Patient Storage Closet: In the patient care closet, where patient supplies are stored it was observed there were sanitary pads on the floor. Dust particles were on the floor next to the sanitary pads along with a biohazard sharps container and card board boxes. The patient supplies were open on the shelves, and it was observed that there were card board shipping boxes on the shelves beside the open patient supplies. Also, there were card board shipping boxes stored on top of the open patient supplies. Card board boxes can harbor parasites, insects, and microorganisms. "External shipping containers have been exposed to unknown and potentially high microbial contamination. Also, shipping cartons, especially those made of corrugated material; serve as generators of and reservoirs for dust." (AAM1 ST46-Section 5.2 Receiving items). Recovery Room: During the tour of the recovery room on 10/20/2015 at 3:00 PM observed 2 card board shipping boxes on the floor of the recovery room. The boxes were full of patients' supplies (blue pads). The lid was open to the boxes making it available for contaminants to enter the boxes. There was an oxygen tank sitting on the floor in the recovery area with a holder. The oxygen tank was beside the water fountain, which made it accessible to be knocked over by staff, patients, and family members. An interview with Staff #1 on 10/20/2015 at 3:00 PM confirmed the above findings.	A 197	In order to monitor compliance with the physical an environmental requirements for the facility, the Administrator will perform a walk-through of the physical plant on a weekly basis to ensure all supplies are properly stored, ad equipment and instruments are in optimum condition.	

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A 197	Continued From page 6 Laundry Room: During a tour of the facility on 10/20/15 and 10/21/15 of the survey card board shipping boxes were stored in front of the (2) soiled linen hampers on the floor in the laundry area. There were 4 boxes which contained paper towels and bathroom tissue stacked in front of the soiled linen hamper, and the washer and dryer. In this same area across from the soiled linen cart (approximately 3 feet) was an open wire rack where patient gowns, physicians ' scrubs, and patient blankets were being stored. There were no barriers on the bottom shelf and no cover over the shelving. On the shelf with the clothing items was an autoclave. Above the patient gowns, physicians' scrubs, and patient blankets were package of paper towel rolls. There was clothing articles piled on top of the dryer along with boxes of fabric softener. Beside the dryer was another soiled linen hamper that had a shipping box on top of the linen hamper. Observed that all 3 linen hampers had soiled linen in them. The linen hampers were all labeled with biohazard label. This laundry area stayed cluttered with shipping boxes and observed that none of the staff members had ever moved or cleaned the area during the 2 day survey. An interview with Staff #1 on 10/21/2015 at approximately 12:00 PM confirmed the above findings. Staff #1 stated, "The boxes are here because we just got supplies." Observed no change in the laundry area during the survey dates of 10/20-21/2015. Tour of the facility on 10/20/15, the following observations were made: -Through out the facility, base boards were lifting	A 197		

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A 197	Continued From page 7 at some of the seams and "yellowing dirt" was observed along the base of the baseboards. - In the recovery room, the exam table had rust around each drawer and around the drawer handles. - In the procedure room- Amelia: the drawers of the exam table had rust and peeling paint. -In the procedure room -Georgia: The emesis basins, used for patients, were stored under the sink. The suction machine, the bumper around the machine had fallen off the machine and was covered in dust. In the Lab room: A ceiling tile had water damage. -The crash cart in the hallway of the facility was covered in dust. Interview on 10/20/15 with the staff S#1, confirmed the above findings.	A 197		
A 213	TAC 139.49(b)(1)(A)(I)(ii) Infection Control Standards (A) An abortion facility shall ensure that all staff comply with universal/standard precautions as defined in this paragraph. (i) Universal/standard precautions includes procedures for disinfection and sterilization of reusable medical devices and the appropriate use of infection control, including hand washing, the use of protective barriers, and the use and disposal of needles and other sharp instruments. (ii) Universal/standard precautions synthesize the major points of universal precautions with the points of body substance precautions and apply them to all patients receiving care in facilities,	A 213	A213 The Clinic Administrator will be responsible for ensuring all infection control standards are accurately followed. Whole Woman's Health of San Antonio has developed a performance record for the usage of Manual Vacuum Aspirator (MVA) in order to track the usage and performance of the MVA's in rotation. (See log attached)	11/30/15

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A 213	Continued From page 8 regardless of their diagnosis or presumed infection status. This Requirement is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain performance records for the usage of the Manual Vacuum Aspiration (handheld syringe used for manual evacuation for an abortion). Also, the facility failed to follow their own policy processing the Ipas MVA Plus. A review of records revealed no documentation that the facility was keeping records of how many times the MVA had been used. A review of the manufactures' guideline on the Ipas MVA revealed the following: "Providers can choose the disinfectant/sterilization method that best results their practice. As a guideline, the Ipas MVA Plus can be used between 25-50 times when following the Ipas processing instructions provided in its package insert. Whichever method of disinfection/ sterilization is chosen, the Ipas MVA needs to be inspected before next use. If the Ipas MVA plus shows signs of damage or is not functioning properly, it should be discarded." During a tour of the facility on 10/20/2015 at 10:50 AM observed multiple MVA's on the counter at the nursing station in an open container with no lid. Also, observed a MVA lying on the second shelf of a rolling cart. The MVA was lying on an open surface with no cover over the MVA. The cart was used to carry supplies in and out of the procedure room. A review of the facility policy titled, "Procedure Decontamination, Disinfection, Sterilization, and Storage of Sterile Supplies" revealed the	A 213	The medical director will conduct an inspection of all MVA's in rotation to assess their current condition and need for replacement. This audit will be documented and kept in the performance record binder. All MVA's devises will be stored in a closed plastic container before use. A staff training will be provided by the Director of Clinical Services to ensure the staff understand the process to decontaminate and sterilize these devises, as well as the steps to inspect them before use and document the number of times it is used. In order to ensure compliance with this requirement, the Clinic Administrator will conduct a monthly audit of the performance record log as well as the condition of the MVA's.	

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A 213	Continued From page 9 following: "Cleaning and Processing the Ipas MVA Plus: *Clean it by washing all surfaces thoroughly in warm water and detergent. Detergent is preferable to soap, which can leave a residue. As an alternative, an enzymatic cleaner, a solution specifically designed to clean blood and tissue from surgical instruments, can be used. *For a high-level disinfectant soak, place all the parts in the soak for the amount of time directed on the bottle. Ipas recommends Cidex or Cidex OPA, or Sporox II, however, Cidex OPA is the Facility's approved disinfectant soak. Ipas MVAs must soak in Cidex OPA for at least 12 minutes. *The Ipas MVA Plus can be used between 25 and 50 times when following the Ipas processing instructions. The Ipas MVA should always be inspected before next use, and should be discarded at any signs of damage or is not functioning properly. *Aspirators need to be stored in dry, covered containers or packages to protect them from dust and other contaminants." An Interview with Staff #1 on 10/21/2015 at 10:30 AM confirmed the facility was not keeping a record of how many times the MVA had been used.	A 213		
			A242	
A 242	TAC 139.49(d)(5)(D)(i)(ii) Infection Control Standards D) Packaging. (i) All wrapped articles to be sterilized shall be	A 242	The Clinic Administrator will be responsible for ensuring all infection control standards are being followed by ensuring the sterilization procedure is strictly monitored.	10/22/15 11/30/15

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A 242	Continued From page 10 packaged in materials recommended for the specific type of sterilizer and material to be sterilized, and to provide an effective barrier to microorganisms. Acceptable packaging includes peel pouches, perforated metal trays, or rigid trays. Muslin packs shall be limited in size to 12 inches by 12 inches by 20 inches with a maximum weight of 12 pounds. Wrapped instrument trays shall not exceed 17 pounds. (ii) All items shall be labeled for each sterilizer load as to the date and time of sterilization, the sterilizing load number, and the autoclave. This Requirement is not met as evidenced by: Based on observation, record review, and interview, the facility failed to document on the instrument packages the following: the date and time of sterilizing, sterilizing load number, and the identification of the autoclave used. Observed during the tour of the sterilization room on 10/20/2015 at approximately 10:14 AM the peel pouches in the plastic container and the peel pouches that were being removed from the autoclave were not labeled with date and time sterilized, sterilizing load number, and the identification of the autoclave used. The wrapped instruments that were removed from the autoclave were not labeled with date and time sterilized, sterilizing load number, and the identification of the autoclave used. An interview with the Staff #3 on 10/20/2015 at 11:00 AM confirmed the above findings.	A 242	All instruments have been re sterilized and the date, time, load # and autoclave ID has been documented on each pouch and pack. The Director of Clinical services will facilitate an infection control training on November 30th, 2015 staff will be required to prepare for this training by reading WWH policy for decontamination and Sterilization techniques. During the training, the designated trainer will show the staff the proper way to wrap, pack, and label instruments to be sterilized. By the end of the training the staff will be asked to perform each one of these steps while evaluated by the trainer. A competency checklist will be documented and filed in the staff's personnel record. In order to ensure compliance, the Clinic Administrator will perform randomized tracer to address staff's competency and follow through of our policies and address training needs.	11/30/15
A 245	TAC 139.49(d)(5)(F)(iii)(iv)(v) Infection Control Standards	A 245		11/30/15

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A 245	Continued From page 11 (F) Biological indicators. (iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load. (iv) If a test is positive, the sterilizer shall immediately be taken out of service. A malfunctioning sterilizer shall not be put back into use until it has been serviced and successfully tested according to the manufacturer's recommendations. (v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator. This Requirement is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain a log for biological indicators (BI) that included time, load identification, and contents of the load. Also, the facility failed to follow their own policy. Findings include: Observation on 10/20/2015 at 10:15 AM revealed a "Pathology" room with one (1) Pelton Delta Q autoclave. An interview with Staff #3 on 10/20/2015 at 10:15 AM stated she was a medical assistant and the person responsible for the autoclave. Staff #3 stated, "I run a biological indicator (BI) test with the 1st load every day that the autoclave is ran." A review of the record titled, "Biological Indicator Log " on 10/20/2015 at 11:00 AM revealed the following: the time the biological was placed in the autoclave was left blank and the time the	A 245	A245 The Clinic Administrator will be responsible for ensuring all infection control standards are met by ensuring the Biological Indicator (BI) log is completed and accurate. All BI test performed after the survey conducted on 10/21/15 have been accurately documented on the BI log to include time and load ID, contents, and the 24 hr reading with the time it was run. The Director of Clinical Services will facilitate a training for all staff working in the pathology lab on how to run biological indicators (BI) and how to properly document the test and results of the spore test. The Director of Clinical Services will observe each staff run the BI test and document it on the log. The Clinic Administrator will monitor compliance with this standards by conducting an audit of the sterilization and BI logs on a monthly basis to ensure adequate competency, and address training needs.	11/30/15 10/21/15

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A 245	Continued From page 12 biological was read 24 hours later was left blank. Also, the load identification and contents of the load was not documented on the biological log. A review of the log for the date 9/30/2015 revealed the control biological was left blank. A review of facility policy titled, "Procedure for Pathology" revealed the following: "Biological Indicators The efficacy of the sterilizing process will be monitored with reliable biological indicators. (i.e. Bacillus stearothermophilus) appropriate for the type of sterilizer used. A. These indicators will be included in one run each day of use per sterilizer. B. A log will be maintained with the load identification, biological indicator results, and identification of the contents of the load. C. If a test is positive, the sterilizer will immediately be taken out of service and will not be put back into service until it has been serviced and successfully tested. D. All available items will be recalled and reprocessed if a sterilizer malfunction is found." An interview on with Staff #3 on 10/20/2015 at 10:15 AM revealed the biological log was not completed and facility policy had not been followed.	A 245		
A 247	TAC 139.49(d)(5)(H)(i)(ii)(iii) Infection Control Standards (H) Maintenance of sterility. (i) Items that are properly packaged and sterilized shall remain sterile indefinitely unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of	A 247	A 247 The Clinic Administrator will be responsible for ensuring all Infection Control Standards are accurately followed by ensuring medication therapy protocol is followed.	11/30/15

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A 247	Continued From page 13 being compromised. (ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations. (iii) All packages shall be inspected before use. If a package is torn, wet, discolored, has a broken seal, or is damaged, the item may not be used. The item shall be returned to sterile processing for reprocessing. This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to discard medication not administered in a timely manner. During a tour of the facility with the Administrator on 10/21/2015 at 9:46 AM observed a syringe on the second shelf of a rolling cart in the Pathology room. There were no staff members in the room. The Administrator was asked what is that syringe for and why was the syringe left unattended. The Administrator stated, "It was for today's procedure," Surveyor showed the syringe to the Administrator and the syringe was labeled "Lidocaine 10/20/2015." The syringe had been left from the the previous day procedures. An interview with the Administrator on 10/21/2015 at 9:46 AM confirmed the above findings.	A 247	The unused lidocaine syringe found on the rolling cart in the pathology room from the previous surgery day was immediately disposed of. The Clinical coordinator performed a thorough check of all procedure rooms, pathology lab and nurse's station to ensure there are no unused medications. An in service will be facilitated to all surgical staff in order to ensure their understanding on the proper way to prepare medications for each day of services, and how to dispose of all unused medications at the end of session. The Clinical Coordinator will be responsible for ensuring this practice is strictly followed, by conducting an end of day walk through and check of each procedure room, pathology lab, and nurses station. Findings will be immediately communicated to the Clinic Administrator.	
A 249	TAC 139.49(d)(5)(J)(i)(ii)(iii)(iv) Infection Control Standards J) Storage of sterilized items. The loss of sterility is event related, not time related. The facility shall ensure proper storage and handling of items in a manner that does not compromise the packaging of the product. (i) Sterilized items shall be transported so as to	A 249	A249 The Clinic Administrator will be responsible for ensuring all infection control standards are accurately followed.	11/30/15 12/9/15

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A 249	Continued From page 14 maintain cleanliness and sterility and to prevent physical damage. (ii) Sterilized items shall be stored in well-ventilated, limited access areas with controlled temperature and humidity. (iii) Sterilized items shall be positioned so that the packaging is not crushed, bent, compressed, or punctured so that their sterility is not compromised. (iv) Storage of supplies shall be in areas that are designated for storage. This Requirement is not met as evidenced by: Based on observation, and interview, the facility failed to store peel pouches in a position that was free of being crushed, bent, compressed, or punctured. FINDINGS: During a tour of the facility on 10/20/2015, multiple peel pouches were stored in a plastic container in the pathology room. Also, the peel pouches were found in a blue tote bag on a rolling cart that was used for storage of the sterile instruments. Approximately 20 peel packs were crushed and compressed in the plastic container which had no lid and was stored in the pathology room, where products of conception were examined and contaminated instruments were washed. The facility had no area designated for storage of sterile peel pouches. An interview with Staff #3 on 10/20/2015 at approximately 11:00 AM confirmed the above findings.	A 249	The Clinic Administrator along with the staff trained to work in the pathology and sterilization lab, have reorganized the area and identified storage space outside of the pathology and sterilization room. They have designated storage space on the surgical hall closet in order to adequately stack sterilized pouches in a position free of being crushed, bent, compressed or punctured. In addition a staff in service will be facilitated to ensure staff understands how to properly store packs and pouches. In order to monitor compliance with this requirement, the Clinic Administrator will conduct random weekly inspections of the sterilized stored instruments. Findings will be addressed during quality assurance meetings.	

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A 255	Continued From page 15	A 255		
A 255	TAC 139.49(d)(5)(K)(i)(ii)(iii) Infection Control Standards (K) Disinfection. (i) The manufacturer's written instructions for the use of disinfectants shall be followed. (ii) An expiration date, determined according to manufacturer's written recommendations, shall be marked on the container of disinfection solution currently in use. (iii) Disinfectant solutions shall be kept covered and used in well-ventilated areas. This Requirement is not met as evidenced by: Based on observation, record review, and interview, the facility failed to follow the manufacturer's written instructions for the use of cold disinfectant (Cidex) utilized on surgical instruments. Also, the facility failed to provide a disinfectant log for the Cidex being utilized in the facility for the disinfection of surgical instruments. Findings: During the tour of the Pathology room on 10/21/21 at 9:47 AM revealed a large clear plastic container labeled Cidex. The container was covered, but there was no label to indicate when the Cidex was mixed. Also, under the sink in the pathology room was a gallon of open Cidex with no label as to when the container was open. There was a glass suction jar ¾ full with a green liquid substance and written on the side of the glass jar was Cidex. There was no label or date as to when the liquid substance was mixed. During the tour of the Pathology room (where cold disinfectant was located) on 10/20/2015 at	A 255	A255 The Clinic Administrator will be responsible for ensuring all infection control standards are being followed by ensuring the proper labeling and documenting of decontaminating solutions. Whole Woman's Health of San Antonio uses the Metrex disinfection log which contains all the information required by the manufacturer's instructions. (See Attached) This log tracks the date solution prep, expiration and staff preparing solution, this log is kept on a binder labeled Cidex OPA Plus log, and a memorandum directing staff to document on the solution's original container the date it was opened, and when it expires according to the manufacturer's instructions will be included in this binder as well as circulated during the infection control training scheduled for 11/30/15	11/30/15

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A 255	Continued From page 16 10:45, Staff #3 was asked where the cold disinfectant log was. Staff #3 stated, "I don't have a disinfectant log." During a tour of the Pathology room on 10/21/2015 at 9:50 AM, a disinfectant log was observed, but the log was blank. A review of the log titled, "Solution Testing log Sheet for: Metricide OPA" revealed the date solution was opened was 10/9/2015 and the expiration date was 12/23/2015. The OPA-Cidex is only stable for 14 days from day the solution is mixed. This log location/department was written as Path room/Sonography. Staff #3 was asked on 10/20/2015 at 10:45 AM what was the green substance in the glass jar under the sink in the Pathology room. Staff #3 stated, "I don't know that belongs to the sonographer." A review of the manufactures' guideline revealed the following: "CIDEX OPA Solution may be reused for up to a Maximum of 14 days provided the required conditions of ortho-phthalaldehyde concentration and temperature exist based upon monitoring described in the Direction for use. Do not rely solely on day in use. Concentration of this product during its reuse life must be verified by the CIDEX OPA Solution Test Strips prior to each use to determine that the concentration of orto-phthalaldehyde if above the MEC of 3%. The Product must be discarded after 14 days. Use CIDEX OPA Solution in a well-ventilated area and in closed containers with tight-fitting lids. If adequate ventilation is not provided by the existing air conditioning system, use in local exhaust hoods, or in ductless fume hoods/portable ventilation devices which contain filter media which absorb ortho-phthalaldehyde from the air." A review of the manufactures' guideline on the	A 255	The Cidex solution currently in use by the pathology staff has been placed in a container with a tight lit. The Cidex used to disinfect the ultrasound transducer will be placed in a glass jar labeled with date the solution was prepared and the expiration date. In order to ensure compliance with this requirement the Administrator will conduct a monthly audit of the Cidex log and a walk through of the pathology room to ensure this solution is properly stored and labeled.	

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A 255	Continued From page 17 OPA gallon container revealed the following: "Usage: NO ACTIVATION IS REQUIRED. Record the date the container was opened on the container label, or in a log book. After opening, the solution remaining in the container may be stored for up to 75 days (providing the 75 days does not extend past the expiration date on the container) until used. Record the date the solution was poured out of the original container into a secondary container in a log book (separate from the one mentioned above), or on a label affixed to the secondary container. The solution in the secondary container can be used for a period up to 14 days. The product must be discarded after 14 days even if the CIDEX OPA Solution Test Strip indicates a concentration above the MEC (Minimum Effective Concentration). " An interview with the Staff #1 on 10/21/2015 at 11:00 AM confirmed the above findings.	A 255		
A 257	TAC 139.49(d)(5)(L)(ii)(I - V) Infection Control Standards (L) Performance records. (ii) Each sterilizer shall be monitored during operation for pressure, temperature, and time at desired temperature and pressure. A record shall be maintained either manually or machine generated and shall include: (I) the sterilizer identification; (II) sterilization date and time; (III) load number; (IV) duration and temperature of exposure phase (if not provided on sterilizer recording charts); (V) identification of operator(s);	A 257	A257 The clinic administrator will be responsible for ensuring all infection control standards are strictly followed by ensuring the Autoclave Load Log is completed and adequately tracks the performance of the autoclave.	11/30/15

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A 257	Continued From page 18 This Requirement is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain performance records for the autoclave during operation that included pressures, temperatures, and times at desired temperature and pressure. Findings include: Observation on 10/20/2015 at 10:15 AM revealed a "Pathology" room with one (1) Pelton Delta Q autoclave. An interview with Staff #3 on 10/20/2015 at 10:45 AM revealed she was the medical assistant and the person responsible for the autoclaves. Staff #3 was asked to produce all logs and records for the autoclave. A review of the record on 10/20/2015 revealed the records/logs presented for the autoclave did not show any documentation of the load identification, date, time, duration and temperature of exposure phase during the operational phase of the autoclave. A continued interview with Staff #3 confirmed these were all the autoclave records available.	A 257	Whole Woman's Health of San Antonio has updated its Autoclave Load Log to include documentation of temperature and pressure of each autoclave during operation. Even though this information was not previously documented on the log, the staff sterilizing the instruments always confirmed that the autoclave was indeed reaching the required temperature and pressure to ensure decontamination and sterility of the instruments. A staff in service will be facilitated by the director of clinical services to ensure all staff understands the proper way to document the performance of each autoclave foe each load. In order to monitor compliance with this requirement the clinic administrator will conduct a monthly audit of the autoclave load log and address adequate documentation and training needs.	
A 258	TAC 139.49(d)(5)(L)((ii)(VI)(VII) Infection Control Standards (L) Performance records. (ii) Each sterilizer shall be monitored during operation for pressure, temperature, and time at desired temperature and pressure. A record shall	A 258		11/30/15

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A 258	Continued From page 19 be maintained either manually or machine generated and shall include: (VI) results of biological tests and dates performed; and (VII) time-temperature recording charts from each sterilizer (if not provided on sterilizer recording charts). This Requirement is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain performance records for the autoclave during operation that included pressures, temperatures, and times at desired temperature and pressure. Findings include: Observation on 10/20/2015 at 10:15 AM revealed a designated " Pathology" room with one (1) Pelton Delta Q autoclave. An interview with Staff #3 on 10/20/2015 at 10:45 AM revealed she was the medical assistant and the person responsible for the autoclaves. Staff #3 was asked to produce all logs and records for the autoclaves. A review of the record on 10/20/2015 revealed the records/logs presented for the autoclave did not show any documentation of the time, duration and temperature of exposure phase during the operational phase of the autoclave. An interview with Staff #3 on 10/20/2015 at 10:45 AM confirmed there were no recordings of the time-temperature from the autoclave.	A 258	A 258 The Clinic Administrator will be responsible for ensuring all infection control standards are strictly followed. Whole Woman's Health of San Antonio has updated its Autoclave Load Log to include documentation of temperature and pressure of each autoclave during operation. Even though this information was not previously documented on the log, the staff sterilizing the instruments always confirmed that the autoclave was indeed reaching the required temperature and pressure to ensure decontamination and sterility of the instruments. A staff in service will be facilitated by the director of clinical services to ensure all staff understands the proper way to document the performance of each autoclave foe each load. In order to monitor compliance with this requirement the clinic administrator will conduct a monthly audit of the autoclave load log and address adequate documentation.	11/30/15

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A 259	Continued From page 20	A 259		
A 259	TAC 139.49(d)(5)(M) Infection Control Standards (M) Preventive maintenance. Preventive maintenance of all sterilizers shall be performed according to individual policy on a scheduled basis by qualified personnel, using the sterilizer manufacturer's service manual as a reference. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least two years and shall be available for review to the facility within two hours of request by the department. This Requirement is not met as evidenced by: Based on record review and interview, the facility failed to maintain preventive maintenance records for the autoclave. Findings include: Observation on 10/20/2015 at 10:15 AM revealed a designated " Pathology" room with one (1) Pelton Delta Q autoclave. An interview with Staff #3 on 10/20/2015 at 10:45 AM revealed she was the medical assistant and the person responsible for the autoclaves. Staff #3 was asked to produce all logs and records for the autoclaves. A review of the record on 10/20/2015 revealed the records/logs presented for the autoclave did not show any documentation of the time, duration and temperature of exposure phase during the operational phase of the autoclave.	A 259		11/30/15

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
	140007	A. BUILDING: _____ B. WING _____	10/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHOLE WOMANS HEALTH OF SAN ANTONIO	4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 SAN ANTONIO, TX 78222

(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 259	Continued From page 21 An interview with Staff #3 on 10/20/2015 at 10:45 AM confirmed there were no recordings of the time-temperature from the autoclave.	A 259		

Exhibit 7.2
Legal Opinion to ISDH

PRINTED: 12/02/2015
FORM APPROVED

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 _____	11/10/2015

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 held with the facility clinical coordinator and another facility staff member on the morning of 11/10/15. 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 facility clinical coordinator and another administrative staff on the evening of 11/10/15. Preliminary findings of the survey were discussed, and an opportunity given for questions.	A 000	Accepted 1/8/16	
A 126	TAC 139.41(a) Policy Development and Review (a) The licensee shall be responsible for the conduct of the licensed abortion facility and shall assume full legal responsibility for developing, implementing, enforcing, and monitoring written policies governing the facility's total operation, and for ensuring that these policies comply with the Act and the applicable provisions of this chapter and are administered so as to provide health care in a safe and professionally acceptable environment. These written policies shall include at a minimum the following:	A 126	A126 The Clinic Administrator will be responsible for the conduct of the facility, and for the implementation, enforcement and monitoring of the written policies governing the facility. The clinic Administrator has placed a purchase order for small red biohazard bags, as well as small biohazard stickers as a backup option for storing pathological waste in the biohazard freezer.	12/28/15

SOD - State Form
LABORATORY [redacted] ATIVE'S SIGNATURE TITLE (X6) DATE

LVN, clinic Administrator 01/06/2016

STATE FORM 6899 RNHO11 If continuation sheet 1 of 7

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 _____	11/10/2015

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 126	Continued From page 1 This Requirement is not met as evidenced by: Based on a review of policies, tour of the facility, and interview the facility failed to enforce written policies governing the facility's total operation, to provide health care in a safe and professionally acceptable environment. Findings included: Facility procedure entitled, "Procedure for pathology" stated in part, "10. The staff member will dispose of the POC into a small biohazard bag. When that bag is full or at the end of a session (whichever comes forts), the staff member will place that bag into another Ziploc and put it into the path lab freezer." During a tour of the facility on 11/10/15 it was observed that the freezer that the biohazard freezer contained approximately 5 unlabeled plain Ziploc bags containing POC (products of conception). The POC was not in a labeled biohazard bag. In an interview on 11/10/15, staff member #2 confirmed that all POC should be placed in a biohazard bag prior to being placed in a Ziploc bag and stored in the designated freezer.	A 126	An In Service will be facilitated to reiterate to staff that when working pathology, the POC should be placed in a small red biohazard bag to be stored in the freezer, even though all the small bags will be placed in a large biohazard bag and container to be transported out of the building. In the event the clinic has to use zip lock bags, a biohazard sticker will be placed on the outside of the bag in order to properly identify the bag before placing it inside the biohazard freezer. In order to monitor compliance with this requirement, the clinic administrator will conduct randomized tracers on staff working in the pathology lab, findings will be discussed during the quality assurance meetings.	
A 197	TAC 139.48(1)(A) Physical & Environmental Requirements The physical and environmental requirements for a licensed abortion facility are as follows.	A 197	A197 The Clinic Administrator will be responsible for ensuring all physical and environmental requirements are accurately followed.	01/04/15

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
	008038	A. BUILDING: _____ B. WING _____	11/10/2015

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 197	Continued From page 2 (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; This Requirement is not met as evidenced by: Based on observation and an interview with staff, the facility failed to have a safe and sanitary environment that was maintained to protect the health and safety of patients and staff at all times. Findings were: During a tour of the facility on 11-10-15, the following observations were made: - The vinyl cover on the exam table in the sonograph room contained tears, which can harbor bacteria and prevent the exam table from being completely cleaned. - Examination of the medications in the emergency cart revealed 2 vials of Calcium Gluconate 10 % injectable 10 ml with an expiration date of 10/15, 1 bag of Lactated Ringers 500 ml IV with an expiration date of 5/2015, 1 ET Tube with brown discoloration/staining visible on the packaging, and 1 suction tubing with a torn/open packaging. The expired medications and damaged supplies were available for patient use. The above was confirmed in an interview, with staff #2 during a tour of the facility on 11-10-15.	A 197	The creases on the vinyl cover on the exam table in the sonogram room will be repaired. This exam table won't be in use until the creases have been fixed. Due to a clerical error expired medications were kept with current medications in the crash cart, those have now been removed and properly discarded. Staff has received training on how to evaluate the need to replace medical supplies that do not have expiration dates, the ET and suction tubbing have been removed from the cart, and have been replaced by new ones. In order to ensure compliance with the physical and environmental requirements mandated by the state, the clinic administrator will conduct a physical walk through of the facility to inspect the appearance and functionality of all equipment. Findings will be addressed during the quality assurance meetings.	

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 _____	11/10/2015

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 201	Continued From page 3	A 201		
A 201	TAC 139.48(1)(E)(F) Physical & Environmental Requirements The physical and environmental requirements for a licensed abortion facility are as follows. (1) A facility shall: (E) store hazardous cleaning solutions and compounds in a secure manner and label substances; (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 §§229.161 - 229.171 of this title (relating to Texas Food Establishments); This Requirement is not met as evidenced by: Based on a tour of the facility, the facility failed to store hazardous cleaning solutions and compounds in a secure manner. Failure to do so increases the risk of harm to patients. Findings were: During a tour of the facility on 11-10-15, the unlocked laundry room contained items including disinfectant spray, air freshener spray, germicidal wipes, all-purpose spray cleaner and bleach. The above was confirmed in an interview, with staff #2 on 11-10-15 during a tour of the facility.	A 201	A201 The Clinic administrator will be responsible for ensuring the physical and environmental requirements for the facility are followed accurately. The Clinic will install locks on the laundry closet cabinets, and ensure all cleaning products are locked during patient care hours. A staff in service will be facilitated on 01-15-16 to ensure all staff is aware of ensuring these products are to be locked during patient care. The clinic Administrator will ensure compliance with this requirement by conducting random walk through of the facility. Findings will be addressed during quality assurance meetings.	01/15/16
A 249	TAC 139.49(d)(5)(J)(i)(ii)(iii)(iv) Infection Control Standards J) Storage of sterilized items. The loss of sterility is event related, not time related. The facility shall	A 249		

Texas Department of State Health Services

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(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 249	Continued From page 4 ensure proper storage and handling of items in a manner that does not compromise the packaging of the product. (i) Sterilized items shall be transported so as to maintain cleanliness and sterility and to prevent physical damage. (ii) Sterilized items shall be stored in well-ventilated, limited access areas with controlled temperature and humidity. (iii) Sterilized items shall be positioned so that the packaging is not crushed, bent, compressed, or punctured so that their sterility is not compromised. (iv) Storage of supplies shall be in areas that are designated for storage. This Requirement is not met as evidenced by: Based on observation, and interview, the facility failed to store peel pouches in a position that was free of being crushed, bent, compressed, or punctured. FINDINGS: During a tour of the facility on 11/10/15, multiple peel pouches were observed stored on a counter in the pathology room. Approximately 10 peel packs were crushed and compressed, the adhesive seal across the bottom of these peel packs was observed to be wrinkled with small gaps present, presenting a risk for contamination. The tacking of the packs also presented a risk of the packaging being punctured. An interview with Staff #3 on 11/10/15, confirmed the above findings.	A 249	A249 The Clinic Administrator will be responsible for ensuring all infection control standards are accurately followed. The Clinic Administrator along with the staff trained to work in the pathology and sterilization lab, will reorganize the area and designate storage space on the clean side cabinets to carefully stack sterilized pouches in a position free of being crushed, bent, compressed or punctured. In addition a staff in service will be facilitated to ensure staff understands how to properly store packs and pouches. In order to monitor compliance with this requirement, the Clinic Administrator will conduct random weekly inspections of the sterilized stored instruments. Findings will be addressed during quality assurance meetings.	01/15/16

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
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A 356	Continued From page 5	A 356		
A 356	TAC 139.56(b)(c) Emergency Services (b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services). (c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities. This Requirement is not met as evidenced by: Based on a review of personnel files and an interview with staff, the facility failed to ensure that all direct care personnel were competent in and maintained current certification in cardiopulmonary resuscitation (CPR), as there was no documented evidence of hands-on skills practice and in-person assessment and demonstration of CPR skills. This presents a risk, as staff may not be competent to respond in a medical emergency. Findings included: A review of personnel files revealed that 3 of 6 direct staff members at facility (#1, 2, and 4)obtained cardiopulmonary resuscitation (CPR) through an online resource that contained no evidence of hands-on skills practice, an in-person assessment and/or demonstration of CPR skills. In an interview, on 11/10/15, staff member #2 confirmed that the online course did not contain hands-on skills practice, an in-person assessment and/or demonstration of CPR skills.	A 356	A356 The Clinic Administrator will be responsible for ensuring all personnel complies with emergency services requirements. All staff members will receive Cardiopulmonary resuscitation (CPR) training by January 4, 2016. Documented evidence of hands on skills practice and in person assessment will be placed in personnel files. The Clinic Administrator will ensure compliance with this requirement by conducting monthly audits of the personnel files, and scheduling the proper recertification as needed.	01/04/16

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 _____	11/10/2015

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

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A 356	Continued From page 6 Review of the Health & Safety Institute and the National Safety Council website found at http://news.hsi.com/onlineonlycpr reveals that, "No major nationally recognized training program in the United States endorses certification without practice and evaluation of hands-on skills. According to the Occupational Safety and Health Administration (OSHA) online training alone does not meet OSHA first aid and CPR training requirements."	A 356		

EXHIBIT 8
Legal Opinion to ISDH

Over $83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby Remains

December 1, 2011 By Operation Rescue 3 Comments

Austin Texas – The Texas Commission on Environment Quality has released documents to Operation Rescue that show two Texas abortion clinics and the disposal company Stericycle have been slapped with fines in excess of $83,000 for illegal dumping of aborted baby remains.

Dumpsters behind Whole Women's Health were open and spilling trash. Infectious waste and other hazardous materials, and private medical records were illegally dumped there.

The fines are the result of complaints filed by Operation Rescue against Whole Woman's Health of McAllen and Austin after a three-month undercover investigation. The TCEQ then conducted its own investigation and broadened the case to include Stericycle. In June, the TCEQ notified Operation Rescue that the two abortion clinics and Stericycle had all been cited for violations involving the improper disposal of human fetuses.

Fines for the violations were finalized three months later. TCEQ also ordered the abortion clinics and Stericycle to make specific changes in their operations.

The two abortion clinics also received a deferral of twenty percent of their fines on the same compliance contingency. However, if the TCEQ finds that they are not satisfactorily complying with the order, they will be required to pay the full amount.

"Our investigation only scratched the surface of what is really going on at abortion clinics in Texas. These hefty fines totally over $83,000 show that the violations we discovered were valid and serious," said Operation Rescue President Troy Newman. "We can only imagine what would be found if every abortion clinic was thoroughly investigated."

- Whole Woman's Health of McAllen was fined at total of $17,430. It is required to make monthly payments of $385.
- Whole Woman's Health of Austin was ordered to pay a total of $22,980. It must pay off its fine with $510 payments each month.
- Stericycle received the largest fine of $42,612, which was paid in one lump sum minus twenty percent, which is deferred contingent upon satisfactory future compliance.

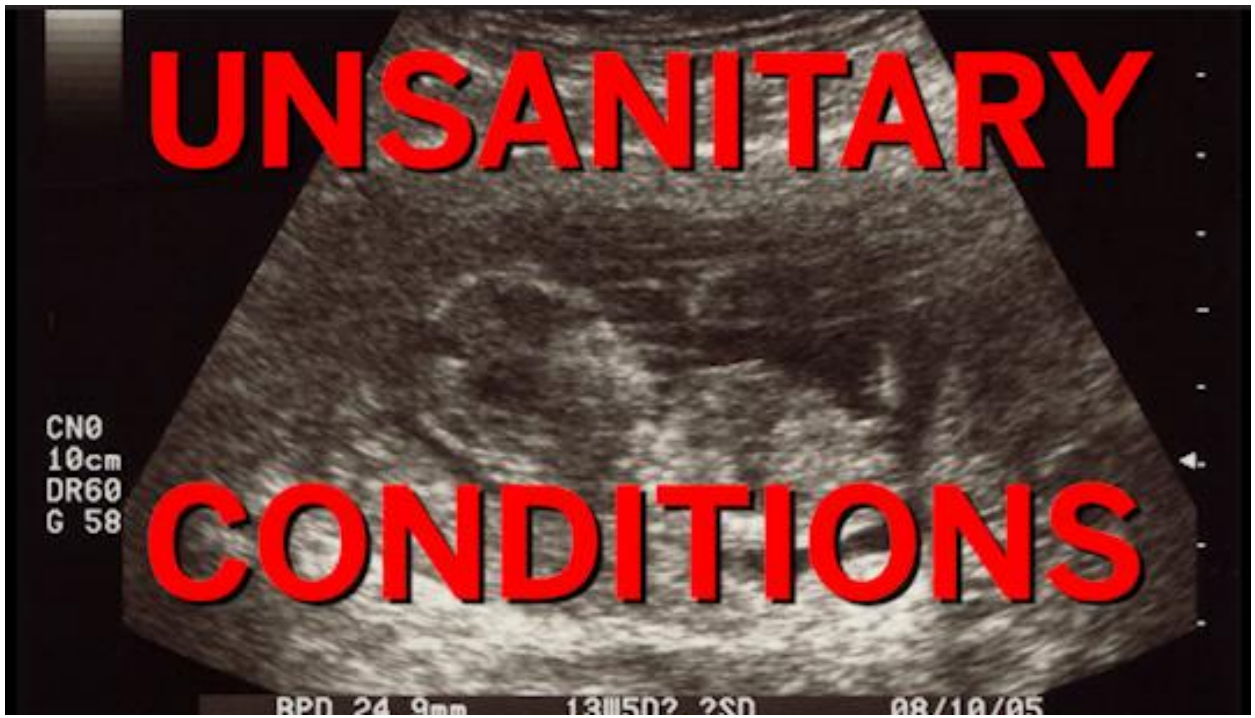
"Abortion clinics cannot be trusted to follow the law or tell the truth about it even if they are caught," said Newman." Time and again we have seen that abortionists have the attitude that they are above the law. Abortion clinics need to be inspected and v violations strictly :forced for the sake of the public's welfare." In addition to the TCEQ fines, ten abortionists must answer to the Texas Medical Board for other abortion abuses discovered by Operation Rescue. Word on the extent of their discipline is expected in February.

Abortion Clinics Are Crawling With Dirty Health Violations, Report Finds

by GRACE CARR, reporter

(http://dailycaller.com/author/grace-carr/)

11:57 AM 10/27/2017



A string of abortion clinics across the country continues to violate the law and jeopardize the health and lives of women by failing to keep clinics clean and train staff adequately, according to the Texas Department of State Health Services.

A slew of Whole Woman's Health (WWH) abortion clinics miserably failed inspection reports between 2011 and 2017, the Free Beacon reported (http://freebeacon.com/issues/texas-abortion-clinics-marred-health-safety-issues-inspection-reveals/?utm_source=Freedom+Mail&utm_campaign=eb64ddce41-EMAIL_CAMPAIGN_2017_10_26&utm_medium=email&utm_term=0_b5e6e0e9ea-eb64ddce41-46249161) in conjunction with the nonprofit And Then There Were None (ATTWN).

"Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot button topic, does not mean that the abortion industry should get a free pass," Arina Grossu, Center for Human Dignity

Director at the Family Research Council, told the Free Beacon. “Restaurants and tanning salons and vet clinics, they’re all more closely regulated than the abortion industry.”

Medical instruments were unsterile and rusty, medication had expired, staff were inadequately trained, and the facilities were dirty enough to constitute health hazards, the inspection reports found. The inspections also discovered faulty patient records, disregard for informed consent, undercover calls and visits from minors, and waiting period violations. The Beaumont, Texas WWH clinic did not even have a registered nurse on staff in 2011.

A WWH abortion clinic in McAllen, Texas was in disrepair, with stains, cracks in exam tables and holes in the flooring, a 2016 study found. ATTWN’s 2017 report also found missing stocks of fentanyl, which has responsible for the rise hundreds of thousands of deaths in the ongoing opioid crisis. **(RELATED: Opioid Crisis: A Daily Game Of Russian Roulette)** (http://dailycaller.com/2017/09/29/opioid-crisis-a-daily-game-of-russian-roulette/).

“I was appalled at the state of the Austin Whole Woman’s Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice,” ATTWN founder Abby Johnson said. The WWH clinic in Austin even had blood on the walls, she noted.

“What we see in the abortion industry across the country is that inspections are done, people come in, they’re cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite them for the same violations, they make a temporary plan to improve … it’s the same cycle, over and over again,” she said. “If we’re going to say that we’re for women, and we’re for protecting women, then this was sort of a common sense measure.”

More than 220 abortion clinics between 2008 and 2016 — including six (http://unsafe.aul.org/wp-content/uploads/2016/12/Unsafe-Chart.pdf) WWH clinics — were cited for 1,400 health and safety violations, according to a 2016 Americans United For Life (AUL) report (http://www.lifeissues.org/wp-content/uploads/2017/01/UNSAFEreport.pdf).

WWH was also involved in a lengthy lawsuit, Whole Woman’s Health v. Hellerstedt (http://www.scotusblog.com/case-files/cases/whole-womans-health-v-cole/), regarding restrictions on abortion services.

Follow Grace on Twitter (https://twitter.com/gbcarr24).

Tags: Austin (http://dailycaller.com/buzz/austin/), Texas (http://dailycaller.com/buzz/texas/), The Washington Free Beacon (http://dailycaller.com/buzz/the-washington-free-beacon/), Whole Woman's Health (http://dailycaller.com/buzz/whole-womans-health/)

Show comments

EXHIBIT 10
Legal Opinion to ISDH

LifeNews.com
(HTTP://WWW.LIFENEWS.COM)

Why Should Abortionists Have Admitting Privileges? Look at These Botched Abortions at Just One Clinic

STATE (HTTP://WWW.LIFENEWS.COM/CATEGORY/STATENEWS/)
CHERYL SULLENGER MAY 19, 2014 | 11:53AM AUSTIN, TX

Whole Women's Health of Austin where documents show a string of abortion-related medical emergencies.

After the passage in Texas last summer of an historic pro-life law known as HB2, hardly a week as gone by without articles penned by abortion supporters lamenting the new regulations as nothing more than a ploy to shut down abortion clinics.

Amy Hagstrom-Miller, President of the Whole Women's Health abortion clinic chain, is perhaps one of the loudest voices condemning the new law that has already closed 20 Texas abortion clinics — including two of hers. Once the rest of the provisions take effect this September, it is likely that only six abortion clinics will remain in the Lone Star State.

(http://lifenews.wpengine.netdna-cdn.com/wp-content/uploads/2014/05/wholewomens.jpg)Causing particular angst has been the requirement that abortionists maintain hospital privileges within 30 miles of their clinics.


Whole Women's Health of Austin where documents show a string of abortion-related medical emergencies.

"Our elected officials lied to all of us, HB2 has nothing to do with improving women's health and safety; but rather it is a proven and successful strategy to end safe abortion care for women in Texas," opined Hagstrom-Miller just last month.

However, Operation Rescue has received three 911 records from just one of Hagstrom-Miller's abortion clinics, Whole Women's Health of Austin, over a 30-day period in 2012 that shows the clinic has a poor track record when it comes to women's safety.

"This documentation loudly refutes Ms. Hagstrom-Miller's fantasy that the hospital privilege requirement and other safety regulations in the Texas law have nothing to do with patient safety. In fact, if patient safety was more of a concern to abortion clinics, perhaps we wouldn't see the long line of women being transported to the hospital, and in some cases, the morgue," said Troy Newman, President of Operation Rescue.

The following incidents were documented through 911 Computer Aided Dispatch Transcripts obtained by Operation Rescue:

- March 17, 2012: A 20-year old female patient was transported to Saint David's Hospital suffering from an allergic reaction. This incident was of moderate severity, but required emergency hospital intervention.
- April 2, 2012: A 34-year old female was rushed to North Austin Hospital with a priority designation that indicated her condition was life-threatening. In fact, paramedics responding to the call upgraded the patient's priority upon assessment of her condition. The WWH caller told dispatchers that the woman was breathing and conscious, but not alert. She was suffering abdominal pain and vomiting while at the clinic. This was the lost serious of the three incidents.
- April 18, 2012: A sick and vomiting 22-year old female patient was transported to St. David's Hospital. Records indicate that she suffered "no priority symptoms," nevertheless, she required emergency hospital treatment that could not be provided at WWH.

This 30-day snapshot of emergencies at just one Whole Women's Health abortion clinic shows that the these facilities are not equipped to handle even the least serious of complications that can be expected to occur at abortion clinics, much less the life-threatening ones.

When emergencies occur, it is imperative that there is continuity of patient care so that emergency treatment is not delayed, especially in life-threatening situations, such as was inflicted upon the 34-year old patient on April 2, 2012. Even a short delay while hospital physicians struggle to diagnose a patient's condition, as we saw in the case of Tonya Reaves (http://www.operationrescue.org/archives/planned-parenthood-abortionist-evaded-blame-shifted-in-death-of-tonya-reaves-deposition-shows/), who died at a Chicago, Illinois Planned Parenthood clinic in 2013 can mean the difference between life and death. The hospital privilege requirement adds a layer of protection for women who suffer abortion complications from suffering a delay in care.

Despite Ms. Hagstrom-Miller's hysteria, the Texas law — particularly the local hospital privilege requirement — is all about patient safety. Given the frequency with which Whole Women's Health sends patients to the hospital emergency rooms for medical help the clinics cannot provide, these laws are critically needed to ensure that women get the care they need.

If the law results in the closure of abortion clinics that cannot guarantee patient safety or continuity of care in the event of a medical emergency, then it is in the best interests of women for those abortion clinics to close. Hagstrom-Miller's attitude only reveals that the health and safety of women take a back seat to her financial profit margin, which is currently enhanced by cutting corners on women's lives.

View March 17, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-03172012.pdf)
View April 2, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-04022014.pdf)
View April 18, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-04182012.pdf)

LifeNews.com Note: Cheryl Sullenger is a leader of Operation Rescue (http://www.OperationRescue.org), a Kansas-based pro-life that monitors abortion practitioners and exposes their illegal and unethical practices. The group is known for serving as a watchdog of Planned Parenthood and other abortion businesses.

Share this story:

State	City	Abortion Provider	Incident(s) Description	Documentation/Resources
IL	Peoria	National Health Care Services (now named Whole Women's Health of Peoria)	The Illinois Department of Public Health noted ton July 6, 2011 that deficiencies and violations at National Health Care Services included: - Staff not adequately trained was performing duties they should not have the potential for cross contamination of contagions. - Water temperature was not hot enough. - Snack nuts and packages of cookies were on the crash cart. - Failure to ensure staff training for emergency or non-emergency situations were conducted. - Facility failed to ensure medical histories and complete physical examinations were reviewed by the physician prior to the procedure. - Facility failed to ensure personnel administering intravenous sedation was qualified in the State of IL to administer anesthesia, RNs administering moderate sedation had multiple clinical responsibilities, were not ACLS certified and the physicians were not privileged to administer moderate sedation. No documentation to indicate physicians were ACLS certified.	IL Department of Public Health Division of Health Facilities Standards: Statement of Deficiencies and Plan of Correction. Date of Survey: July 6,

EXHIBIT 11
Legal Opinion to ISDH

MD	Baltimore	Whole Women's Health Baltimore	The Statement of Deficiencies Report from the February 22, 2013 inspection of Whole Women's Health Baltimore found deficiencies included: ■ Failure to secure the medical waste sharps container and protect the safety of patients. ■ Failure to implement their policy and procedures for the use and storage of medications.	Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Whole Women's Health Baltimore, Inspection Date February 22, 2013, *available at* http://abortiondocs.org/wpcontent/uploads/2014/11/Whole-Womens-Health-Baltimore- Initial-Survey-2-22-2013.pdf
NC	Chapel Hill	Women's Health Alliance	The Statement of Deficiencies Report from the April 3, 2014, inspection of Women's Health Alliance found the following deficiencies: - Failure to have a witnessed voluntarily-signed informed consent for each surgery or procedure in 1 of 4 clinic records reviewed of patients that had abortion procedures. - Failure to verify the patient's full and true name for 4 of 4 patients who had abortion procedures. - Failure to maintain a daily procedure log of all patients receiving abortion services along with type of procedure, time of procedure, and Name of the Registered RN on duty. - Failure to ensure medications were administered by a RN or LPN in accordance with the State of NC for 2 of 2 patients who were administered medications and had a surgical abortion procedure performed. - Failure to ensure sterile instruments were not outdated and failed to ensure autoclave testing was performed per clinic policy.	North Carolina Division of Health Service Regulation, Statement of Deficiencies, Women's Health Alliance, for inspection on April 3, 2014, *available at* https://www2.ncdhhs.gov/dhsr/ahc/sods/2014/20140403-933088.pdf

			- Failure to ensure medications were administered by a RN or LPN in accordance with the State of NC for 2 of 2 patients who were administered medications and had a surgical abortion procedure performed. - Failure to ensure sterile instruments were not outdated and failed to ensure autoclave testing was performed per clinic policy. Interview with the administrative staff confirmed the staff did not follow the clinic's infection control policy for ensuring sterile items were not out of date/expired.	

EXHIBIT 12
Legal Opinion to ISDH

APPLICATION FOR LICENSE TO OPERATE AN ABORTION CLINIC

State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

Division of Acute Care Use Only

Date Received *(mm/dd/yyyy)*_____ **Date Approved** *(mm/dd/yyyy)*_____ **Date Rejected** *(mm/dd/yyyy)*_____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application *(Check appropriate item.)*

☑ **New Facility** ☐ **Renewal** ☐ **Change of Ownership** ***(Anticipated date of Sale/Purchase/Lease** (mm/dd/yyyy))* _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic		
Whole Woman's Health Alliance		
Street Address *(number and street)*		P.O. Box
3511 Lincoln Way West		
City	County	ZIP Code +4
South Bend	St. Joseph	46628-1411

Telephone Number	Fax Number	
( )	( )	Abortion Clinic e-mail address:_____
		Internet Web Address:_____

B. Mailing Address *(if different from abortion clinic location)*

Street Address *(number and street)*		P.O. Box
City	County	ZIP Code +4

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state		
Whole Woman's Health Alliance		
Street Address *(number and street)*		P.O. Box
1812 Centre Creek Drive, Suite 205		
City	State	ZIP Code+4
Austin	Texas	78754

Telephone Number	Fax Number	EIN Number	Fiscal Year End Date *(mm/dd)*
(512) 835-6858	(512) 835-6568	46-5316393	12/31

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☐ Laboratory: CLIA Certificate Number _____ ☐ Radiology ☐ Counseling

☐ Family Planning ☐ Pharmacy ☐ Other *(List)*: _____

2. Surgical Services: ☐ Gynecology ☐ Other *(List)*: _____

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing : Physicians: 1 Registered Nurses: ☐ Licensed Practical Nurses: ☐

Licensed Social Workers: ☐ Other *(List title and number)*: 1ACP

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic 0 Moderate/Conscious Sedation 0

F. Type of Entity:

For Profit	Non-Profit	Government
☐ Individual	☐ Church Related	☐ State
☐ Partnership	☐ Individual	☐ County
☐ Corporation	☐ Partnership	☐ City
☐ Limited Liability Company	☑ Corporation	☐ City/County
☐ Sole Proprietorship	☐ Limited Liability Company	☐ Hospital District
☐ Other *(specify)* _____	☐ Other *(specify)* _____	☐ Federal
		☐ Other *(specify)* _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	Amy Hagstrom Miller	1812 Centre Creek Dr. Suite 205 Austin TX 78754
Vice-President/Vice-Chairperson/COO	N/A	
Treasurer/CFO	Brenda Tolbert	1812 Centre Creek Dr. Suite 205 Austin TX 78754
Secretary	John H. Bury II	1812 Centre Creek Dr. Suite 205 Austin TX 78754

H. Ownership and/or Officers of Owner Entity

[illegible]

Name	Business Address/City/State/ZIP	EIN Number
n/a		

CERTIFICATION OF APPLICATION

[illegible] rules promulgated thereunder [illegible] maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I (we) comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director	[signature]
Printed Name and Title	Jeffrey D. Glazer Med Dir
Date of Signature (mm/dd/yyyy)	07/25/2017
Signature of the Clinic Administrator	
Printed Name and Title	
Date of Signature (mm/dd/yyyy)	

See the following page for instructions regarding licensure fees and submission of this application.

G. Officers ***(if the business entity is incorporated)***

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	Amy Hagstrom Miller	1812 Centre Creek Drive, Suite 205, Austin, Texas, 78754
Vice-President/Vice-Chairperson/COO	N/A	
Treasurer/CFO	Brenda Tolbert	1812 Centre Creek Drive, Suite 205, Austin, Texas, 78754
Secretary	John H. Bucy II	1812 Centre Creek Drive, Suite 205, Austin, Texas, 78754

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. *(Use additional sheet if necessary.)*

Name	Business Address/City/State/ZIP	EIN Number
N/A		

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statues, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:	
Printed Name and Title:	Jeffrey D. Glazer, Med Dir
Date of Signature ***(mm/dd/yyyy)*****:**	07/25/2017
Signature of the Clinic Administrator:	
Printed Name and Title:	Liam Morley
Date of Signature ***(mm/dd/yyyy)*****:**	10/03/2017

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
✓	Zero to 799	$500.00
	800 to 3,499	$1,000.00
	3,500 to 6,999	$2,000.00
	7,000 and above	$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

1. A completed Application for License to Operate an Abortion Clinic (this form).

2. Any supporting attachments.

3. For each physician performing procedures, either:

(A) A copy (in writing) of the physician's admitting privileges; or
(B) A copy of:
(1) his/her written agreement with another physician with admitting privileges; and
(2) a copy (in writing) of that physician's admitting privileges.

4. Payment made payable to "Indiana State Department of Health."

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236

EXHIBIT 12a
Legal Opinion to ISDH

Liam Lynn Morley

bread and roses

Add Friend Follow Message More

Studied Gender and Women's Studies at Indiana University South Bend

Liam Lynn Morley

Apr 16 at 1:17pm •

Happy Easter! Reflecting on the morning that women held it down, believed, waited, and watched while men left, lost heart, and fainted. Paths to redemption have always been told through women's stories; don't let centuries of patriarchal readings of the Bible let us forget that!

12 1 Share

Like Comment Share

Liam Lynn Morley

Apr 14 at 11:20pm •

Reflecting today on Mary's pain as she watched her brown son die before her eyes by the violence of the state.

It is finished, but our work is not.

2 1 Share

EXHIBIT 13
Legal Opinion to ISDH

Click here to see a list

Local doctors, women health advocates speak out about possible South Bend abortion

by Heather Black, WSBT 22 Reporter

SOUTH BEND —
Around 25 local doctors and women health advocates are voicing their concerns about an abortion clinic wanting to come to South Bend.

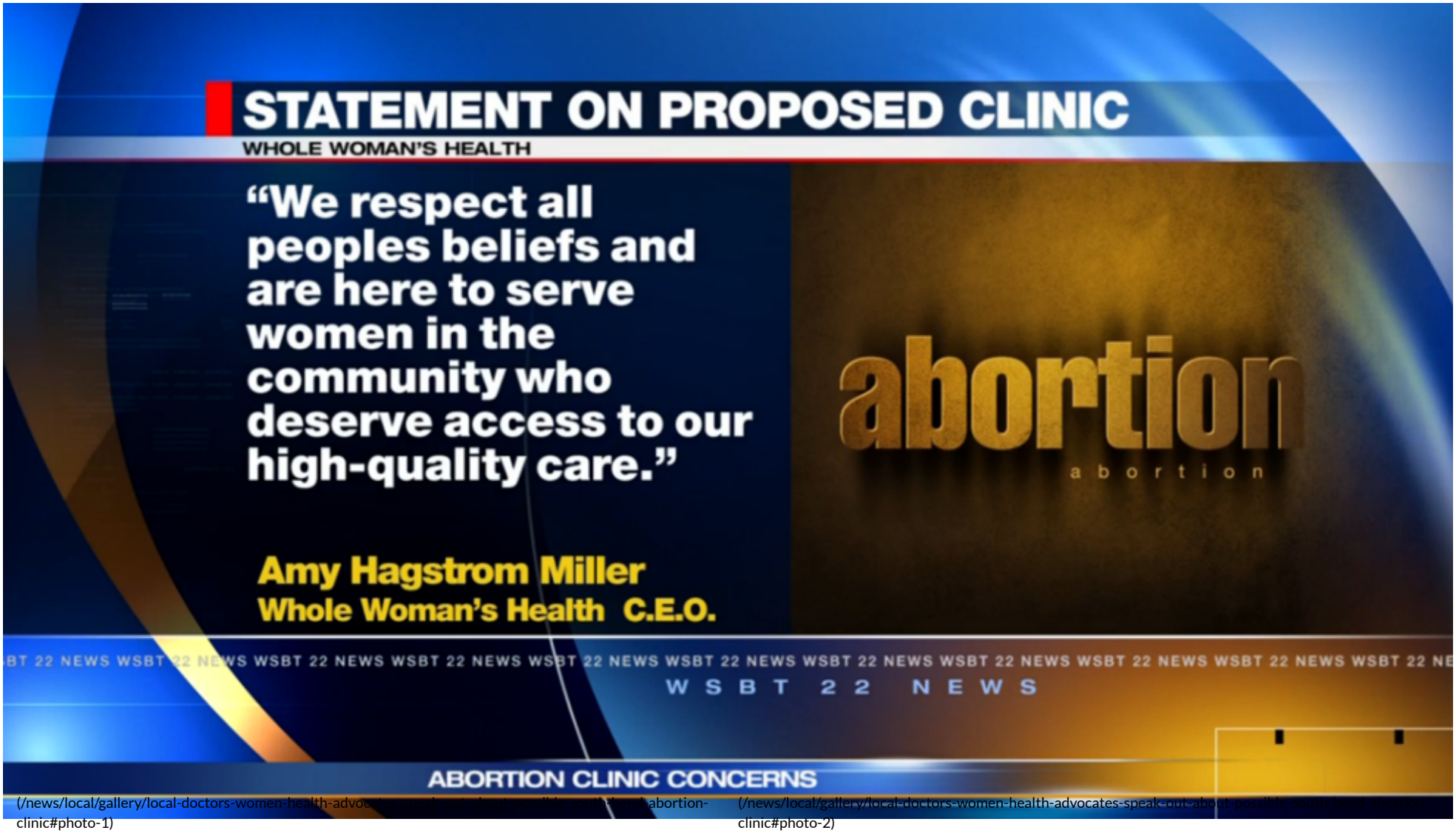
They addressed the St. Joseph County Council Tuesday.

The issue wasn't on the council's agenda, but they used the public comment period to speak about what they say is a concern for women in the county.

They're concerned about the medical process to have an abortion and what they call a "bad track record" for these types of facilities.

Whole Woman's Health wants to make South Bend it's next site for an abortion clinic, but more than 20 doctors, nurses and health advocates spoke against the process of the abortion.

“We see complication rates across a wide variety of studies. Those complications include things like hemorrhages. Some of those require transfusions in the ve to seven-percent category. Infections that can lead to sepsis and even death," said Justin, resident physician at local hospital.



(/news/local/gallery/local-doctors-women-health-advocates-speak-out-about-possible-south-bend-abortion-clinic#photo-1)

(/news/local/gallery/local-doctors-women-health-advocates-speak-out-about-possible-south-bend-abortion-clinic#photo-2)

VIEW PHOTO GALLERY

4 photos (/news/local/gallery/local-doctors-women-health-advocates-speak-out-about-possible-south-bend-abortion-clinic)

Local OBGYN David Parker says he's seen women who regret their decision.

"In my practice, I've seen patients who have taken the first pill the mifepristone pill and have experienced regret and they have come to me asking me to help them. I don't want my baby to die what can you do?" said Parker.

In a statement Tuesday, Amy Hagstrom Miller, the president and CEO of Whole Woman's Health, says the clinics are "committed to improving people's lives by providing access to the best medical care, which included the full range of reproductive health services for women."

Granger Family Physician Laura McGuire says she's concerned about the former South Bend abortion clinic, which was shut down after failing the procedures of the state. "We know that there is an organization here that has the same kind of profile as Dr. Klopfer wanting to come back in our town," said McGuire. Miller says her group respects "all peoples beliefs and are here to serve women in the community who deserve access to our high-quality care."

The group that spoke out Tuesday wants the council to at least create a medical standard for the abortion clinic if it comes. The entire statement from Whole Woman's Health is below:
“Whole Woman's Health of South Bend joins its sister clinics in Peoria, Illinois and Minneapolis, Minnesota to serve women in the Midwest with the highest quality care; treating the mind, the body and the heart with the dignity and respect Midwestern women deserve at a challenging time in their lives. Women and families everywhere deserve access to high-quality reproductive health care, including safe abortion care. Whole Woman’s Health has a long-standing commitment to providing that care with dignity and respect, and in areas where women's access to that care has often been denied.

.

We understand that abortion is a complex issue for many people and it often involves a deep examination of people's feelings and beliefs. We know women don't only experience unplanned pregnancy as a medical issue; we know it often involves a deep examination of peoples values. We respect all peoples beliefs and are here to serve women in the community who deserve access to our high-quality care.

Access to quality abortion services has been continually decimated in Mike Pence's Indiana communities, such as South Bend, and at Whole Woman's Health we are committed to improving people's lives by providing access to the best medical care, which included the full range of reproductive health services for women."

New abortion clinic applies for license in South Bend

By Margaret Fosmoe South Bend Tribune Oct 14, 2017

https://www.southbendtribune.com/news/healthandsafety/new-abortion-clinic-applies-for-license-in-south-bend/rticle_a9b47a26-1e28-5b10-82d7-4af30e060ec3.html

EXHIBIT 14
Legal Opinion to ISDH

The Austin, Texas-based Whole Woman's Health Alliance has applied for a license to open a family planning clinic that provide non-surgical abortions at 3511 Lincoln Way West in South Bend. The area has not had an abortion-services provider since 2015. Tribune Photo/BOB BLAKE

SOUTH BEND — A new Austin, Texas-based family planning clinic that would provide non-surgical abortions has applied for a license with the Indiana State Department of Health to open a location here.

The firm Whole Woman's Health Alliance would base its clinic at 3511 Lincoln Way W., a short distance west of Bendix Drive. The building formerly housed a chiropractic clinic.

The nonprofit has asked the state to waive certain abortion-licensing requirements because surgical abortions would not be provided.

The organization already operates women's health and abortion clinics in eight cities, according to its website: Austin, Ft. Worth, San Antonio and McAllen, Texas; Peoria, Ill.; Baltimore, Md.; Charlottesville, Va.; and Minneapolis. It provides medication abortion to women who are up to 10 weeks pregnant.

According to a copy of the clinic's application, which the South Bend Tribune obtained via a public records request, patients seeking abortions at Whole Woman's Health in South Bend would take the abortion-inducing medication Mifepristone in the presence of a physician. One to two days later, they would take another medication at home. After that, they would return to the clinic for a follow-up appointment to confirm their pregnancy was terminated.

Jennifer O'Malley, director of the office of public affairs with the state health department, said the clinic's application is being reviewed.

This area has been without a provider of abortion services since November 2015. That's when Dr. Ulrich "George" Klopfer dropped his appeal of the state revoking his medical license amid allegations of violations of state laws and regulations. Klopfer had also operated clinics in Fort Wayne and Gary that were shut down.

Currently, the closest abortion services providers are in Merrillville, Ind., Chicago; Indianapolis; and Kalamazoo, Mich.

On the application, Liam Morley is listed as the proposed clinic's administrator. She was an employee for several years at the clinic Klopfer ran and in August 2016 identified herself to a Tribune reporter as director of the Pro Choice South Bend group.

Morley said at the time that Pro Choice South Bend, which provides community outreach for women seeking abortions, was not directly involved in efforts to launch another clinic.

The Tribune on Friday placed numerous phone calls and e-mails and left messages seeking comment from Pro Choice South Bend, but no one from the group responded. Morley could not be reached for comment.

On the application, the proposed clinic's medical director is listed as Jeffrey D. Glazer, M.D., an obstetrician-gynecologist who is licensed to practice in Kentucky, Indiana and Ohio.

Under Indiana law, any physician providing abortion services (whether surgical or via medication) mus t have admitting privileges at a hospital in the county where abortions are provided or in a contiguous county, or must have entered into an agreement with a physician who has admitting privileges at one of those hospitals. The measure was approved by the General Assembly in 2016 and signed into law by then-Gov. Mike Pence.

The ISDH provided The Tribune with a copy of Glazer's agreement with a local physician who has hospital admitting privileges, but O'Malley said state law requires the department to redact identifying information from the document, including the physician's name.

Members of the St. Joseph County Right to Life and Indiana Right to Life groups are encouraging supporters to voice their opposition to the proposed clinic. The groups have created an online petition that notifies state and local government officials of opposition to the clinic proposal.

"If there is a chance for us to stop this clinic from opening, we will do everything in our power to do that," Antonio Marchi, program director for St. Joseph County Right to Life, said Friday. And if the clinic opens, Right to Life members will make sure women who visit the clinic can get all the help they need without going through with an abortion, he said.

The Tribune on Friday contacted Whole Woman's Health Alliance and requested an interview with Amy Hagstrom Miller, the organization's chief executive officer and founder.

She declined the interview request. In an emailed statement attributed to her, she wrote, in part: "It is our commitment to go into places that are underserved and where women have suffered because so many clinics have shuttered due to continued political interference. South Bend women and families deserve access to high quality abortion care services..."

Whole Woman's Health was involved in a landmark case decided by the U.S. Supreme Court in June 2016. The court strengthened constitutional protections for abortion rights, striking down parts of a Texas law signed by then-Gov. Rick Perry that could have drastically reduced the number of abortion clinics in the state, leaving them only in the largest metropolitan areas. The court ruled that Texas cannot place restrictions on the delivery of abortion services that create an undue burden for women seeking an abortion.

The court found that Texas' restrictions — requiring doctors to have admitting privileges at nearby hospitals and clinics to meet the standards of ambulatory surgical centers — violated a prohibition on placing an "undue burden" on a woman's ability to obtain an abortion, the New York Times reported.

The Whole Woman's Health clinic in Austin, founded in 2003, was forced to close in 2014 as a result of the Texas law, but reopened in April 2017 after the Supreme Court ruling.

mfosmoe@sbtinfo.com
574-235-6329 / @mfosmoe

EXHIBIT 15
Legal Opinion to ISDH

Group of doctors speak against South Bend abortion clinic

Speakers urge county ordinance to address concerns

https://www.southbendtribune.com/news/local/group-of-doctors-speak-against-south-bend-abortion-clinic/article_8e28a70b-7a33-5593-80c5-0c55a16461f9.html

By Ted Booker South Bend Tribune Dec 7, 2017

Thomas Dickson, an attorney in Osceola, was among 30 people who raised concerns during a St. Joseph County Council meeting on Tuesday about an abortion clinic proposed in South Bend. Tribune Photo/TED BOOKER

SOUTH BEND —Several doctors were among about 30 people who told the St. Joseph County Council that if an abortion clinic proposed here opens, it could burden the medical community.

During the public comment period of Tuesday's council meeting, they argued that local hospitals would be compelled to provide treatment to women with complications from medication-induced abortions.

St. Joseph County Right to Life, which has launched a media campaign to oppose the clinic with billboards and various advertisements, organized the speakers for the meeting. Doctors, nurses and other anti-abortion advocates spoke for nearly two hours at the meeting, citing statistics to highlight the risks of medical abortions. No abortion access advocates spoke.

The anti-abortion speakers acknowledged the County Council has no control over whether Texas-based Whole Woman's Health Alliance, which runs clinics in eight cities, is approved to open at the building chosen for the clinic at 3511 Lincoln Way W. That decision will be made by the Indiana State Department of Health, which is still reviewing the organization's application.

Even so, the speakers urged council members to consider legislative actions they could take if the clinic opens as a way to address potential pitfalls with reporting patient complications.

Antonio Marchi, Right to Life's program director, says the clinic would likely underreport patient complications from medical abortions to the state department of health. That's because he suspects patients would often be treated for complications by local hospitals; in that case, complications wouldn't be reported to the state unless patients followed up to tell the clinic about them.

A spokeswoman for Whole Woman's Health didn't return a call or email seeking comment Wednesday, and someone who answered a message to Pro Choice South Bend's Facebook page said the group wouldn't comment because none of its representatives attended the meeting.

As it stands, abortion clinics are required to submit a terminated pregnancy report for each abortion to the state health department. That form requires them to indicate any complications, such as hemorrhaging.

Marchi said that if the clinic opens, the council should consider passing an ordinance to require the clinic and local hospitals to report all complications to the county, ensuring complete data.

Mike Trippel, the council's attorney, thinks the county elected officials, who oversee the county health department, would have the authority to approve such an ordinance.

Patients seeking abortions at Whole Woman's Health would first take the medication Mifepristone in the presence of a physician, according to the clinic's application to the state. One to two days later, they'd take another medication at home. After that, they'd return to the clinic for a follow-up appointment to confirm their pregnancy was terminated.

Medical professionals at Tuesday's council meeting argued that because the second pill would be taken at home, patients with complications would likely turn to local hospitals to treat complications. And in some cases, they say, hospitals would need to conduct surgical abortions.

Among the nine doctors who raised concerns was Kelly McGuire, with OB/GYN Associates of Northern Indiana who has hospital privileges at Memorial Hospital in South Bend and Saint Joseph Health System's Mishawaka Medical Center.

McGuire alluded to a patient who was treated for complications in November at the Mishawaka hospital after a failed medication-induced abortion with a provider in Chicago. She was eight weeks pregnant.

After a consultation, he said, the woman was scheduled to have a surgical abortion; but before that could happen, she came to the emergency room "bleeding heavily and in a lot of pain." He called the situation an example of what hospitals would see "on a regular basis" if the abortion clinic opens.

County Council President Rafael Morton, a Democrat, said Wednesday it is "too early in the process" to discuss whether a local law regarding abortion clinics could be considered.

The debate comes after the County Council voted 6-3 in March 2015 to reject a controversial bill that would have required abortion providers to have hospital admitting privileges.

The area hasn't had an abortion provider since November 2015, when Dr. Ulrich "George" Klopfer — amid violations of state regulations — dropped his appeal of the state's revocation of his medical license.

In a statement Tuesday to WSBT-TV, Whole Woman's Health said in part that "access to quality abortion services has been continually decimated in Mike Pence's Indiana communities, such as South Bend, and ... we are committed to improving people's lives by providing access to the best medical care, which include the full range of reproductive health services for women."

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574-235-6070

EXHIBIT 16
Legal Opinion to ISDH

Whole Woman's Health officially announces South Bend abortion clinic plans

Posted: Mon 4:20 PM, Oct 30, 2017 | Updated: Mon 4:36 PM, Oct 30, 2017

SOUTH BEND, Ind. (WNDU) Texas-based Whole Woman's Health has officially announced its plans to open a new abortion clinic in South Bend.

We first reported earlier this month that the group applied for a license to operate out of a building in the 3500 block of Lincolnway West.

Whole Woman's Health says it plans on opening the South Bend clinic as soon as possible.

Recently, U.S. Rep. Jackie Walorski asked the state health department to reject the group's application, saying that St. Joseph County has seen a "tremendous" reduction of abortions in recent years.

Whole Woman's Health says abortions are just one of the services they provide to women.

From Whole Woman's Health:

Today, Amy Hagstrom Miller, founder and owner of Whole Woman's Health, announces her latest endeavor to open two new abortion clinics in South Bend, Indiana and Charlottesville, Virginia under a non-pro t Whole Woman's Health Alliance (WWHA). Hagstrom Miller operates independent abortion clinics in ve states, including Texas where she won a major victory for women and families in the 2016 case, Whole Woman's Health v. Hellerstedt, the most consequential abortion rights case to go to the Supreme Court in a generation.

Both Indiana and Virginia are classi ed as "extremely hostile" to abortion rights, having passed new laws in recent years to burden women seeking abortion and force clinics to close. In 2014, some 95 percent of Indiana counties had no clinics that provided abortion care and 66 percent of Indiana women lived in those counties. Indiana now has only six clinics open to serve women in the state, dropping from 10 in 2011.

In 2014, Virginia had only 18 abortion clinics, representing a 14 percent decline in clinics from 2011. Now Virginia has just 13 open clinics. In 2014, some 92 percent of Virginia counties had no clinics that provide abortion, and 78 percent of Virginia women lived in those counties.

"As we witness ongoing attempts by the Trump administration to bully and block women who need abortion care, I'm proud to announce that we are expanding our healthcare work, to open two new nonpro t clinics. Whole Woman's Health Charlottesville opened in October 2017, and we will open the clinic in South Bend as soon as we can. These two clinics play a key role in the Whole Woman's Health Alliance launch of a nationwide initiative to combat abortion stigma," said Amy Hagstrom Miller, founder and CEO of Whole Woman's Health and Whole Woman's Health Alliance. "Nearly a year after the election of the most anti-abortion administration in decades, Whole Woman's Health Alliance is doubling down on what we do best: providing compassionate holistic care and proclaiming loudly and proudly that every day, good women have abortions. We will go where they need us the most.

"We are so excited to welcome Whole Woman's Health into the Commonwealth, where they will continue to fearlessly care for women and families. And if I know anything about Amy Hagstrom Miller and her team – they won't let intimidation from anti-choice legislators or political battles slow them down," said Tarina Keene, Executive Director of NARAL Pro-Choice Virginia. "Whole Woman's Health has been a bastion of hope for women seeking honest, compassionate, effective abortion care for years. They inspired us to introduce a whole new wave of proactive legislation here in irVirginia after Amy took on the state of Texas and TRAP laws in the landmark Whole Woman's Health v. Hellerstedt case, in which the Supreme Court ruled that medically-unnecessary regulations that impose an undue burden on a woman's access to abortion are unconstitutional. Charlottesville women and families are lucky to have such a great team bringing reproductive health care to their city, and we're thrilled to be one step closer to eliminating gaps in access to abortion in Virginia."

"At All-Options, we believe that everyone has the right to be supported in their decisions about pregnancy, parenting, abortion, and adoption. That includes having access to quality, safe abortion care without signi cant nancial or geographic barriers," said Shelly Dodson, Center Director of All-Options in Indiana. "We are thrilled that Whole Woman's Health will be opening a clinic in South Bend, and look forward to having another provider to refer clients to in Indiana, reducing their need to travel out of state to find the abortion care they need."

"Virginians know that a woman seeking reproductive health care, including safe and legal abortion, deserves to be treated with dignity and respect. These are just the values Amy Hagstrom Miller and Whole Woman's Health bring to their provision of health care and we couldn't be more thrilled to welcome them to Charlottesville," said Anna Scholl, Executive Director for Progress Virginia. "Just a year after our hard-fought victory to roll back Virginia's sham restrictions on abortion providers, it's so gratifying to know that Virginia women now have an additional option for quality, compassionate, affordable reproductive health care access, and a erce advocate for women's dignity and autonomy to boot."