Missouri	Missouri Department of Health and Senior Services								
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	LICD			
MOA-0014		B. WING		08/05/2009					
NAME OF	PROVIDER OR SUPPLIER			RESS, CITY, STATE, ZIP CODE					
REPROD	REPRODUCTIVE HEALTH SERVICES / PLANNI 4251 FOREST PARK AVENUE								
ILLI NOD		SAINT LO	UIS, MO 63						
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5) COMPLETE			
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APP						
IAG		•		DEFICIENCY)					
			1.000						
L 000	Initial Comments		L 000						
	A licensing increati	an to determine compliance							
	A licensing inspect	on to determine compliance ations for abortion facilities							
		August 5, 2009. Complaint							
		s investigated in conjunction							
		espection and was determined							
		ed. Deficiencies as a result of							
	the licensing inspec								
					1				
L1123	L1123 19 CSR 30-30.060(1)(B)(3) The administrator		L1123						
	shall be responsible) ()				
	•				1				
	The administrator shall be responsible for a written plan for evacuation of patients and								
		ent of fire, explosion or other			}				
		ne plan shall be kept current							
	and all personnel shall be knowledgeable of the								
	plan.								
	This regulation is not met as evidenced by: Base on record review and interview, the facility failed to assure that all staff are knowledgeable of								
		cuation plan by not having fire							
	drills in accordance with facility policy. Findings								
	include:	, , , ,	ļ						
		provided during the survey							
		acility has had only one fire							
	drill per year since 2006. The fire drill records indicate drills were held on 11/09/06, 9/12/07, 6/25/08, and 7/06/09. A review of the policy "Planned Parenthood of the St. Louis Region and								
SW Missouri Security Protocols and Emergency									
	Evacuation Proced	ures" revealed that two (2) fire							
drills are to be done annually. An interview with									
	the Vice President	President of Patient Services at							
approximately 3:30 PM on 8/05/09		PM on 8/05/09 confirmed the							
	findings.								

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TITLE

(X6) DATE 08/24/09 Missouri Department of Health and Senior Services (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: MOA-0014 08/05/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4251 FOREST PARK AVENUE** REPRODUCTIVE HEALTH SERVICES / PLANN! SAINT LOUIS, MO 63108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) L1160 L1160 | Continued From page 1 L1160 19 CSR 30-30.060(3) Patient care services shall L1160 be under Patient care services shall be under the direction of an RN. An RN shall be present in the clinical area whenever there is a patient in the procedure room or recovery room. An LPN or a surgical technician shall be present in the procedure room whenever there is a patient in the procedure room. The surgical technician shall be a certified surgical technologist or shall provide documentation of training in assisting abortion procedures. This regulation is not met as evidenced by: Based on record review and interview, the facility failed to assure that all surgical technicians (non-licensed assistive staff present in the procedure room) provide documentation of training in assisting abortion procedures or certified surgical technologist credentials. 1. A review of the 4 personnel files of staff identified as medical assistants (non-licensed staff who assist with abortion procedures) revealed that 2 personnel files lacked any documentation of training in assisting abortion procedures or documentation of surgical technologist certification. An interview with the Vice President of Patient Services at approximately 3:30 PM confirmed this finding.

Missouri Department of Health and Senior Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
MOA-0014				B. WING		05/2009	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	, STATE, ZIP CODE	1 001	0012005
				REST PARH DUIS, MO 6			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	SHOULD BE COMPLETE		
L 000	Initial Comments			L 000	GEOTIC :		
	A licensing inspection to determine compliance with the state regulations for abortion facilities was conducted on August 5, 2009. Complaint #MO00054656 was investigated in conjunction with the licensing inspection and was determined to be unsubstantiated. Deficiencies as a result of				AUG 2 5 2009	·	
	with the licensing inspection and was determined		RHS of PPSLR will ensure that fire and evacuation drills are performed twice annually, generally one in every six month period. How and When: To rectify this in 2009, a drill will be done in October 2009 with		ormed in will be still be stil	5y (0)31)09	
ssouri Dono-	tment of Health and Seni	on Southern					

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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

| Continuation Sheet 1 of 2 |

Missouri Department of Health and Senior Services STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING MOA-0014 08/05/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4251 FOREST PARK AVENUE** REPRODUCTIVE HEALTH SERVICES / PLANNI SAINT LOUIS, MO 63108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX In (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) L1160 Continued From page 1 L1160 RHS of PPSLR does provide training L1160 19 CSR 30-30.060(3) Patient care services shall L1160 for all surgical technicians. RHS of be under PPSLR will ensure documentation of such training is in the personnel Patient care services shall be under the direction records and available for review. of an RN. An RN shall be present in the clinical area whenever there is a patient in the procedure room or recovery room. An LPN or a surgical How: technician shall be present in the procedure room The training check list for the whenever there is a patient in the procedure surgical technician training will be room. The surgical technician shall be a certified completed, as we review with the surgical technologist or shall provide documentation of training in assisting abortion two staff lacking it, all of the procedures. standards and responsibilities of working in the procedure room. This This regulation is not met as evidenced by: will then be copied for their Based on record review and interview, the facility personnel file and a copy given to failed to assure that all surgical technicians (non-licensed assistive staff present in the each staff member. procedure room) provide documentation of training in assisting abortion procedures or When: certified surgical technologist credentials. This will be completed within one 04 9/30/09 month – by Sept 30th. 1. A review of the 4 personnel files of staff identified as medical assistants (non-licensed staff who assist with abortion procedures) Who: revealed that 2 personnel files lacked any The Clinical Manager (NP) working documentation of training in assisting abortion with the Training and Quality procedures or documentation of surgical Systems Coordinator will oversee the technologist certification. An interview with the Vice President of Patient Services at training and the documentation for approximately 3:30 PM confirmed this finding. this review and subsequent new hires. Provisions Instituted: All new surgical technician hires will be given a copy of the training checklist on the first day of the position. They will be assigned a qualified trainer. The training and Missouri Department of Health and Senior Services the checklist must be completed STATE FORM on sheet 2 of 2 within two weeks and before the tech can work independently. The Director of Surgical Services, who is

> the immediate supervisor, will ensure this is completed and sent to HR for filing in the personnel record.

Missouri Department of Health and Senior Services								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
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	MOA-0014			0712	1/2011			
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE					
REPRODUCTIVE HEALTH SERVICES / PLANNI 4251 FOREST PARK AVENUE SAINT LOUIS, MO 63108								
PREFIX (EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES ((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE			
L 000 Initial Comments		L 000						
purpose of review f the Missouri Regula Management for Al 30-20.060. The co with no deficiencies #MO00071030- Un Reproductive Healt								

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(X6) DATE