Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG:(LE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΞY
		8-3910		B. WING:		03/15/2018	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN STATE LICENSE NUMBER: 00218701			STREET ADDRESS 29 NORTH 9 ALLENTOW	TH STREET	P CODE:	1	
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(X4) ID PREFIX TAG	MUST BE PRECEED	ſ OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
M 0000	INITIAL COMMENT		M 0000				
N 0012	This report is the result of an Annual Registral survey conducted on March 15, 2018, at Plant Parenthood Keystone - Allentown (PPKey-Allentown). It was determined the fal was not in compliance with the requirements of Pennsylvania Department of Health Regulation 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospit Clinics.						
M 0013				M 0013			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	
State Form		LORC1	1			IF CONTINUATI	ON SHEET Page 1 of 19

IF CONTINUATION SHEET Page 1 of 19

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-3910 NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN STATE LICENSE NUMBER: 00218701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)		STREET ADDRESS 29 NORTH 97 ALLENTOW	A. BLDG: _ B. WING: _ , CITY, STATE, Z	01 PROVIDER'S PLAN OF CORRECTION (EACH		EY (X5) COMPLETE DATE	
M 0013	Continued from page 1 29.33(13) Requirements for Each patient shall be superv recovering from surgery or from recovery by a register- nurse under the direction of physician. The nurse shall patient and enter a report of the medical record of the pa This REGULATION is not	vised constantly while anesthesia, until she is r ed nurse or a licensed pr a registered nurse or a evaluate the condition o the evaluation and orde attient.	actical f the	M 0013	Planned Parenthood Keystor policy referenced in this defi is acknowledged as being ac In addition to the statements referenced, later in the same also states the following: "Upon admission to the post procedure roomVital signs be taken at this time (BP and and recorded on the flow she the patient's chart." For the two patients reference vitals were taken by the licen nurse under her login. This evidence the nurse was press the post procedure room as p states. This was not adequa explained to surveyors at the the visit so there will be a tra the facility manager on how illustrate compliance to polit regulation. Additional training will be p to licensed post procedure ro staff. During this training, th be instructions provided abo additional click in our electri health record system that wi	iciency curate. policy it are to d pulse) eet in eed, nsed is ent in policy tely tely tely tetime of aining for to cy and pom here will ut an onic	Completion Date: 04/30/2018 Status: APPROVED Date: 04/18/2018

State Form

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IF CONTINUATION SHEET Page 2 of 19

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-3910 8-3910 NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN STATE LICENSE NUMBER:		A. BLDG: _ B. WING: _ , CITY, STATE, 2 TH STREET		(X3) DATE SURVI COMPLETED: 03/15/2018	3Y	
(X4) ID PREFIX TAG	D SUMMARY STATEMENT OF DEFICIENCIES (EACH DI X MUST BE PRECEEDED BY FULL REGULATORY C		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
M 0013	Continued from page 2		M 0013	provide an extra layer of ass to surveyors of their presence post procedure room. This v represented on the visit sum each patient to whom we pro- this service. Trainings will be completed 4/30/2018 and an effectivend will be conducted by the Dir RQM by 5/30/2018 which w comprised of a chart audit to the clicks are being made to proper documentation. Find will be reported to the CEO	e in the will be mary of ovide by ess check rector of rill be o verify ensure	

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IF CONTINUATION SHEET Page 3 of 19

Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-3910		(X2) MULTI A. BLDG: B. WING:		(X3) DATE SURVE COMPLETED: 03/15/2018	ΞY
	VIDER OR SUPPLIER:) PARENTHOOD KEYSTO) WN)NE -	STREET ADDRESS, 29 NORTH 91 ALLENTOWN	TH STREET	ſ		
STATE LICENSE NUMBER: 00218701							
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M 0013	Continued from page 3		M 0013				
	Based on review of fac records (MR), and staff determined the facility nurse was in attendance the time the patient was surgical abortion for two reviewed (MR10 and M Findings include: Review on March 15, 2 Procedure Room and P effective December 27 ensure that patients wh are stable to discharge procedures: 1. At a min room is to be staffed by licensed health profess procedure room and m other duties or tasks that compromise the contin monitoring of recovering	f interview (EMP), i failed to ensure a lid e in the recovery roc is recovering followi wo of 16 medical rec MR15). 2018, of the facility's Patient Discharge" po 7, 2017, revealed "Po to receive an in-clini from the facility nimum, the post proc y a licensed nurse ional must staff the p ust not be assigned t at would interrupt or mous observation an	t was censed om during ing a ords s "Post olicy, blicy: To ic abortion cedure 5. A post to any r				

State Form

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IF CONTINUATION SHEET Page 4 of 19

Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) (IDENTIFICATION NUMBE 8-3910			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 03/15/2018				
	OVIDER OR SUPPLIER: D PARENTHOOD KEYS OWN	TONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101							
STATE LICEN	NSE NUMBER: 00218701									
(X4) ID PREFIX TAG	MUST BE PRECE	ENT OF DEFICIENCIES (EACH DE EDED BY FULL REGULATORY OF NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE			
M 0013	Continued from page 4		Ν	A 0013						
	Review of MR10 and revealed these patient facility. There was no docum	MR15								
	-	nurse was in attendan- wing these patients' sur								
	approximately 12:15 MR15 had surgical a there was no docume medical records indi	2 on March 15, 20128, PM confirmed MR10 abortions at this facility entation in these patient cating a licensed nurse overy room following abortion.	and y, and at's e was in							
M 0032			1	И 0032						

State Form

LORC11

IF CONTINUATION SHEET Page 5 of 19

Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 8-3910			A (X2) MULTIPLE CONSTRUCTION: (X3) DATE SU COMPLETED: A. BLDG:00 B. WING: 03/15/2018			VEY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST(OWN	ONE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET	ſ		
STATE LICEN (X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
M 0032	Continued from page 5 29.43(b) Facility Approval All medical facilities excep approved facilities upon su the Department from a pers facility and, at the discretion satisfactory completion of a This REGULATION is not	bmission of an application son authorized to represe on of the Department, an on-site survey.		M 0032	HibiClens is used in many amubulatory surgical faciliti- well as hospitals. The type of procedures we perform do ne involve electrocautery surgic devices which is where most risk is incurred with alcohol pre-surgical preparations. To decrease the minimal risk to to zero, Planned Parenthood Keystone has decided in fave system-wide discontinuation use of HibiClens at all of its Sequestering of the product of the centers will be completed 4/20/2018. We are currently with our disposal company to arrange for a pick-up of the p While we still await confirm date, we will be supplied wite evidence of the removal of the product as well as final dispo- once completed. The Director of RQM or des will ensure this process is co by site inspection and review documentation from disposa	of ot cal t of the based patients or of a of the facilities. within d by v working o product. lation of a th he osition	Completion Date: 05/01/2018 Status: APPROVED Date: 04/18/2018

State Form

LORC11

IF CONTINUATION SHEET Page 6 of 19

Pennsylvania Department of Health

PLAN OF CO NAME OF PRO PLANNEL	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER NAME OF PROVIDER OR SUPPLIER: 8-3910 NAME OF PROVIDER OR SUPPLIER: ALLENTOWN		A. BLDG: _ B. WING: _ CITY, STATE, Z		(X3) DATE SURVI COMPLETED: 03/15/2018	EY
STATE LICENSE NUMBER: 00218701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) Complete Date
M 0032	Continued from page 6		M 0032	company.		

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IF CONTINUATION SHEET Page 7 of 19

Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-3910			.IA (X2) MULTIPLE CONSTRUCTION: (X3) DATE SUR' .A. BLDG:00			EY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST OWN	ONE -	STREET ADDRESS, C 29 NORTH 9TH ALLENTOWN,	I STREET			
STATE LICEN	NSE NUMBER: 00218701						
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
M 0032	Continued from page 7	n	M 0032				
	 Based on review of fattour, and staff interviet the facility failed to enwere used for pre-surger Findings include: Review on March 14, Sheet," dated revised of "Product Name Hibiel Identification Flamma heat/sparks/open flam protective gloves/proter protection/face protect Composition/Informate Name Isopropyl alcoh Measures Suitable Extensional Reviews and the chemical. Carbon diox Alcohol resistant foam from the Chemical Ket 	w (EMP), it was detensure only nonflamm gical skin preparation 2018, of the "Safety October 16, 2014, for lens" revealed "2. H ble liquids Keep a es/hot surfaces W ective clothing/eye tion 3. tion On Ingredients C ol 5. Fire-Fighting tinguishing Media Us es that are appropriate surrounding environ side (CO2). Water sp n Specific Hazard	ermined able agents able agents is. Data r Hazards way from Vear Chemical g se e to local iment. Dry oray. Is Arising				

State Form

LORC11

IF CONTINUATION SHEET Page 8 of 19

Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-3910			(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 03/15/2018	
NAME OF PROV	VIDER OR SUPPLIER:	•	STREET ADDRESS,	CITY STATE 7	IP CODE:		
	PARENTHOOD KEYSTO	DNE -	29 NORTH 91				
ALLENTO			ALLENTOW				
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STATE LICENSE NUMBER: 00218701							
(X4) ID		OF DEFICIENCIES (EACH DE		ID	PROVIDER'S PLAN OF CORREC		(X5)
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IAO	IDENTI	FTING INFORMATION)			CROSS-REFERENCED TO THE	APPROPRIATE	DATE
M 0032	Continued from page 8			м 0032			
				WI 0001			
	container away from h	eat and sources of in	nition				
	-	cat and sources of ig	,intion.				
	"						
	Observation tour on M	arch 14 2018 at					
			a : 1				
	approximately 10:45 A	AM revealed two 16-	fluid				
	ounce bottles of Hibicl	lens (chlorhexidine g	gluconate				
	solution 4.0%) located	in a storage cabinet	in each				
	· · · · · · · · · · · · · · · · · · ·	in a storage caomet	in caen				
	procedure room.						
	Interview with EMP1	on March 14, 2018,	at				
	approximately 10:45 A	M confirmed there	were two				
	16-fluid ounce bottles						
			lorage				
	cabinets in each procee	dure room.					
	Interview with EMP3	on March 14, 2018	at				
	approximately 11:45 A						
	used by the physician t	to prep the cervix pr	or to the				
surgical procedure.							
	The surveyor requested a policy from EMI		21				
	2 1	1 1					
	regarding Hibiclens be						
	No policy was provide	d related to Hibicler	is being				

LORC11

IF CONTINUATION SHEET Page 9 of 19

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-3910 NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN STATE LICENSE NUMBER: 00218701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE		STREET ADDRESS, 29 NORTH 91 ALLENTOW	A. BLDG: _ B. WING: _ CITY, STATE, Z FH STREET N, PA 1810	1	(X3) DATE SURVI COMPLETED: 03/15/2018		
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M 0032	Continued from page 9 used as a surgical prep).		M 0032			
M 3205				M 3205			

LORC11

IF CONTINUATION SHEET Page 10 of 19

Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIEF IDENTIFICATION NUMBE 8-3910 NAME OF PROVIDER OR SUPPLIER:			A. BLDG: <u>00</u>		(X3) DATE SUR COMPLETED: 03/15/2018		
	D PARENTHOOD KEYST	DNE -	STREET ADDRESS 29 NORTH 9' ALLENTOW	TH STREET	ſ			
STATE LICEN	ISE NUMBER: 00218701							
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M 3205	Continued from page 10			M 3205				
	 3205 Informed Consent 3205 Informed consent (a) General ruleNo abort induced except with the voithe woman upon whom the induced. Except in the case consent to an abortion is void only if: (1) At least 24 hours prior who is to perform the abort has orally informed the woodithe decision of the proposition of the decision of whether of (ii) The nature of the proposition of the decision of whether of (iii) The probable gestation time the abortion is to be predicted and the decision of whether of (iii) The medical risks associated and the program woman that: (i) The department publish describe the unborn child a alternatives to abortion and the printed materials and the 	luntary and informed con abortion is to be perform of a medical emergency oluntary and informed if to the abortion, the phys ion or the referring phys man of: sed procedure or treatme res to the procedure or patient would consider no or not to undergo the abor al age of the unborn chill erformed. botated with carrying her to the abortion, the phys ion or the referring phys ant, health care practition to whom the responsibili- sysician, has informed th es printed materials which of that she has a right to referring	nsent of med or 7, and ician ician ician ent and material ortion. d at the r child to ician ician, or ner, lity has e ch ffer eview		Planned Parenthood Keyston during its counseling process discusses all pregnancy opti- with the patient as a part of the hour consent process. During the 24 hour counseling the consent that contains the box indicating whether the p chose to receive the state's m or chose not to receive the state's m or chose not to receive the state materials was not checked. however important to note the 24 hour consent form was si the patients and witnessed by that this counseling session, including a consultation from provider, was completed. To ensure proper documentate with respect to state related to check box, on 3/29/2018 the retraining of all center staff of importance of ensuring these boxes have been clicked. As extra measure, we had a syst retraining for all facility mant 3/26/2018 on the importance verifying this click has been	ses ons the 24 ng visit, check vatient naterials tate's It is nat the gned by y staff n the tion materials re was a on the e check s an tem-wide nagers on e of	Completion Date: 04/30/2018 Status: APPROVED Date: 04/16/2018	

State Form

LORC11

IF CONTINUATION SHEET Page 11 of 19

Pennsylvania Department of Health

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-3910		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 03/15/2018	ΞŶ
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 91 ALLENTOWN	TH STREET]		
STATE LICENSE NUMBER: 00218701							
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M 3205	Continued from page 11			M 3205			
	free of charge if she chooser (ii) Medical assistance bence prenatal care, childbirth and detailed information on the is contained in the printed n department. (iii) The father of the unbor support of her child, even in offered to pay for the aborti information may be omitted (3) A copy of the printed m the pregnant woman if she c (4) The pregnant woman ca abortion, that the information under paragraphs (1), (2) an This REGULATION is not	efits may be available fo I neonatal care, and that availability of such assis- materials published by th rn child is liable to assist n instances where he has on. In the case of rape, t l. materials has been provid chooses to view these ma- ertifies in writing, prior to on required to be provided (3) has been provided	more stance e t in the his ed to aterials. to the ed		the 24 hour consent documen To follow-up on these retrain The Director of RQM will co audit on the 24-hour consent to ensure we are achieving compliance on 4/30/2018 an report findings to the CEO.	nings, onduct an visits	

LORC11

IF CONTINUATION SHEET Page 12 of 19

Pennsylvania Department of Health

PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-3910		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/15/2018	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, 29 NORTH 91 ALLENTOWN	TH STREET	ſ		
STATE LICENS	SE NUMBER: 00218701						
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M 3205	Continued from page 12			M 3205			
	Continued from page 12 Based on review of facility documents, med records (MR) and staff interview (EMP), it determined the facility failed to ensure worn presenting to the facility for an abortion were provided the Department of Health printed of which describe the unborn child; the list of a which offer alternatives to abortion; the rig review the printed materials; and a copy will provided to her free of charge if she chooses review it, for six of 16 medical records revie (MR6, MR7, MR9, MR12, MR15 and MR1 Findings include: Review on March 15, 2018, of the facility's Hour Consent" policy effective January 10, revealed "Policy: In the state of Pennsylvan law requires that the following information provided to patients who have either express interest in learning about abortion as an opti- who have made the decision to have an abor- Types of abortion procedures, how they are performed as well as the risk and alternative		t was men ere materials S agencies ght to ill be es to iewed 16). s "24 , 2018, nia, the n is ssed tion or prtion: 1. e				

State Form

LORC11

IF CONTINUATION SHEET Page 13 of 19

Pennsylvania Department of Health

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-3910			(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURV. A. BLDG: 00 B. WING: 03/15/2018		ΞY		
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYST(DNE -	STREET ADDRESS, 29 NORTH 91 ALLENTOW	TH STREET		I	
ALLENTOWN			ALLENIOWI	N, I A 1010			
STATE LICENS (X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
M 3205	Continued from page 13			M 3205			
	 Continued from page 13 abortion. 2. The probable gestational age of the fetus at the time of the abortion procedure and th medical risk of carrying the pregnancy to term a explored Procedures: 8. Offer state mater to all patients" Review on March 15, 2018, of the facility's "Proof Compliance with 24 Hour Waiting Period" for no review date, revealed " I am satisfied with the information provided by the physician. I further state that at least 24 hours before the abortion I winformed by a physician or health care worker delegated by the physician that: The state publis materials, which describe developmental stages the fetus. They also list agencies, which offer alternatives to abortion. I have the right to review and/or receive these printed free of charge" There was a block for the patient to check in from the following statement: "I chose not to receive materials." There was a second block for the patternative." 						

LORC11

IF CONTINUATION SHEET Page 14 of 19

Pennsylvania Department of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-3910		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 03/15/2018	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, 29 NORTH 97 ALLENTOW	TH STREET	ſ		
STATE LICENS	e number: 00218701						
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M 3205	Continued from page 14			M 3205			
	Review of MR6 on Ma patient was admitted to 2018. The Proof of Cor Waiting Period form in blocks were blank. Th MR6 the patient chose or asked for and receiv i.e. the Department of I which describe the unb which offer alternative had a right to review th copy will be provided to she chooses.	ary 30, our n check ntation in naterials terials, erials cagencies ne patient and that a					
	Review of MR7 on March 15, 2018, revea patient was admitted to the facility on Febr 2018. The Proof of Compliance with 24 H Waiting Period form in MR7 revealed both blocks were blank. There was no documen MR7 the patient chose not to receive the m or asked for and received a copy of the ma i.e. the Department of Health's printed mat						

LORC11

IF CONTINUATION SHEET Page 15 of 19

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-3910 NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			A. BLDG: _ B. WING: _ CITY, STATE, Z	IP CODE:	(X3) DATE SURVI COMPLETED: 03/15/2018	EY	
STATE LICENS	E NUMBER: 00218701						
(X4) ID PREFIX TAG	MUST BE PRECEED	° OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
M 3205	Continued from page 15			M 3205			
	which describe the unit which offer alternative had a right to review th copy will be provided she chooses. Review of MR9 on Ma patient was admitted to 2018. The Proof of Co Waiting Period form in blocks were blank. Th MR9 the patient chose or asked for and receiv i.e. the Department of which describe the unit which offer alternative had a right to review th copy will be provided she chooses. Review of MR12 on M patient was admitted to 2018. The Proof of Co	e patient and that a charge if led the uary 12, our a check ntation in materials terials, erials agencies e patient and that a charge if aled the uary 9,					

LORC11

IF CONTINUATION SHEET Page 16 of 19

Pennsylvania Department of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-3910		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 03/15/2018	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET	ſ		
STATE LICENS	SE NUMBER: 00218701						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
M 3205	Continued from page 16			M 3205			
	Continued from page 16 Waiting Period form in MR12 revealed both blocks were blank. There was no documenta MR12 the patient chose not to receive the mate or asked for and received a copy of the mate i.e. the Department of Health's printed mater which describe the unborn child; the list of a which offer alternatives to abortion; that the had a right to review the printed materials an copy will be provided to the patient free of c she chooses. Review of MR15 on March 15, 2018, reveal patient was admitted to the facility on Februa 2018. The Proof of Compliance with 24 Hou Waiting Period form in MR15 revealed both blocks were blank. There was no documenta MR15 the patient chose not to receive the material i.e. the Department of Health's printed material which describe the unborn child; the list of a which offer alternatives to abortion; that the had a right to review the printed materials an copy will be provided to the patient free of c		ntation in materials terials, erials agencies re patient and that a charge if aled the ruary 2, our th check ntation in materials terials, erials agencies re patient and that a				

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IF CONTINUATION SHEET Page 17 of 19

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-3910			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 03/15/2018	ΞY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, 29 NORTH 9T ALLENTOWN	'H STREE1			
STATE LICENS	e number: 00218701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	[°] OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
M 3205	Continued from page 17			M 3205			
	she chooses. Review of MR16 on M patient was admitted to 2018. The Proof of Co Waiting Period form in blocks were blank. Th MR16 the patient chos or asked for and receiv i.e. the Department of 1 which describe the unb which offer alternative had a right to review th copy will be provided to she chooses. Interview with EMP2 of approximately 12:00 P MR9, MR12, MR15 ar	tuary 9, our th check ntation in materials terials, erials `agencies e patient and that a `charge if at MR7, to the					
	facility for an abortion and signed the 24 hor waiting period form. EMP2 confirmed there documentation in MR6, MR7, MR9, MR12, and MR16's indicating the patients chose no						

State Form

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IF CONTINUATION SHEET Page 18 of 19

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-3910			COMPLETED:		(X3) DATE SURVE COMPLETED: 03/15/2018	VEY				
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE -			,	STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET						
ALLENTO	WN		ALLENTOWN	N, PA 18101	1					
STATE LICENS	e number: 00218701									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE			
M 3205	Continued from page 18 receive the materials of copy of the materials, i Health's printed materi child; the list of agenci abortion; that the patien printed materials and th the patient free of charg	i.e. the Department of als which describe the ies which offer altern nt had a right to revie hat a copy will be pro-	ived a of he unborn natives to iew the	M 3205						

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IF CONTINUATION SHEET Page 19 of 19



Certified End Page

PLANNED PARENTHOOD KEYSTONE - ALLENTOWN STATE LICENSE NUMBER: 00218701 SURVEY EXIT DATE: 03/15/2018

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Vancy & hescawag

Nancy J. Lescavage Deputy Secretary for Quality Assurance



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

Rachel L. Levine, MD Secretary of Health