		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER	TIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
		8-3910		A. BLDG:00 B. WING: 02 /		02/23/2015			
PPKEY - A	VIDER OR SUPPLIER: LLENTOWN E NUMBER: 00218701		STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101						
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOOSS-REFERENCED TO THE ACTION TO THE ACTION OF THE ACT	OULD BE	(X5) COMPLETE DATE			
M 0000	INITIAL COMMENT			M 0000					
M 0032	This report is the result of an Annual Registration survey conducted on February 23, 2015, at Planned Parenthood Keystone - Allentown (PPKey - Allentown). It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.		M 0032	TITLE:	(X6) DATE:				
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			

	AN OF CORRECTION (POC) IDENTIFICATION NUMBER: COMPLETED A. BLDG: 00		(X3) DATE SURV COMPLETED: 02/23/2015	TED:			
NAME OF PROVIDER OR SUPPLIER: PPKEY - ALLENTOWN STATE LICENSE NUMBER: 00218701		STREET ADDRESS, 29 NORTH 91 ALLENTOW	TH STREET				
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
M 0032	Continued from page 1 29.43(b) Facility Approval All medical facilities exces approved facilities upon so the Department from a per facility and, at the discretic satisfactory completion of This REGULATION is no	ot hospitals may become abmission of an application son authorized to represe on of the Department, an on-site survey.		M 0032	1. Of the four employee records deficient at the time of the inspection, all are deemed in compliance with PPKey's Pre-Screening policy dated J 2014 (03/16/2015). 2. An ongoing analysis is be conducted to determine how deficiencies can be prevente future and the following produce being implemented effectimmediately (estimated compliance) date of analysis - 03/24/2015. Our existing policy has been employees who have significate likelihood of regular contact children in the form of care appermitted to be alone with a prior to receiving the follow PA State Police Clearance, I Department of Public Welfar Childline Clearance, and III) Criminal Background Checkers. a) Existing personnel staff fit being reviewed to verify conwith the above policy.	fuly 1, ing similar d in the cedures tive pletion 5). that cant with are not minor ing: I) I) re prediction Federal it.	Completion Date: 04/06/2015 Status: APPROVED Date: 03/18/2015

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 02/23/2015	ΣΥ
PPKEY - A	VIDER OR SUPPLIER: ALLENTOWN SE NUMBER: 00218701		STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET			
(X4) ID PREFIX TAG	IX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
M 0032	Continued from page 2			M 0032	b) Employees will be hired conditionally upon receipt of checks; however, the employ failure to submit the Federal Background Check to HR widays will result in unpaid administrative leave until the is returned to HR. In addition employee in the conditional employment status will be performed treating or caring for mean unaccompanied; this will be enforced and monitored by the supervisor. 3. Human Resources (HR) we that employees are being chefor I) and II) above. HR will ensure that employees are be registered for the Federal Cribackground Check and that conditional employment proclisted above is enforced. The supervisor will be responsible ensuring that the Federal Cribackground Check is complereturned to HR (03/11/2015)	yee's Criminal ithin 60 e check on, any 60 day rohibited ainors he direct vill ensure ecked also eing iminal the cedure e direct le for minal eted and	

State Form POKL11 IF CONTINUATION SHEET Page 3 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-3910				02/23/2015	
PPKEY - A	TIDER OR SUPPLIER: LLENTOWN TO NUMBER: 00218701		STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET			
(X4) ID PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
M 0032	Continued from page 3			M 0032	4. Monitoring activities: a) A review of the employee will be performed by HR 30 from when an employee is h conditionally. The direct sup and respective head of the department will be notified of status (continued or expired) conditional employment (03/11/2015). b) A review of the employee will be performed by HR 60 from when an employee is h at that time it will be determ the employee will be placed unpaid administrative leave(03/11/2015). c) Personnel File Audits, typ focused on new and recent h continue to be submitted quathe RQM meetings (next schemeeting is 04/29/15). 5. The inability to obtain a cibackground check may result candidate not being hired or	days ired pervisor of the d's record days ired and ined if on pically ires, will precipe at the deduction of the	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X3) DATE SURV		EY
PPKEY - A	VIDER OR SUPPLIER: ALLENTOWN SE NUMBER: 00218701	8-3910	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	CITY, STATE, Z T H STREET	ZIP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
M 0032	Continued from page 4			M 0032	termination of an employee a hired (03/11/2015). 6. This plan of correction will reviewed at the next schedule Governing Board meeting (04/25/2015) and the next sc quarterly RQM meeting (04/25/2015).	II be ed heduled	

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-3910		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 02/23/2015	ΞY		
NAME OF PROVIDER OR SUPPLIER: PPKEY - ALLENTOWN STATE LICENSE NUMBER: 00218701			STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101						
(X4) ID PREFIX TAG	MUST BE PRECEEDI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
M 0032	Based on review of facility documents, credefiles (CF), personnel files (PF), and staff interested (EMP), it was determined the facility failed copies of Federal Criminal Background Cheetwo of seven credential files reviewed (CF2 CF7) and for two of seven personnel files reviewed (CF2 CF7) and for two of seven personnel files reviewed (PF4 and PF5). Findings include: Review on February 23, 2015, of the "Planne Parenthood Pre - Employment Checks" policy dated July 1, 2013, revealed "Policy: Plan Parenthood complies with all applicable feders state laws pertaining to background checks, including providing the job applicant or employment Parenthood's policy to process background and reference checks on all final candidates for employment or final candidate contracted work. Procedure: 1. Background Checks - All positions require background of		terview I to have ecks for 2 and eviewed ned licy, nned deral and ployee , It [sic] al ates for	M 0032					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER 8-3910				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 02/23/2015	EY	
NAME OF PROVIDER OR SUPPLIER: PPKEY - ALLENTOWN STATE LICENSE NUMBER: 00218701			STREET ADDRESS 29 NORTH 97 ALLENTOW	TH STREET			
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M 0032			I in the All O can pon the ecks. i. o have a th children hildren eccived employee rm at hire. all not ets c. rvices likelihood a of care, hin the dition of ee, (2)	M 0032			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER. 8-3910		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 02/23/2015			
NAME OF PROVIDER OR SUPPLIER: PPKEY - ALLENTOWN STATE LICENSE NUMBER: 00218701			STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101						
(X4) ID PREFIX TAG	MUST BE PRECEEDI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE			
M 0032	summary Statement of Deficiencies (Each Deficiencies) the preceded by Full Regulatory or Indentifying Information) Continued from page 7 and (3) Federal Criminal Background Check HR will assure completion, review results, at a copy of each of the background checks required background checks are documented stored in the employee personnel files or independent contractor records" Review on February 23, 2015, of CF2 reveal practitioner was hired in 2010. Further review CF2 revealed no copy of CF2's Federal Crim Background Check. Review on February 23, 2015, of CF7 reveal practitioner was hired in March 2014. Further review of CF7 revealed no copy of CF7's Federal Criminal Background Check. Review on February 23, 2015, of PF4 revealed mo copy of CF7's Federal Criminal Background Check. Review on February 23, 2015, of PF4 revealed mo copy of PF4's Federal Criminal Background Check.		and retain e. All ed and aled this ew of minal aled this urther dederal aled this	M 0032					

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-3910		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: CITY, STATE, ZIP CODE:		(X3) DATE SURVEY COMPLETED: 02/23/2015	
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STATE LICENSE NUMBER: 00218701			ALLENTOWN	N, PA 1810	1		_
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR I IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
M 0032	employee was hired in review of PF5 revealed Criminal Background of Interview with EMP2 a February 23, 2015, cor PF5 did not have copie Background Checks in Interview with EMP1 a February 23, 2015, cor stated all employees w required background chand these employees w with children.	In no copy of PF5's For Check. at approximately 1:0 affirmed CF2, CF7, Pes of their Federal Cratheir employee files at approximately 1:3 affirmed the facility pill have a copy of the hecks in their employee.	oper ederal O PM on operation of PM on operation o	M 0032			

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Certified End Page

PPKEY - ALLENTOWN

STATE LICENSE NUMBER: 00218701 SURVEY EXIT DATE: 02/23/2015

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

Christine C. Filipovich, man, An

Christine C. Filipovich, MSN, RN
Deputy Secretary For Quality Assurance

Karen M. Murphy, PhD, RN Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY