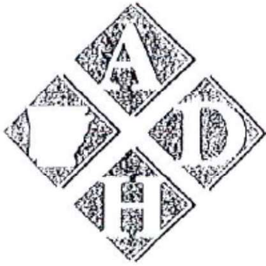


Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

November 3, 2016

Provider # 000107

[redacted]
Planned Parenthood of AR & Eastern OK
3729 North Crossover, Suite 107
Fayetteville, AR 72703
Mailing Address:
Planned Parenthood of AR & Eastern OK
3729 North Crossover, Suite 107
Fayetteville, AR 72703

RE: Abortion Facility Survey Conducted 10/27/2016

Dear Administrator:

The Arkansas Department of Health conducted a survey of your agency on 10/27/2016. The findings of the survey are in the enclosed Statement of Deficiencies and Plan of Correction (State Form).

In order for us to complete the survey process, you must submit an acceptable Plan of Correction (POC). When developing your POC it is essential that you answer the following questions for **each** deficiency:

1. **What** specific action will be taken to correct the deficient practice?
2. **When** will the correction be completed?
3. **Who** will be responsible for taking the corrective action?
4. **How** will you evaluate or monitor the corrective action to prevent the recurrence of the deficient practice?

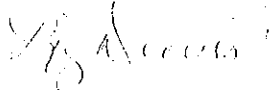
The instructions for the submission of the Plan of Correction (POC) follow:

1. Indicate a plan for correction for each deficiency with an appropriate completion date on the right side of the enclosed State Form.
2. Sign and date page 1 of the State Form. Unsigned forms will be rejected.
3. Mail the form to the following address no later than 10 days from the receipt of this letter.

Arkansas Department of Health
Health Facility Services
5800 West 10th Street, Suite 400
Little Rock, AR 72204

If you have any questions, please call me at (501)661-2201.

Sincerely,



Liz Davis
Program Manager
Health Facility Services

Enclosure

Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ABOR00003	A. BUILDING: ______ B. WING ______	10/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF AR & EASTERN (	3729 NORTH CROSSOVER, SUITE 107 FAYETTEVILLE, AR 72703

(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
4A000	Memo An entrance conference was conducted with Facility Representatives on 10/25/16 at 1100. The Representatives were informed the purpose of the visit was to conduct a State Re-Licensure Survey. An exit conference was conducted with Facility Representatives on 10/27/16 at 1215. The findings of the survey were discussed. The Facility Representatives were given an opportunity to present additional information for the findings discussed. No additional information was presented. 6.B. General Administration. Policies and procedures shall be provided for the general administration of the facility and for each service. All policies and procedures shall have evidence of ongoing review and/or revision. The first page of each manual shall have the annual review date and signatures of the person(s) conducting the review. Based on review of the Medical Standards and Guidelines policy and procedure manual signature page and interview, it was determined the Facility failed to ensure the policy and procedure manual was reviewed and updated on an annual basis. The failed practice did not ensure the Facility was operating under current established standards and guidelines. The failed practice had the potential to affect all patients seen in the Facility. The findings follow: 1. Review of the Medical Standards and Guidelines policy and procedure manual on 10/25/16 revealed the signature page of the manual, representing the date of review and/or update, was signed by the Medical Director on	4A000	6.B. The Planned Parenthood Medical Standards and Guidelines have been reviewed by physicians and the medical director in Arkansas. Please see attached. Moving forward, the Arkansas physicians and medical director in Arkansas will review the MS&Gs annually and sign/date a new signature page on an annual basis. RECEIVED NOV 18 2016 By	11/15/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	President & CEO	11/18/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF AR & EASTERN	**3729 NORTH CROSSOVER, SUITE 107 FAYETTEVILLE, AR 72703**

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4A000	Continued From page 1 04/10/15. 2. In an interview with Staff Member #1 on 10/25/16 at 1530, she confirmed the manual had not been reviewed or updated since 04/10/15. 6.E. General Administration. There shall be posted a list of names, telephone numbers, and addresses available for emergency use. The list shall include the key facility personnel and staff, the local police department, the fire department, ambulance service, Red Cross, and other available emergency units. The list shall be reviewed and updated at least every six (6) months. Based on review of the Emergency Contact list and interview, it was determined the Red Cross contact information was not listed on the Emergency Contact list. The failed practice had the potential to delay services from the Red Cross in case of an emergency. The failed practice had the potential to affect all patients seen in the Facility. The findings follow: 1. Review of the Emergency Contact list revealed the contact number for the Red Cross was not present on the list. 2. In an interview with Staff Member #1 on 10/25/16 at 1430, she confirmed the Red Cross contact information was not on the Emergency Contact list. 6.G. General Administration. All employees shall be required to have annual in-services on safety, fire safety, back safety, infection control, universal precautions, disaster preparedness and confidential information.	4A000	6.E. THe Health Center Manager has reviewed and updated the emergency contact list and the Red Cross information has been added. It will be reviewed/updated on a semi-annual basis and then reprinted/reposted with the current revision date. Attached is updated emergency contact list	11/1/16

Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ABOR00003	A. BUILDING: ______ B. WING ______	10/27/2016

NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF AR & EASTERN (

STREET ADDRESS, CITY, STATE, ZIP CODE: 3729 NORTH CROSSOVER, SUITE 107, FAYETTEVILLE, AR 72703

(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
4A000	Continued From page 2 Based on personnel file review and interview, it was determined two (#2 and #3) of seven (#1-#7) staff members did not have evidence of annual fire safety, back safety, infection control and/or disaster preparedness. The failed practice did not ensure all staff members were in-serviced on the current practices for fire safety, back safety, infection control and/or disaster preparedness. The failed practice had the potential to affect all patients, visitors and staff in the Facility. The findings follow: 1. Review of the personnel file for Staff Member #2 on 10/25/16 revealed there was no evidence of annual back safety and annual disaster preparedness. 2. Review of the personnel file for Staff Member #1 on 10/27/16 revealed there was no evidence of annual fire safety, back safety, infection control or disaster preparedness. 3. In an interview with Staff Member #1 on 10/27/16 at 1130, she confirmed Staff Member #1 and #2 had not been inserviced.	4A000	6.gAs indicated in interview, staff member #1 provided all required trainings at time of inspection. Staff member #2- Back safety was re-reviewed with Staff Member #2 and the documentation of such review is attached for reference. The health center manager in the Fayetteville center also has a disaster preparedness and fire drill prepared to administer if Staff Member #2 does work in the Fayetteville center again. It is not customary that Staff Member #2 works in that specific facility and may not return to provide services. Documentation of current [redacted] for Staff Member #2 is also attached. At time of survey, surveyors reviwed staff member #3 [redacted] back safety, active shooter training. The surveyors did not accept staff member #3's fire drill because it occurred in Tulsa,OK. Staff member #3 has completed her fire drill required training in Fayettevillc. Documentation is attached.	11/3/16
	10.A.2. The facility shall follow standard Center for Disease Control and Prevention (CDC) precautions. Based on review of employee [redacted] records, Policy and Procedure review, and interview it was determined the Facility failed to ensure one (#2) of seven (#1-#7) staff members did not have current [redacted] or screening for [redacted] Failure to ensure staff received current [redacted] tests or were screened for [redacted] exposure potential did not allow the Facility to be proactive in monitoring and surveillance of possible staff [redacted] and to be in compliance with the		10.A.2. Staff member #2 has current [redacted] Documentation attached.	11/3/16

Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ______ B. WING ______	(X3) DATE SURVEY COMPLETED 10/27/2016

NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF AR & EASTERN (

STREET ADDRESS, CITY, STATE, ZIP CODE: 3729 NORTH CROSSOVER, SUITE 107, FAYETTEVILLE, AR 72703

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4A000	Continued From page 3 Center for Disease Control and Prevention "Guidelines for Preventing Transmission of [redacted] in Health-Care Settings, 2005". The failed practice affected all patients and staff who came in contact with employee #2. Findings follow: 1. Review of employee documents for Staff Member #2 on 10/25/16 revealed the last [redacted] [redacted] was dated [redacted] 2. Review of the policy "13A Occupational Health" on 10/27/16 revealed, "[redacted] Annual Employee Screening: Employees with a [redacted] history will have, at minimum, [redacted] an annual [redacted] test and, depending on the results, will be followed as above if necessary per local DOH (Department of Health)." (Department of Health.) ... " 3. The above findings were verified by Staff Member #1 on 10/27/16 at 1120. 12.C.3. Physical Facilities, Abortion Facilities. General Considerations. The building and equipment shall be maintained in a state of good repair at all times. Based on observation and interview, it was determined the Facility failed to ensure equipment was kept in good repair in that the vinyl covering of the examination tables was torn or worn in 2 (#2 and #3) of 4 (#1-#4) examination rooms. Also, rust was observed on the metal shelf of the examination table in one (#1) of 4 (#1-#4) examination rooms. This failed practice had the potential to render the equipment unsafe in that disinfection could not be assured. These failed practices had the potential to affect all	4A000	12.C.3. Planned Parenthood has ordered two new exam bed toppers. The items are expected to ship on or around 12/5/16 and will be installed before 12/31/16. Documentation of the order is attached. The exam bed with the rusty shelf is due to be replaced completely during the month of December. Moving forward, these items will be monitored on a regular basis.	12/31/16

Health Facility Services

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	ABOR00003	A. BUILDING: ______ B. WING ______	10/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF AR & EASTERN (	3729 NORTH CROSSOVER, SUITE 107 FAYETTEVILLE, AR 72703

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4A000	Continued From page 4 patients examined in Examination Rooms #1-#3. The findings follow: 1. Observation on 10/25/16 revealed the vinyl covering of the examination table in Room #2 and #3 was torn or had worn areas. 2. Observation on 10/25/16 revealed the metal shelf that pulled out from the end of the examination table in Room #1 was rusted. 3. In an interview with Staff Member #1 on 10/25/16 at 1120, she confirmed the examination tables were worn and torn and the existence of rust on one of the examination metal tables.	4A000		