

**Meyer, Diana**

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**From:** Warren-Ulrick, Jennifer <Jennifer.Warren-Ulrick@PPHeartland.org>  
**Sent:** Tuesday, September 15, 2015 2:03 PM  
**To:** Meyer, Diana  
**Cc:** Moeller, Suzette; McQuinn, Kim; Racey, Lindsay  
**Subject:** RE: PP plan of correction letter

Hi Diana,

Sorry I forgot that piece! The Nebraska health centers will be fully compliant by 10/15/15.

Please let me know if there is anything else.

Thanks!

**Jennifer Warren Ulrick**  
*Director of Health Services*  
Planned Parenthood of the Heartland

*POC approved.  
9/16/15.  
JWU/SW*

jwu

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**From:** Meyer, Diana [mailto:Diana.Meyer@nebraska.gov]  
**Sent:** Monday, September 14, 2015 1:33 PM  
**To:** Warren-Ulrick, Jennifer  
**Cc:** Moeller, Suzette; McQuinn, Kim  
**Subject:** PP plan of correction letter  
**Importance:** High

Jennifer,

Thank you for submitting your plan of corrective action for the inspections conducted at the Lincoln and Omaha Planned Parenthood health clinics. We appreciate your timeliness! We do still need a date from you as to when you expect the facilities to be in correction. This needs to be a specific date sometime from the date of the exit until whenever you felt/feel they will be corrected. , i.e, October 1, 2015, etc.

If you have any questions, please give me a call. Thanks again!

*Diana Meyer*, RN, BSN – Program Manager  
Acute Care Facilities/CLIA/Healthcare Facility Construction  
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Lincoln, NE 68508  
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*JWU 9/15/15*



LICENSURE UNIT

SEP 14 2015

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Planned Parenthood of the Heartland

September 11, 2015

Diana Meyer, RN BSN – Program Manager  
Office of Acute Care Facilities  
DHHS Public Health – Licensure Unit  
PO Box 94986  
Lincoln, NE 68509

Dear Ms. Meyer,

Thank you for your recent review of our practices in our Omaha and Lincoln health centers. This letter is to address the finding of noncompliance regarding the statistical reporting requirements of our abortion patients, “Report of Induced Abortion” that is due to the state within 15 days of the end of the calendar month in which the abortion was performed. The following corrective action has been put in place:

- Reviewed requirements with management staff at both health centers.
- The manager is ultimately responsible for ensuring this task is completed timely, she may delegate the task to a staff person, but will be held accountable to see that it is completed.
- A calendar appointment has been placed on both center manager’s calendars on the 8<sup>th</sup> of the month to remind staff that the reports are coming due.
- For the next 6 months, the regional director will confirm that the statistical report has been submitted timely.

Please let me know if you need additional information.

Jennifer Warren Ulrick  
Director of Health Services  
Planned Parenthood of the Heartland

*Jan 9/15/15*

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HC056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/21/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF THE HEARTLANI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3105 NORTH 93RD STREET OMAHA, NE 68134</b>
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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
G 020	<p>7-006.01 Licensure Responsibilities</p> <p>The licensee of each health clinic must assume the responsibility for the total operation of the facility. The licensee responsibilities include:</p> <ol style="list-style-type: none"> <li>1. Monitoring policies to assure the appropriate administration and management of the health clinic;</li> <li>2. Maintaining the health clinic ' s compliance with all applicable state statutes and relevant rules and regulations;</li> <li>3. Providing quality care and treatment to patients whether care and treatment are furnished by health clinic staff or through a contract with the health clinic;</li> <li>4. Periodically reviewing reports and recommendations regarding the Quality Assurance/Performance Improvement program and implementing programs and policies to maintain and improve the quality of patient care and treatment;</li> <li>5. Maintaining written minutes of meetings and actions;</li> <li>6. Designating an administrator who is responsible for the day to day management of the health clinic and defining the duties and responsibilities of the administrator in writing;</li> <li>7. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs including who will be responsible for the position until another administrator is appointed;</li> <li>8. Notifying the Department in writing within five working days when the vacancy is filled including effective date and name of person appointed administrator; and</li> <li>9. Determining if emergency medical technician-intermediates or emergency medical technician-paramedics may perform activities within their scope of practice as either an employee or volunteer within the health clinic.</li> </ol>	G 020		

Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Nebraska DHHS Licensure Unit

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G 020	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Surveyor: 15107</p> <p>Based on staff interview; review of policy and procedures, review of certified mail receipts and DHHS statistical data; the HC (Health Clinic) failed to complete and/or submit the required Report of Induced Abortion form to the Nebraska Department of Health and Human Services (NDHHS) within 15 days after the reporting month for seven months out of seven months since January 1, 2015. Nebraska State Statute 28-343 requires the following: "The Department of Health and Human Services shall prescribe an abortion reporting form which shall be used for the reporting of every abortion performed in this state...The completed form shall be signed by the attending physician and sent to the department within fifteen days after each reporting month".</p> <p>Findings are:</p> <p>A. Review of the policy and procedure titled 'Statistical Reporting' (Revised 6/15) revealed the following: "The State of Nebraska requires that all abortions performed in the state be reported within 15 days of the end of the calendar month in which the abortion was performed. Nebraska Department of Health and Human services has provided us with a form to utilize for this purpose. The form is called Report of Induced Abortions. One form is filled out for each patient who has an abortion or spontaneous termination of pregnancy. The PP Heartland [Planned Parenthood] clinician who performed the abortion must sign the form. Forms are mailed monthly to the Vital Records Office by the 15th of the month."</p>	G 020		

Nebraska DHHS Licensure Unit

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G 020	<p>Continued From page 2</p> <p>B. Interview with the Office Manager on 8/18/15 at 2:30 PM revealed the following: U.S. (United States) Postal Service Certified Mail receipts for the mailing of the State of Nebraska Report of Induced Abortion forms to Vital Statistics for reports for the months of December 2014 through May 2015. The Business Office Manager confirmed May was last completed report sent in and "I'm a little behind on that".</p> <p>Surveyor: 21534</p> <p>C. A review of DHHS statistical data revealed the following information regarding the facility reporting:</p> <p>January 2015 - Report due to DHHS by February 15, 2015; the facility report was received on February 20, 2015.</p> <p>February 2015 - Report due to DHHS by March 15, 2015; the facility report was received on March 24, 2015.</p> <p>March 2015 - Report due to DHHS by April 15, 2015; the facility report was received on July 2, 2015.</p> <p>April 2015 - Report due to DHHS by May 15, 2015; the facility report was received on July 2, 2015.</p> <p>May 2015 - Report due to DHHS by June 15, 2015; the facility report was received on July 6, 2015.</p> <p>June 2015 - Report due to DHHS by July 15, 2015; As of August 25, 2015, no report had been received.</p> <p>July 2015 - Report due to DHHS by August 15, 2015. As of August 25, 2015, no report had been received.</p>	G 020		