



Division of Public Health

State of Nebraska
Pete Ricketts, Governor

August 26, 2015

Jennifer Warren-Ulrick
Administrator
Planned Parenthood of The Heartland
3105 North 93rd Street
Omaha, NE 68134

CERTIFIED MAIL

Dear Ms. Warren-Ulrick:

The enclosed report documents a finding of noncompliance with the licensure regulations for Health Clinics prepared following the focus survey that was conducted at your facility and completed on August 21, 2015 by Billye Jo Bignell, Registered Nurse, and Mary Arends, Laboratorian, surveyors with the Nebraska Department of Health and Human Services Division of Public Health.

The violations found must be corrected within 90 days to avoid disciplinary action against the facility's license. Therefore, a written statement of compliance must be submitted to the Department within 10 working days of receipt of this letter. The statement of compliance must include the following:

- 1) How the corrective action will be accomplished for individuals found to have been affected by the violation;
- 2) What measures will be put into place for systemic changes made to ensure that the violation will not recur and how potential to affect others will be identified;
- 3) How the facility will monitor its corrective actions/performance to ensure that the violation is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent;
- 4) Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
- 5) A realistic date by which each violation will be corrected; and
- 6) Signature of the administrator or other authorized official and date.

If you fail to submit and implement a statement of compliance, the Department may initiate disciplinary action against the facility license.

If you have any questions regarding this correspondence, contact this office.

Sincerely,

Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities
DHHS Public Health - Licensure Unit
PO Box 94986, Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov

DM/smm

Enclosures: State Form
Survey Evaluation

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLANI	STREET ADDRESS, CITY, STATE, ZIP CODE 3105 NORTH 93RD STREET OMAHA, NE 68134
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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"> 1. Monitoring policies to assure the appropriate administration and management of the health clinic; 2. Maintaining the health clinic ' s compliance with all applicable state statutes and relevant rules and regulations; 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; 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; 5. Maintaining written minutes of meetings and actions; 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; 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; 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 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. 	G 020		

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

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		

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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		