Pennsylvania Department of Health

PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC PREFIX TAG CORRECTIVE ACTION SHOULD BE COM	
(X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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       CON DENTIFYING INFORMATION)         M 0000       INITIAL COMMENT       M 0000       M 0000       M 0000       INITIAL COMMENT       M 0000       INITIAL comments the result of an annual Registration       M 0000       INITIAL comments the result of an annual Registration       M 0000       INITIAL comments the result of an annual Registration       INITIAL comments the result of an annual Reg	
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This report is the result of an annual Registration	X5) IPLETE ATE
PPNMPBC - Harrisburg. It was determined that the facility was 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 9999 M 999 M 9999 M 999	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:	

State Form

IF CONTINUATION SHEET Page 1 of 5

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 10/24/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - HARRISBURG			STREET ADDRESS, 1514 NORTH HARRISBUR	SECOND S	TREET		
STATE LICENS	BE NUMBER: <b>3N8L8701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
M 9999	Continued from page 1			M 9999			
	Recommendation This REGULATION is not			POC is optional and not requ PPNMPBC and PPCP choos respond to the observations Harrisburg Survey on 10/24/ follows: 1)The Consent to Release Information Form will be re- automatically expire after 1	ses to of the /12 as vised to	Completion Date: <b>12/31/2012</b> Status: <b>APPROVED</b> Date: <b>11/29/2012</b>	
					<ul> <li>2)A Policy/Procedure to add how PPNMPBC and PPCP re- clients who present for a me abortion, but exceed the gest age requirement will be imp</li> <li>3)All client restrooms will be checked daily and cleaned as</li> </ul>	refer dical tational lemented e	
					4)It is the policy of PPNMP PPCP to keep all personnel r at the administrative site, and restrict access to those files r protect the private and confi information about the emplo Staff are considered to be en- of the affiliate, and may be reassigned at any time, even	records d to to dential yee. nployees	

State Form

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IF CONTINUATION SHEET Page 2 of 5

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 10/24/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - HARRISBURG			STREET ADDRESS, 1514 NORTH HARRISBUR	SECOND S	TREET		
STATE LICENSE NUMBER: <b>3N8L8701</b>							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	(X5) COMPLETE DATE		
M 9999	Continued from page 2			M 9999			
				<ul> <li>daily basis, to another site.</li> <li>5)The certificate the establisi PPNMPBC and PPCP as affi PPFA will be posted. Individ are not listed on the certifica</li> <li>6)PPNMPBC and PPCP are responsible for filing certain with DOH, and it is the respo of the surveyor to verify they been submitted. Keeping a co site of those reports will not their submission. Therefore, will not be kept.</li> </ul>	iliates of hual sites te reports onsibility y have opy on verify		

State Form

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IF CONTINUATION SHEET Page 3 of 5

Pennsylvania Department of Health

					1			
		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
			A. BLDG: <u>00</u> B. WING:					
				B. WING: _		10/24/2012		
NAME OF PROVIDER OR SUPPLIER:			STREET ADDRESS,					
PLANNED PARENTHOOD KEYSTONE -			1514 NORTH HARRISBUR					
HARRISBURG			HARRISDUK	<b>G,IA</b> 1/10	2			
STATE LICENS	i					i		i
(X4) ID PREFIX	SU		OF DEFICIENCIES (EACH DE D BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE
TAG			FYING INFORMATION)			CROSS-REFERENCED TO THE		DATE
M 9999	Continue	ed from page 3			M 9999			
	1)		elease Information fo					
			e a time limit on its v	-				
		which shows starting and ending dates.						
	-							
	2)	2) The facility has no documented						
	Policy/Procedure regarding a patient present for a medical abortion, but ex							
		the gestational						
		record review						
		evidence that						
		education and/or was referred to a						
	<ul><li>facility for a surgical procedure.</li><li>3) One of the two patient restrooms in the hallway adjacent to the Treatment Room</li></ul>							
				the				
		was superficia		KOOIII				
		was superficia	iny unity.					
	4)	4) Complete Personnel files and Credentia						
	<ol> <li>Complete Personnel files and Crede files for staff working at the Harrist</li> </ol>							
			be maintained at the	-				
		•	cility, not at the Corp					
		Office.	, not at the corp	01410				
		J 111 <b>CC</b> .						

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IF CONTINUATION SHEET Page 4 of 5

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - HARRISBURG				A. BLDG: _ B. WING: _ CITY, STATE, Z	TREET	(X3) DATE SURVI COMPLETED: <b>10/24/2012</b>	ΞY
STATE LICENSE NUMBER: <b>3N8L8701</b> (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE			FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR LS IDENTIFYING INFORMATION)				PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	COMPLETE DATE
M 9999	<ul> <li>Continued from page 4</li> <li>5) The facility should post the certificate that explains that Planned Parenthood of Northeast and Mid-Penn is an affiliate of Planned Parenthood Federation of America, Inc., and list which sites are included.</li> <li>6) The facility should maintain copies of required reports that they submit to the Department.</li> </ul>			M 9999			

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IF CONTINUATION SHEET Page 5 of 5



# **Certified End Page**

### PLANNED PARENTHOOD KEYSTONE - HARRISBURG STATE LICENSE NUMBER: 3N8L8701 SURVEY EXIT DATE: 10/24/2012

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 & hescavag

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