

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA140000241	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2016
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD - ANTIOCH	STREET ADDRESS, CITY, STATE, ZIP CODE 1104 BUCHANAN ROAD, SUITE C10 ANTIOCH, CA 94509
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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
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A 010	<p>HSC 1227 HSC Section 1227</p> <p>Any duly authorized officer, employee, or agent of the state department may upon presentation of proper identification, enter and inspect any building or premises at any time, with or without advance notice, to secure compliance with, or to prevent a violation of, any provision of this chapter or any regulations adopted pursuant to this chapter.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to permit inspection of the clinic and records, related to a complaint investigation, on two occasions. Surveyors were turned away from Clinic 1, on 12/30/14 and on 10/6/16. The clinic's failure to cooperate with the surveyors caused a delay in determining there were deficiencies by the clinic regarding Patient 1's complaint; a delay in notifying Patient 1 of the deficiencies; and therefore a delay in Clinic 1 initiating a plan of correction.</p> <p>Findings: See tags 0046 and 0068.</p> <p>On 12/29/14, review of the license of Clinic 1, dated 4/1/16 - 3/31/17, showed the clinic was licensed by the State of California Department of Public Health [CDPH]: "In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations the Department of Public Health hereby issues this license..."</p> <p>On 12/30/14 at 8:50 a.m., Surveyor 1 and Surveyor 2 arrived at Clinic 1 and showed proper identification and waited until 2 p.m.. The Director said the surveyors could only look at the electronic medical record without making copies</p>	A 010	<p>All remediation activities described in this plan of correction will be implemented at all Planned Parenthood Northern California (PPNorCal) health centers.</p> <ol style="list-style-type: none"> PPNorCal's current policies and procedures adhere to all existing federal and state laws, regulations, and policies governing the protection of patient privacy, retention of medical records, and compliance during authorized inspections conducted by state and federal regulators. PPNorCal's policies and procedures were created in August 2015, and were last reviewed in February 2017. PPNorCal's policies and procedures will be reviewed again immediately, and no later than Friday, March, 17, 2017, by the Senior Vice President of Client and Medical Services to ensure that they continue to adhere to all applicable laws, rules, and regulations. The policies and procedures will be reviewed with all health center managers by teleconference on Tuesday, March 21, 2017. After this initial review and any necessary changes that are made, PPNorCal will review these policies and procedures through our ongoing health center compliance program at each health center at least annually. All newly hired managers will be provided training on how to comply with federal and state regulators during an authorized inspection. 	
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MAR 09 2017

Licensing & Certification
East Bay District Office

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

unacceptable POC 3/13/17 N. Cokuyup

TITLE

A.K. HFES

(X6) DATE

STATE FORM 5ZNS11 If continuation sheet 1 of 2

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3/19/17

California Department of Public Health

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A 010	<p>Continued From page 1</p> <p>and without taking notes. Clinic 1 refused to provide a list of patients who had complications of a medication abortion from 10/1/14 through 12/30/14. (Pursuant to CDPH Complaint Process, dated 7/09, "All complaint investigations are unannounced...Introduce self and present identification...Maintain confidentiality of complainants...If a medical record review is required, select 2-3 medical records of similar situations to maintain confidentiality...")</p> <p>On 10/6/16 at 8:49 a.m., Surveyor 1 arrived in the clinic, provided appropriate identification, and explained the purpose of the visit to the Regional Director. The Regional Director said the clinic's policy did not allow the surveyor to go through the reception door or office area, so she spoke with Surveyor 1 in the waiting room. Surveyor 1 told the Director she wanted to review Patient 1's record. At 10:03 a.m., the Director came to the waiting room and told Surveyor 1 she could not provide the patient's medical record for review until Patient 1 filled out Clinic 1's medical record release, authorization form, and Surveyor 1 could bring it back to the clinic. Surveyor 1 left the clinic without being granted access to the medical records.</p>	A 010		

Handwritten signature
3/18/17