Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:0	LE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 03/14/2018	ΞY
PLANNED WARMINS	VIDER OR SUPPLIER: PARENTHOOD KEYST STER SE NUMBER: 00188701		610 LOUIS D	S, CITY, STATE, ZIF DRIVE SUITE YER, PA 18974	303		
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
M 0000 M 0032	INITIAL COMMENT This report is the result survey conducted on M Parenthood Keystone- determined the facility the requirements of th Health Regulations § 2 Subchapter D, Ambul- in Hospitals and Clinic	March 14, 2018, at Pl Warminster. It was was not in complian e Pennsylvania Depa 28 Pa Code, Chapter atory Gynecological	anned nce with rtment of 29,	M 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	
State Form		N6CT1	1			IF CONTINUAT	ION SHEET Page 1 of 8

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Pennsylvania Department of Health

			IDENTIFICATION NUMBER: A. BLDG: <u>00</u> D. WDG:			ON: (X3) DATE SURVEY COMPLETED: 03/14/2018	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974					
STATE LICE (X4) ID PREFIX TAG	MUST BE PRECEED	^C OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 2	OULD BE	(X5) COMPLETE DATE
M 0032	Continued from page 1 29.43(b) Facility Approval All medical facilities excep approved facilities upon sul the Department from a pers facility and, at the discretio satisfactory completion of a This REGULATION is not	omission of an application on authorized to represe n of the Department, an on-site survey.		M 0032	Planned Parenthood Keystor to administer the Hepatitis B to all health center staff who the potential to come in cont blood or potentially infection bodily fluids. Records of vaccination, either the conse declination, are kept centrall employees confidential healt records stored by the affiliat Human Resource Departmen Prior to inspection, Planned Parenthood Keystone has be the process of converting fro files to electronic files using resource software program. program has hard stops built so new employees will not b commence working in a hea center until the consent to va or the declination form has b received. This system is cur place and fully functioning f new employees. Employees have worked for Planned Pa Keystone prior to its implem their files are being scanned system which should be com	B vaccine have have tact with us ent or ty in the th e's nt. ent in om paper a human The tinto it be able to alth accinate open rently in for all s who renthood hentation, into the	Completion Date: 04/27/2018 Status: APPROVED Date: 04/18/2018

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Pennsylvania Department of Health

PLAN OF CO	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908	:	A. BLDG: B. WING:	PLE CONSTRUCTION:	0 03/14/2018		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER			STREET ADDRESS, 610 LOUIS DI WARMINSTH	RIVE SUIT	E 303			
STATE LICEN	se number: 00188701							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
M 0032	032 Continued from page 2			M 0032				
					within the next 60 days. Employee files are audited biannually, however after th inspection on 3/14/2018, an audit was conducted of all h center employees to ensure to documentation of this benefit their respective files. During audit, one of the missing doo noted during this inspection found and placed into EMPS CF1's form was not found he so the employee was sent a replacement which has since received and placed into CF EMP8's form has since been and placed in the record. With respect to the new elect system, for employees who the vaccination, this simply noted in their electronic file permanently stored. For tho employees who consent to re the vaccination, a tickler will placed in the system to ensu- employee records are up to o	interim ealth that it was in g the cuments was 5's file. owever, e been 1's file. updated etronic decline gets and is ose eccive Il be re the		

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Pennsylvania Department of Health

PLAN OF COR	OF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER: PARENTHOOD KEYST((XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908 DNE -		A. BLDG: _ B. WING: _ CITY, STATE, 2		(X3) DATE SURVE COMPLETED: 03/14/2018	ΞY
WARMIN	STER		WARMINSTE	CR, PA 189	74		
STATE LICENS (X4) ID	E NUMBER: 00188701 SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG	X MUST BE PRECEEDED BY FULL REGULATORY O			PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE
M 0032	Continued from page 3			M 0032			
					once the three-dose series is completed. Vaccinations tak over the course of six month either case, with this new sys which is tied in with timekee not allow an employee to co work in a health center unless forms is completed. The Director of RQM or dess will audit the system quarter ensure that both declination those who consent to vaccing have current up to date record their employee files.	ce place s. In stem, eping, will ntinue to ss the ignee ly to and ation	

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-0908		: A. BLDO	LTIPLE CONSTRUCTION: ;:; ;:;	(X3) DATE SURVEY COMPLETED: 03/14/2018					
	OVIDER OR SUPPLIER: D PARENTHOOD KEYS ISTER	TONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974						
STATE LICEN	ISE NUMBER: 00188701								
(X4) ID PREFIX TAG	MUST BE PRECE	ENT OF DEFICIENCIES (EACH DE EDED BY FULL REGULATORY O NTIFYING INFORMATION)		PROVIDER'S PLAN OF C CORRECTIVE ACT CROSS-REFERENCED TO	ION SHOULD BE	(X5) COMPLETE DATE			
M 0032	Continued from page 4		M 0032						
	files (PF), credential (EMP), it was detern staff having potentia fluids received the H eight PF files review one CF files review Findings include: Review on March 14 "Planned Parenthood Handbook" last app " 3.1 Immunization the recommendation Control and Prevent requirements of the Administration (OSI for health care work the Hepatitis B imm employees who have are at risk due to the	4, 2018, of the facility's d Keystone Employee roved January 2018, re n Planned Parenthood as form the Centers for	terview 1 to ensure d body two of one of s vealed follows Disease and Health nizations od offers and who with						

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Pennsylvania Department of Health

	epartment of Health								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908			A (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:			EY			
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST(STER	ONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974						
STATE LICEN	SE NUMBER: 00188701								
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE		
M 0032	Continued from page 5			M 0032					
	this immunization we	strongly recommend	l it"						
	Review of PF5 on March 14, 2018, reveale employee worked as a Medical Care Assist (MCA) in the facility.								
	Interview with EMP1 approximately 2:45 PM required contact or por blood and body fluids.	M revealed EMP5's j tential contact with p	ob						
	There was no documen file indicating the facil Hepatitis B Vaccine (I declined receiving the	lity offered this emp HBV) vaccine or that	loyee the						
	Interview with EMP1 approximately 2:45 PM documentation in EMD offered this employee EMP5 declined the HI	M confirmed there w P5's personnel file th the HBV vaccine or	as no le facility						
	Review of EMP8 on N	March 14, 2018, reve	aled the						

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-0908			A. BLDG: <u>00</u>) DATE SURVEY MPLETED: /14/2018				
PLANNE	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974						
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE			
M 0032	Continued from page 6 facility hired this empl EMP8 signed the cons facility administer the Interview with EMP1 approximately 2:50 PM required contact or pot blood and body fluids. There was no document file indicating the facil vaccine to this employ Interview with EMP1 approximately 2:50 PM consent form requestint HBV vaccine when hit documentation in EMI the facility administer employee. Review of CF1 on Ma physician worked at the	ent form and request HBV vaccine. on March 1, 2018, at M revealed EMP8's ju- tential contact with p ntation in EMP8's pe- lity administered the ree. on March 14, 2018, se M confirmed EMP8 so ng the facility admini- red, and there was no P8's personnel file in ed the HBV vaccine rch 14, 2018, revealed	ted the t ob oatients' ersonnel HBV at signed the ister the o dicating to this	M 0032						

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-0908 NAME OF PROVIDER OR SUPPLIER:			(X2) MULTII A. BLDG: B. WING: , CITY, STATE, Z	(X3) DATE SURVE COMPLETED: 03/14/2018			
PLANNEI	PLANNED PARENTHOOD KEYSTONE - WARMINSTER			RIVE SUITE ER, PA 1897	E 303		
STATE LICENSE NUMBER: 00188701							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	(X5) COMPLETE DATE	
M 0032	Continued from page 7			M 0032			
	approximately 3:00 P required contact or po- blood and body fluids There was no docume indicating the facility vaccine or that CF1 do vaccine. Interview with EMP1 approximately 3:00 P	ions. view with EMP1 on March 1, 2018, at oximately 3:00 PM revealed CF1's job red contact or potential contact with patien l and body fluids. e was no documentation in CF1's credentia ating the facility offered this physician the ne or that CF1 declined receiving the HBV					

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Certified End Page

PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701 SURVEY EXIT DATE: 03/14/2018

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 & hescavage

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