

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/12/2017
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NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974
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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)	(X5) COMPLETE DATE
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M 0000	INITIAL COMMENT	M 0000		
M 0001	<p>This report is the result of an Annual Registration survey conducted on April 12, 2017, at Planned Parenthood Keystone - Warminster. It was determined the facility was not 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.</p>	M 0001		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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M 0001	Continued from page 1 29.33(1) Requirements for Abortion Each medical facility shall have readily available equipment and drugs necessary for resuscitation. If local anesthesia is utilized to perform an abortion in a medical facility during the first trimester, then the following equipment shall be ready to use for resuscitative purposes: (i) Suction Source (ii) Oxygen Source (iii) Assorted size oral airways and endotracheal tubes (iv) Laryngoscope (v) Bag and mask and bag and endotracheal tube attachments for assisted ventilation (vi) Intravenous fluids including blood volume expanders (vii) Intravenous catheters and cut-down instrument tray (viii) Emergency drugs for shock and metabolic imbalance (ix) An individual to monitor respiratory rate, blood pressure and heart rate. This REGULATION is not met as evidenced by:	M 0001	Warminster Plan of Correction 1. Warminster Planned Parenthood is creating and stocking a second crash cart. One crash cart containing all of the required equipment for resuscitation will be placed in Room 3 and one crash cart will be placed in Room 4. Each room will contain the following equipment and shall be ready to use for resuscitative purposes: (i) Suction Source (ii) Oxygen Source (iii) Assorted size oral airways and endotracheal tubes (iv) Laryngoscope (v) Bag and mask and bag and endotracheal tube attachments for assisted ventilation (vi) Intravenous fluids including blood volume expanders (vii) Intravenous catheters and cut-down instrument tray (viii) Emergency drugs for shock and metabolic imbalance (ix) An individual to monitor respiratory rate, blood pressure and heart rate. 2. This will help provide immediately available resuscitation equipment for all patients in either treatment room, both 3 and 4.	Completion Date: 05/15/2017 Status: APPROVED Date: 04/27/2017

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M 0001	Continued from page 2	M 0001	<p>3. The facility is taking immediate action to provide the additional fully equipped crash cart. The cart is being stocked and placed in position in Room 3 and the other cart is being moved into Room 4. Any additional equipment and supplies will be ordered.</p> <p>4. The facility will keep a separate crash cart in each room. Center manager will ensure that the carts are in location and stocked. The current Daily, Weekly, Monthly Log requires that equipment and medications are checked at least monthly and signed off by Center Manager. This equipment and supplies will now fall under the requirements of that checklist.</p> <p>5. The corrective action will be completed by May 15, 2017.</p>	

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M 0001	<p>Continued from page 3</p> <p>Based on the facility tour and staff interview (EMP) it was determined the facility failed to ensure all required emergency equipment was available in procedure rooms 3 and 4 for resuscitation measures when abortions were performed.</p> <p>Findings include:</p> <p>Observation tour of the facility's Procedure room 3 on April 12, 2017, revealed a red metal cabinet on wheels. EMP1 identified this red metal cabinet as the facility's crash cart. This cart contained emergency medication, equipment to start intravenous (IV) lines, IV solutions, a cut down tray and several different sizes of endotracheal tubes. EMP1 revealed this cart was wheeled into the hallway on days when the facility performed abortions.</p> <p>Observation tour of the facility's procedure rooms 3 and 4 on April 12, 2017, revealed there were no endotracheal tubes available in procedure rooms 3 and 4 for resuscitation measures on the days when</p>	M 0001		

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M 0001	Continued from page 4 abortions were performed. Interview with EMP1 on April 12, 2017, at approximately 10:00 AM confirmed endotracheal tubes were not available in procedure rooms 3 and 4 for resuscitation measures on the days when abortions were performed. EMP1 revealed the facility's crash cart was the only area where endotracheal tubes were located.	M 0001		



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PLANNED PARENTHOOD KEYSTONE - WARMINSTER

STATE LICENSE NUMBER: 00188701

SURVEY EXIT DATE: 04/12/2017

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

Handwritten signature of Nancy J. Lescavage in black ink on a light gray background.

Nancy J. Lescavage
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in black ink on a light gray background.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY