Pennsylvania Department of Health

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	OF DEFICIENCIES AND	(XI) PROVIDER/SUPPLIER/C		(X2) MULTIP	LE CONSTRUCTION:	(X3) DATE SURVE	ΞY			
PLAN OF COR	RECTION (POC)	IDENTIFICATION NUMBER		A. BLDG: 0	00	COMPLETED:				
		8-0908		B. WING:		06/08/2012				
NAME OF PRO	VIDER OR SUPPLIER:	I	STREET ADDRESS, CITY, STATE, ZIP CODE:							
	PARENTHOOD KEYSTO	ONE -	610 LOUIS DRIVE SUITE 303							
WARMINS	STER		WARMINST							
STATE LICENS	e number: 00188701									
(X4) ID PREFIX		ſ OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH		(X5) COMPLETE			
TAG		FYING INFORMATION)	K LSC	TREFIX TAO	CROSS-REFERENCED TO THE		DATE			
M 0000	INITIAL COMMENT									
M 0000	INITIAL COMMENT			M 0000						
	This report is the resul	t of a special monito	ring							
	survey conducted on J	une 7 -8, 2012, at the	e							
	Planned Parenthood A	ssociates of Bucks C	County.							
	It was determined that	the facility was not	in							
	compliance with the re	equirements of the								
	Pennsylvania Departm	ent of Health Regula	ations §							
	28 Pa Code, Chapter 2	9, Subchapter D,								
	Ambulatory Gynecolo	gical Surgery in Hos	pitals and							
	Clinics.									
M 0001				M 0001						
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:				
State Form		CWYQ	11			IF CONTINUAT	ION SHEET Page 1 of 4			

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Pennsylvania Department of Health

1	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908	:	A. BLDG: B. WING:	PLE CONSTRUCTION: 	(X3) DATE SURV COMPLETED: 06/08/2012	EY
1	VIDER OR SUPPLIER: PARENTHOOD KEYSTC STER	DNE -	STREET ADDRESS, 610 LOUIS DI WARMINSTI	RIVE SUIT	E 303		
STATE LICENS	SE NUMBER: 00188701						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
M 0001	Continued from page 1			M 0001			
	29.33(1) Requirements for A Each medical facility shall I and drugs necessary for resu is utilized to perform an abo the first trimester, then the f ready to use for resuscitative (i) Suction Source (ii) Oxygen Source (iii) Assorted size oral airve (iv) Laryngoscope (v) Bag and mask and bag attachments for assisted ven (vi) Intravenous fluids incl (vii) Intravenous catheters (viii) Emergency drugs for s (ix) An individual to monit pressure and heart rate. This REGULATION is not	have readily available ec uscitation. If local anest ortion in a medical facili following equipment sha e purposes: ways and endotracheal tube ntilation luding blood volume exp and cut-down instrumen shock and metabolic iml or respiratory rate, blood	hesia ty during ill be ibes panders at tray balance		As per our letter to Joanne S dated June 11, 2012, our faci seeking accreditation as a Cl ASF. Our accreditation sur- scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - A new abortion skills priv- sign off sheet has been devel for all un-licensed staff at the facility(06/04/12) - Human Resource Manager review all personnel records ensure skills have been signed by 07/21/12 - Staff will be trained and sig by 07/21/12 - In the future, staff will not permitted to work in the faci their privileging forms have signed	ility is ass A vey is The tion is y took en the rileging loped e will to ed off gned off be lity until	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908	:	A. BLDG: _ B. WING: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/08/2012	
		DNE -	STREET ADDRESS, 610 LOUIS DI WARMINSTE	RIVE SUIT	E 303		
STATE LICENS	e number: 00188701						
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
M 0001	Continued from page 2		M 0001				
	ISE NUMBER: 00188701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)		yees who training nsed F7, , PF8, sure as , PF8, ese				

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO STER	DNE -	STREET ADDRESS, 610 LOUIS DE WARMINSTE	RIVE SUIT	E 303		
STATE LICENS	e number: 00188701						
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M 0001	Continued from page 3			M 0001			
	documentation PF3, Pl training and competend blood pressure. EMP3 PF7, PF8, and PF9's jo these non-licensed emp patients' blood pressure	cies to monitor the p also confirmed PF3 b descriptions require ployees to monitor the	atients' , PF5, red				

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	EY
		8-0908				06/08/2012	
PLANNED WARMINS		ONE -	STREET ADDRESS 610 LOUIS D WARMINST	RIVE SUITE	2 303	-	
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S 0000	INITIAL COMMENT This report is the result pre-licensure and occu June 7 - 8, 2012, at Pla Association of Bucks that the facility was not requirements of the Per Health's Rules and Re Facilities, Annex A, T and F, Chapters 551-5 current edition of the Per Construction of Hospi	ipancy survey complianned Parenthood County. It was deter of in compliance with ennsylvania Departmi gulations for Ambula fitle 28, Part IV, Subp 73, November 1999 Guidelines for Design	eted on rmined n the ent of atory Care parts A and the n and	S 0000			
S 0110				S 0110			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	
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	IT OF DEFICIENCIES AND ORRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		(X2) MULTI A. BLDG: B. WING:	(X3) DATE SURVEY COMPLETED: 06/08/2012		
	ROVIDER OR SUPPLIER: ED PARENTHOOD KEYST NSTER	ONE -	STREET ADDRESS, 610 LOUIS DI WARMINSTI	RIVE SUIT	E 303		
STATE LICE	NSE NUMBER: 00188701						
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S 0110	Continued from page 1			S 0110			
	performing the surgery sho of: (1) The risks, be with the anesthesia which (2) The risks, be with the procedure which	atory surgery med consent, the practitic all be responsible for disc enefits and alternatives ass will be administered. enefits and alternatives ass will be performed. ative risks, benefits and th performing the procedu cility instead of in a hosp	closure sociated sociated rre in		As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - Consent form (CIIC – In-C Abortion – Suction- VII-A-2 been revised - Expect approval for form b 06/31/12 by Planned Parenth national governing body - Revised form will be given staff on 07/02/12 with trainin provided by the Center Mana a sign off sheet for all aborti will be back to HR by 07/09 - Audits (of a percentage) of abortion charts by Medical S Administration will be perfor a monthly basis - Failure to adhere to this po result in re-training or discip action by Medical Services	ility is lass A vey is The tion is ey took en the Clinic 2a) has py nood n out to ng ager and on staff /12 Services primed on blicy will	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	IPLE CONSTRUCTION: 	(X3) DATE SURVI COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYST(STER	ONE -	STREET ADDRESS 610 LOUIS D WARMINSTI	RIVE SUIT	E 303		
STATE LICENS	SE NUMBER: 00188701			-			
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S 0110	Continued from page 2			S 0110			
					Administration.		

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) 8-0908			(X2) MULTIPI A. BLDG: <u>0</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	ROVIDER OR SUPPLIER: ED PARENTHOOD KEYST NSTER	ONE -	STREET ADDRESS, C 610 LOUIS DR WARMINSTE	IVE SUITE	303		
STATE LICE	NSE NUMBER: 00188701						
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5 0110	Continued from page 3			S 0110			
	interview (EMP), it w to ensure practitioner consent that included comparative risks, be associated with perfo ambulatory surgery fa hospital for 20 of 20 (MR1, MR2, MR3, M MR8, MR9, MR10, M	hedical records (MR) vas determined the fac s documented informe the disclosure of the nefits, and alternative rming a procedure in acility (ASF) instead of medical records revie (MR4, MR5, MR6, MR MR11, MR12, MR13, 5, MR17, MR18, MR1	cility failed ed s the of in a wed 7,				
	Findings include:	012, of MR1 - MR20 1	revealed				
	the informed consent regarding the physici comparative risks, be associated with perfo ambulatory surgery f hospital. There was n	did not contain inform	nation s the of in a MR1 -				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: _	00	(X3) DATE SURVI COMPLETED: 06/08/2012	EY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO STER	DNE -	STREET ADDRESS, 610 LOUIS DF WARMINSTE	RIVE SUIT	E 303		
STATE LICENS	e number: 00188701						
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S 0110	Continued from page 4		S 0110				
	alternatives associated in the ambulatory surg a hospital were discloss Interview with EMP1 of at approximately 2:30 consent in MR1 - MR2 comparative risks, ben associated with perform ambulatory surgery fac hospital were disclosed	ery facility (ASF) in sed to the patient. conducted on June 7 PM confirmed the ir 20 did not address th efits, and alternative ming a procedure in cility (ASF) instead of	stead of in , 2012, nformed e s the				
S 033A				S 033A			

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Pennsylvania Department of Health

	epartment of Health						
	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		JA (X2) MULTIPLE CONSTRUCTION: (X2) A. BLDG:00			VEY
	VIDER OR SUPPLIER: PARENTHOOD KEYST(STER	DNE -	STREET ADDRESS. 610 LOUIS DI WARMINSTI	RIVE SUIT	E 303		
STATE LICENS	SE NUMBER: 00188701						
(X4) ID PREFIX TAG	MUST BE PRECEED	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 A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 5			S 033A			
	 553.3 (1) Governing Body Responsibilities 553.3 Governing Body responsibilities include: (1) Conforming to all applicable Federal, local laws. This REGULATION is not met as evidenced by: 		State, and		As per our letter to Joanne Salsgiver dated June 11, 2012, our facility is seeking accreditation as a Class A ASF. Our accreditation survey is scheduled for July 24, 2012. The effective date for this regulation is June 19, 2012, and the survey took place on June 7 & 8, 2012. PPABC-Warminster has taken the following steps to ensure compliance. - The patient safety plan will be reviewed with facility Center Managers on 07/06/12 - Center Mangers will discuss with their staff and all staff will have reviewed and signed off by 07/21/12		Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-0908			(X2) MULTIPLE CONSTRUCTION: (X3) DATE SU COMPLETED: A. BLDG:00			
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST ISTER	ONE -	STREET ADDRESS, 610 LOUIS DI WARMINSTE	RIVE SUITE	2 303		
STATE LICEN	ISE NUMBER: 00188701						
(X4) ID PREFIX TAG	MUST BE PRECEED	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O FIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 6			S 033A			
	Based on review of the facility's Patient Sa personnel files (PF), and interview with sta it was determined the facility failed to con applicable State laws. Planned Parenthood Association of Bucks in compliance with the following State law Medical Care Availability and Reduction of Act, 40 P.S. § 1303.101 et seq. § 1303.307 Patient Safety Plans. (d) Employee Notif						
	Upon approval of the facility shall notify all medical facility of the Compliance with the required as a condition	l health care workers e patient safety plan. patient safety plan sh	of the				
	credentialing at the m	1 2					
	This is not met as evid	denced by:					
	Based on a review of Plan, personnel files ((EMP), it was determine all health care worker	(PF), and interview w ined the facility failed	ith staff 1 to ensure				

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908					EY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST(STER	DNE -	STREET ADDRESS, 610 LOUIS DI WARMINSTI	RIVE SUITI	E 303	L	
STATE LICEN	SE NUMBER: 00188701						
(X4) ID PREFIX TAG	MUST BE PRECEED	I 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
S 033A	Continued from page 7			S 033A			
	notified of the Patient personnel files review PF10). Findings include:						
	Review on June 7, 201 Safety Plan," no date, provide information, in education and training about compliance-incl requirements-with the upon submission of its	"shall n-going orkers Tety Plan nent."					
	Review on June 7, 2012, of PF3, PF4, PF5 and PF10, revealed no documentation that in-service training was provided to inform healthcare workers of the facility's patient plan.						
	Interview with EMP3 approximately 1:30 PM documentation in PF3	M, confirmed there w					

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PLAN OF COF	OF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER:	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908	:	A. BLDG: _ B. WING: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/08/2012	ΞY			
PLANNED	PLANNED PARENTHOOD KEYSTONE - WARMINSTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974						
STATE LICENS	se number: 00188701									
(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 CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 2	OULD BE	(X5) COMPLETE DATE			
S 033A	Continued from page 8			S 033A						
<u>s 02211</u>	that the employees we informing them of the	-	0.00014							
S 033H				S 033H						

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) 8-0908			A. BLDG: <u>00</u>		(X3) DATE SUR COMPLETED: 06/08/2012	LETED:		
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 LICE (X4) ID PREFIX TAG	NSE NUMBER: 00188701 SUMMARY STATEMENT MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
S 033H	Continued from page 9 553.3 (8) Governing Body 553.3 Governing Body res (8) Establishing person adequately support sound patient care to includ This REGULATION is not	ponsibilities include: nnel policies and practico le, the following:	es which	S 033H	As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - PPABC –Warminster will of that its Employee Handbook contains the requirement tha PPABC – Warminster identi employees with "significant likelihood of regular contact children"; assure that all requ background checks are comp reviewed and documented in employee personnel files; rei copy of each of the backgrou clearances and notate that the original documents have bee reviewed; assure that, until a background information has received and reviewed, person	ility is ass A vey is The tion is y took en the ensure t fy with uired oleted, t tain a und en ull been	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0908 NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701 ••••••••••••••••••••••••••••••••••••		STREET ADDRESS 610 LOUIS DI WARMINSTI FICIENCY	(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING: B. WING: G. CITY, STATE, ZIP CODE: RIVE SUITE 303 ER, PA 18974 ID PREFIX TAG ID PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AI		HOULD BE COMPLETE		
S 033H	Continued from page 10			CROSS-REFERENCED TO THE APPROPRIATE S 033H assure that the provisional employee must work in the immediate presence of a regular employee and not work alone with children; assure that if the information that is obtained that the provisional employee is disqualified from employment, the individual must be immediately dismissed; and assure that an individual may be provisionally employed for a maximum of 90 days for out of state residents and 30 days for			DATE

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 06/08/2012	EY
	VIDER OR SUPPLIER: PARENTHOOD KEYST(STER	DNE -	STREET ADDRESS, 610 LOUIS DE WARMINSTE	RIVE SUITI	E 303		
STATE LICENS	TATE LICENSE NUMBER: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE	
S 033H	Continued from page 11		S 033H				
	Continued from page 11 Based on review of the Child Protective Se Law, facility documents, personnel files (Pl interview with staff (EMP), it was determin facility failed to ensure a process was in pla meet the requirements for background check required by Act 179 of 2006 and Act 73 of Findings include: The Child Protective Services Law (CPSL) Pa.C.S. § 6344.2 requires that employees ha after July 1, 2008, who have a significant li of regular contact with children in the form guidance, supervision or training must obta background checks as condition of employ Pennsylvania State Police Clearance, Depar Public Welfare (DPW) Childline Clearance Federal (FBI) Criminal Background Check Review on June 7, 2012, of the facility's po procedure manual revealed no documentati facility developed a policy to ensure emplo hired after July 1, 2008, who had a significa		 (F) and he ace to cks as 22007. (), 23 dired dikelihood h of care, dim three ment: artment of e and diverses difference of the bygees difference of the b				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO STER	DNE -	STREET ADDRESS, 610 LOUIS DF WARMINSTE	RIVE SUIT	E 303		
STATE LICENS	e number: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
S 033H	Continued from page 12			S 033H			
	Continued from page 12 likelihood of regular contact with children in of care, guidance, supervision or training mu three background checks as condition of employment: Pennsylvania State Police (PSI Clearance, Department of Public Welfare (D Childline Clearance and Federal (FBI) Crimi Background Check. Interview with EMP3 on June 7, 2012, at approximately 2:00 PM confirmed the facilit performed surgery on pediatric patients. Fur interview with EMP3 confirmed there were re policies and procedures in place that required three background checks for CPSL.		nust obtain SP) DPW) ninal lity urther e no				
S 033I				S 033I			

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908			_00	(X3) DATE SURVEY COMPLETED: 06/08/2012		
	ROVIDER OR SUPPLIER: 2D PARENTHOOD KEYS NSTER	TONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974					
STATE LICE	NSE NUMBER: 00188701							
(X4) ID PREFIX TAG	MUST BE PRECE	ENT OF DEFICIENCIES (EACH DE EDED BY FULL REGULATORY O NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE	
S 033I	Continued from page 13			S 033I				
	adequately support sound patient care to incl (i) Require the qualifications commensu	responsibilities include: sonnel policies and practice lude, the following: employment of personnel rate with a job's responsibi appropriate licensure and	with		As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - PPABC – Warminster will of that its Employee Handbook contains the requirement tha PPABC – Warminster identi employees with "significant likelihood of regular contact children"; assure that all requ background checks are comp reviewed and documented in employee personnel files; ret copy of each of the backgrou clearances and notate that th original documents have bee reviewed; assure that, until a background information has received and reviewed, person	ility is lass A vey is The tion is y took en the ensure t fy with uired oleted, tain a and e en all been ons may	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012	

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-0908 8-0908 NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: STATE LICENSE NUMBER: 00188701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF DEFICIENCI		STREET ADDRESS, 610 LOUIS DI WARMINSTI FICIENCY	A. BLDG:00			Y (X5) COMPLETE	
S 033I		ED BY FULL REGULATORY OF	K LSU	S 0331	assure that the provisional er must work in the immediate of a regular employee and no alone with children; assure th information that is obtained provisional employee is disq from employment, the indivi must be immediately dismiss assure that an individual may provisionally employed for a maximum of 90 days for Pennsylvania residents.	appropriate mployee presence of work hat if the that if the that the jualified idual sed; and y be a	COMPLETE DATE

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Pennsylvania Department of Health

	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		(X2) MULTIPI A. BLDG: <u>0</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 06/08/2012			
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST ISTER	ONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974						
STATE LICEN	ISE NUMBER: 00188701								
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEE IDEN		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE			
S 033I	Continued from page 15		S	S 033I					
	Based on a review of interview (EMP), it w to include all the requ Protective Services L referenced in the Dep Bulletin 3490-08-03 of Child Protective Serv § 6344.2. Findings include: The Child Protective Pa.C.S. § 6344.2 requ after July 1, 2008 who of regular contact with guidance, supervision background checks as Pennsylvania State po Public Welfare (DPW Federal (FBI) Crimin requirements apply to July 1, 2008. Those if July 1, 2008 who fall	vas determined the fac uired components of th aw in facility policy a partment of Public We of June 28, 2008, and vices Law (CPSL), 23 Services Law (CPSL), 23 Services Law (CPSL), 23 irres that employees h o have a significant li th children in the form n or training must obta s condition of employ police Clearance, Depa V) Childline Clearance al Background Check o all persons employed individuals employed	cility failed he Child as elfare the Pa.C.S.), 23 hired kelihood n of care, ain three ment: rtment of e and c The d after prior to						

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		(X3) DATE SURV COMPLETED: 06/08/2012						
	VIDER OR SUPPLIER:) PARENTHOOD KEYS STER	TONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974							
STATE LICENS	SE 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 CC CORRECTIVE ACTIO CROSS-REFERENCED TO '	N SHOULD BE	(X5) COMPLETE DATE				
5 033I	Continued from page 16		S 033I							
	in the form of care, g do not have to under Those individuals en who were not workin likelihood of regular of care, guidance, su subsequently transfe classification, must u at the time of job tra employed after July this classification at subsequently transfe classification, must u at the time of job tra undergone the backgro who leave one facility at another facility mu checks, unless the pr were completed with	d of regular contact wi guidance, supervision of go the background che nployed prior to July 1 ng in a position with si contact with children pervision or training, 1 r to a job that falls wit undergo the backgroun nsfer. Those individua 1, 2008 who do not fall the date of hire but wh r to a job that falls wit undergo the backgroun nsfer. Employees who ground check and trans me facility do not need und check again. Emp ty and commence emp ust undergo the background ch in the past year To requirements of the La	or training ecks. , 2008 gnificant in the form out who hin d checks al II within to hin this d checks o have fer to 1 to loyees loyment cound ecks o assure							

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	epartment of Health					i	
	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908					EY
	VIDER OR SUPPLIER: PARENTHOOD KEYST(STER	DNE -	STREET ADDRESS, 610 LOUIS DI WARMINSTI	RIVE SUIT	E 303	1	
STATE LICENS	STATE LICENSE NUMBER: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 033I	Continued from page 17		S 033I				
	IDENTIFYING INFORMATION) Continued from page 17 facilities must: review employment policies procedures to provide for identification of employees with 'significant likelihood of reg contact with children'. Assure that all require background checks are completed, reviewed documented in employee personnel files. Ref copy of each of the background clearances a notate that the original documents have been reviewed until all background information been received and reviewed persons may employee must work in the immediate prese regular employee and not work alone with complexent is obtained revealed provisional employee is disqualified from employment, the individual must be immediate is employed for a maximum of 90 days for out residents and 30 days for Pennsylvania residents" Review on June 1, 2012, of the facility's "Er Handbook," last Board approved revisions-J		egular ired ed and Retain a and en tion has ty be visional sence of a children ed that the diately ionally ut of state idents.				

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Pennsylvania Department of Health

	f OF DEFICIENCIES AND PRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		(X2) MULTIP A. BLDG: <u>(</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012				
	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)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SF CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE			
S 033I	Continued from page 18			S 033I						
	Staffing, 3.4 Backgro recognizes the impor workplace with emp trustworthy, qualified do not present a risk others [They] com and state laws pertain including providing with the required not Review on June 7, 24 Abuse Policy for Sta revealed no document requirement of reviet procedures to provid employees with sign contact with childrent background checks a documented in employ original documents w	tion 3: Employment an ound Checks- [They] rtance of maintaining a loyees who are honest d, reliable, nonviolent, of harm to their co-wo nplies with all applicab ning to background ch the job applicant or en- tices and forms." 012, of the facility's "O off," last updated June ntation the facility incl wing employment poli- le for identification of ificant likelihood of re- n; assuring that all requ are completed, reviewed oyee personnel files; th were reviewed; that un tion was received and loyed on provisional s	a safe , , and who orkers or ole federal ecks, nployee Child 1, 2009, uded the icies and egular uired ed and hat the til all reviewed							

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Pennsylvania Department of Health

	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: _	IPLE CONSTRUCTION: 	(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTC STER	DNE -	STREET ADDRESS, 610 LOUIS DF WARMINSTE	RIVE SUIT	E 303		
STATE LICENS	e number: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	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 /	OULD BE	(X5) COMPLETE DATE
S 033I	Continued from page 19			S 033I			
	the provisional employ immediate presence of work alone with childr obtained revealed that disqualified from empl immediately dismissed provisionally employed for out of state residents Pennsylvania residents Interview with EMP2 a at approximately 2:30 I Child Abuse Policy did information and this po of the Child Protective in the Department of P 3490-08-03 of June 28	a regular employee en; if the information the provisional employee oyment, the individu ; and that an individu d for a maximum of ts and 30 days for and EMP3 on June 7 PM confirmed the fa l not include the require olicy did not meet th Services Law as refuelite ublic Welfare Bullet	and not n that was loyee was ual must be ual may be 90 days ', 2012, acility's uired e criteria e criteria				
S 033N				S 033N			

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Pennsylvania Department of Health

	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	PLE CONSTRUCTION: (X3) DATE S COMPLETED 00 06/08/201		VEY
	ROVIDER OR SUPPLIER: CD PARENTHOOD KEYST NSTER	ONE -	STREET ADDRESS 610 LOUIS D WARMINST	RIVE SUIT	E 303		
STATE LICE	NSE NUMBER: 00188701						
(X4) ID PREFIX TAG	MUST BE PRECEEI	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O FIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 033N	Continued from page 20		S 033N				
	adequately support sound patient care to inclu	sponsibilities include: onnel policies and practice de, the following: with federal and State re with Disabilities Act of 1 civil rights and OSHA reg	gulations 990 (42		As per our letter to the Depa of Health dated June 11, 201 facility is seeking accreditati Class A ASF. Our accredita survey is scheduled for July 2012. The effective date for regulation is June 19, 2012, a survey took place on June 7 2012. PPABC-Warminster H the following steps to ensure compliance. - The CDC guideline cited h clearly states that a TB testim program is not required. CPI O2-00-106(H)(1). - Furthermore, if OSHA was basis for a TB skin test requi the auditor would have ment previously because PPABC I been under OSHA authority inception and the OSHA TB has been in place since at lea Id. - Even if the CDC guideline required TB testing, Section (vi) does not appear to apply guidelines to PPABC-Warm	2, our on as a attion 24, this and the & 8, nas taken ere ng the rement, ioned it has since its program ist 1996. at issue 553.3(8) CDC	Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		(X2) MULTI A. BLDG: B. WING:		(X3) DATE SURV COMPLETED: 06/08/2012	EY
	VIDER OR SUPPLIER:) PARENTHOOD KEYST(STER	ONE -	STREET ADDRESS, 610 LOUIS DF WARMINSTE	RIVE SUITE	E 303		
STATE LICENS (X4) ID PREFIX TAG	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
S 033N	Continued from page 21 Based on review of the and Prevention's Guide (EMP), it was determi written policies and pr transmission of tuberc Findings include: Review on June 8, 201 Control and Prevention the Transmission of M Health-Care Settings, 1 [tuberculosis] Screenin HCWs [health care wo Risk All HCWs shoul screening upon hire, u skin test] or a single B Mycobacterium Tuber with <i>M. tuberculosis</i> .	elines and interview ned the facility failed rocedures for prevent ulosis. 12, of the Centers for n's "Guidelines for P lycobacterium tubero 2005," revealed TB ng Procedures for Se orkers]) Classified as Id receive baseline T sing two-step TST [t AMT [Blood Assay rculosis] to test for in "	with staff d to adopt ing the Disease reventing culosis in ttings (or Low B uberculin for fection	S 033N			
	A request was made to the facility's policy reg No policy was provide	garding tuberculosis					

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: _	00	(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO STER	DNE -	STREET ADDRESS, 610 LOUIS DI WARMINSTI	RIVE SUIT	E 303	I	
STATE LICENS (X4) ID PREFIX TAG	MUST BE PRECEED	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 J	OULD BE	(X5) COMPLETE DATE
	Continued from page 22 Interview with EMP3, approximately 1:45 PM not have a policy and p health status requirement testing. 553.3 (16) Govern Body Ref 553.3 Governing Body respond (16) Assuring that professional in the facility of currently and on an ongoin cardiac life support, or its st present in the facility, the cu professional shall be in adv defined in section 551.22 (<i>A</i> This REGULATION is not	A, confirmed the fac procedure regarding ents for the tuberculo esponsibilities unsibilities include: t at least one medical when patients are present g basis certified in adva uccessor. If a pediatric p ertification of the medica anced pediatric life supp A)(4).	staff osis skin t is inced vatient is al	S 033N	 The emergency policy wil amended to include pediatric emergency drugs before 07////////////////////////////////////	c 21/12 ediatric 8/17/12 e training	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012
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Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908	: A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/08/2012	
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST ISTER	FONE -	STREET ADDRESS, CITY, STATE, Z 610 LOUIS DRIVE SUIT WARMINSTER, PA 189	E 303	·	
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DE IDED BY FULL REGULATORY O TIFYING INFORMATION)		PROVIDER'S PLAN OF COR CORRECTIVE ACTION CROSS-REFERENCED TO TH	SHOULD BE	(X5) COMPLETE DATE
S 033V	 was determined the f for correct dosing an medications for the p emergency treatment Findings include: Observation on June emergency drug carts procedure rooms three medication dosage do adult patient. Further documentation of gui administration of em pediatric patient requi the facility. Interview with EMP2 confirmed the facility dedicated to the adult	7, 2012, of the facility s located in the surgica	e guidance hergency ing ''s al ed to the hoo ing and for the ment at ', 2012, rt was uire MP4			

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908				(X3) DATE SURVEY COMPLETED: 06/08/2012		
	ROVIDER OR SUPPLIER: 2D PARENTHOOD KEYST NSTER	ONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974					
STATE LICE (X4) ID PREFIX TAG	MUST BE PRECEEI	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O FIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
\$ 033V		ct dosing and adminis ns for the pediatric pa	ere was stration of utient	S 033V				
5 552A	 555.22 Pre-operative Card (a) Pertinent medical examinations, and supplem sensitivities documented d following: (1) If medical e are made from a private prelinic, pertinent records th part of the clinical record a registered and admitted too considered valid no more the surgery. (2) A practition immediately before surger anesthesia and of the procession of the proces of the procession of	 (a) Pertinent medical histories and physical ninations, and supplemental information regarding drug itivities documented day of surgery or one of the wing: (1) If medical evaluation, examination and referral nade from a private practitioner's office, hospital or c, pertinent records thereof shall be available and made of the clinical record at the time the patient is stered and admitted to the ASF. This information is idered valid no more than 30 days prior to the date of ery. (2) A practitioner shall examine the patient ediately before surgery to evaluate the risk of thesia and of the procedure to be performed. The mation shall be clearly documented in the medical 		S 552A	- The RQM Coordinator will the form "Surgical and Medi Abortion Operative Notes" b adding a physical status classification on 08/10/2012 - Monthly audits of the chart various staff will ensure com - Chart review findings are d at the RQM committee meet forwarded to the Governing the VP Medical Services	cation y s by upliance liscussed ings and	Completion Date: 07/21/2012 Status: APPROVEE Date: 06/26/2012	
	This REGULATION is no	t met as evidenced by:						

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 06/08/2012	EY
	ovider or supplier:) PARENTHOOD KEYST(STER	ONE -	STREET ADDRESS 610 LOUIS D WARMINSTI	RIVE SUIT	E 303		
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
S 552A	Continued from page 25			S 552A			

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Pennsylvania Department of Health

PLAN OF COR	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908	: A. BLDG: _	(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012			
	VIDER OR SUPPLIER: PARENTHOOD KEYS' STER	FONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974						
STATE LICENS (X4) ID PREFIX TAG	MUST BE PRECER	ENT OF DEFICIENCIES (EACH DE EDED BY FULL REGULATORY O VTIFYING INFORMATION)		PROVIDER'S PLAN OF CORR CORRECTIVE ACTION S CROSS-REFERENCED TO THI	HOULD BE	(X5) COMPLETE DATE			
552A	 interview (EMP), it was to ensure each patient physical status classific records reviewed (MMR6, MR7, MR8, MMR13, MR14, MR12) MR13, MR14, MR12 MR19, and MR20). Findings include: Review on June 7, 20 procedure manual repractitioner to evaluat (PS) classification [the overall health as it woutcome of the anest Review on June 7, 20 no documentation the statement of the statement	nedical records (MR) was determined the fac it was evaluated and as fication for 20 of 20 n R1, MR2, MR3, MR4 IR9, MR10, MR11, M 5, MR16, MR17, MR1 012, of the facility's po vealed no policy requi ate and assign a physic he evaluation of the pa ould influence the cor hesia or surgery, or bo 012, of MR1 - MR20 n e practitioner evaluate hented a PS classificat	cility failed ssigned a nedical , MR5, IR12, 18, Dlicy and ring the sal status attient's nduct and oth].						

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Pennsylvania Department of Health

PLAN OF COR	DF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER: PARENTHOOD KEYSTO STER	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908 DNE -		A. BLDG: _ B. WING: _ CITY, STATE, Z	E 303	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
	E NUMBER: 00188701		FIGENOV	15	· · · · · · · · · · · · · · · · · · ·		(17)
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552A S 552B	Continued from page 27 Interview with EMP1 of approximately 3:00 PM did not evaluate, detern classification prior to s receiving local anesthe EMP1 revealed the fac practitioner to evaluate PS classification prior	A confirmed the prac- nine, or documented urgery for MR1 - M sia. Further intervie ility did not require a, determine, or docu	etitioner 1 a PS R20 ew with the	S 552A			
5 5528				S 552B			

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Pennsylvania Department of Health

PLAN OF CO	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) IDENTIFICATION NUMB 8-0908 NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - -			A. BLDG: <u>00</u> B. WING: <u></u> STREET ADDRESS, CITY, STATE, ZIP CODE:			VEY		
PLANNE WARMII		ONE -	610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974						
STATE LICE (X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 552B	Continued from page 28 555.22 (b) Surgical Services - Preoperative Care			S 552B					
	555.22 Pre-operative Care	nt indicating informed co r, and signed by the patie performance of the speci- ed and made part of patie tain a statement which ex- proposed surgery, as well discussed with the patien titioner who shall partici	ent, or ific ent's vidences l as t. It		As per our letter to Joanne S dated June 11, 2012, our fact seeking accreditation as a Cl ASF. Our accreditation sur- scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - The CIIC for in-clinic abor been changed by the RQM Coordinator to add document that the physician obtains inter- consent. - Monthly audits of the chart various staff will ensure com- com- Chart review findings are discussed at the RQM comm- meetings and forwarded to the Governing Body by the VP I Services	ility is ass A vey is The tion is y took en the tion has tation formed as by npliance he	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012		

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0908		A. BLDG: _	00	(X3) DATE SURVI COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO STER	DNE -	STREET ADDRESS, 610 LOUIS DF WARMINSTE	RIVE SUIT	E 303		
STATE LICENS	e number: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 552B	Continued from page 29			S 552B			
	Based on review of me interview (EMP), it wa to ensure the informed practitioner and signed party for the performan for 20 of 20 medical re MR2, MR3, MR4, MR MR9, MR10, MR11, M MR15, MR16, MR17, Findings include: Review on June 7, 201 no documentation the i obtained by the practiti patient or responsible p specific surgical process Interview with EMP1 of approximately 2:00 PM consent was not obtain signed by the patient of performance of a specific	as determined the factors of a specific processor of a	and staff sility failed ed by the sponsible cedure R1, 3, 4, WR20). revealed the the tance of a rmed er and or the				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/08/2012	ΕY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO STER	DNE -	STREET ADDRESS, 610 LOUIS DF WARMINSTE	RIVE SUIT	E 303		
STATE LICENS	e number: 00188701						
(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 /	OULD BE	(X5) COMPLETE DATE
S 552B	Continued from page 30			S 552B			
0.5520	MR20. Further intervious facility's non-licensed the performance of the	staff obtained the co	nsent for				
S 552C				S 552C			

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908				(X3) DATE SURVEY COMPLETED: 06/08/2012	
	DVIDER OR SUPPLIER:) PARENTHOOD KEYST STER	ONE -	STREET ADDRESS, CIT 610 LOUIS DRIV WARMINSTER,	VE SUITI	E 303		
STATE LICEN	SE NUMBER: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEEI	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O FIFYING INFORMATION)		ID REFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
8 552C	Continued from page 31		S	552C			
	which have been approved staff, shall be given to the and shall include: (1) Applic drink before surgery (2) Specia patient (3) The re- the ASF for a specific time (4) An un require admission to the ho need.	n for preoperative proced by the medical patient or responsible per able restrictions upon foc l preparations to be made quired proximity of the p e following surgery if app derstanding that the patie ospital in the event of mer equirement that, upon disc sedation or general anest be available to escort pati ents who receive local or ical decision shall be made tients require a responsib e.	ures, son, od and by the atient to dicable. ent may dical charge of thesia, tent		As per our letter to the Depa of Health dated June 11, 201 facility is seeking accreditati Class A ASF. Our accredita survey is scheduled for July 2012. The effective date for regulation is June 19, 2012, a survey took place on June 7 2012. PPABC-Warminster I the following steps to ensure compliance. - The survey appears to be m - Preoperative written instruct are given to each surgical ab patient at the state mandated information session (24 hour following forms: -1-R & C/AB -5-AB/INS 8 -19-CIIC/AB * The Center Manager wit that a copy of these forms are put into facility ASF notebook by 07/01/12	2, our on as a attion 24, this and the & 8, has taken tistaken ctions ortion) on the Il ensure	Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/08/2012	EY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTC STER	DNE -	STREET ADDRESS, 610 LOUIS DF WARMINSTE	RIVE SUIT	E 303		
STATE LICENS	e number: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	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 /	OULD BE	(X5) COMPLETE DATE
S 552C	Continued from page 32			S 552C			
5.5520	Based on review of me interview with staff (El facility failed to ensure preoperative procedure the patient may require the event of medical ne records reviewed (MR MR6, MR7, MR8, MR MR13, MR14, MR15, MR19 and MR20). Findings include: Review on June 8 and revealed these patients January 27, 2012, and review of MR1-MR20 ^o no dates, revealed the i understanding the patie the hospital in the even Interview with EMP2 of approximately 11:30 A	MP), it was determine the written instruction and an underse admission to the hole ead in 20 of 20 medi 1, MR2, MR3, MR4 29, MR10, MR11, M MR16, MR17, MR1 MR16, MR17, MR1 had procedures betw June 1, 2012. Further instructions did not i ents may require adminent of medical need.	and ned the ions for standing ospital in cal , MR5, R12, 8, R20 ween er ructions," nclude an nission to	3 3320			

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: _	00	(X3) DATE SURVEY COMPLETED: 06/08/2012	
PLANNE	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER			CITY, STATE, 2 RIVE SUIT (R, PA 189)	E 303		
STATE LICENS	SE NUMBER: 00188701						
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552C	Continued from page 33			S 552C			
	instructions for preope MR1-MR20 did not in patients may require ad event of medical need.	clude an understand	-				
S 554A				S 554A			

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Pennsylvania I	Department of Health	i							
	f OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	00	(X3) DATE SUR COMPLETED: 06/08/2012			
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST(ISTER	DNE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974						
STATE LICEN	NSE NUMBER: 00188701								
(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 CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 554A	Continued from page 34			S 554A					
	555.24 (a) Surgical Service 555.24 Postoperative Care (a) The findings and t be accurately and complete dictated immediately after p medical staff member who physician assistant or certif performed part of the opera techniques of the procedure completely recorded and th by the medical staff membe a part of the patient's med This REGULATION is not	echniques of an operation ly written or procedure by the practiti performed the operation fied registered nurse prac- tion, the findings and e shall be accurately and e report shall be counter er. This description shall ical record.	oner . If a ctitioner signed		As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - The Surgical and Medication Abortion Operative Notes for several places to write post operative reports on various components of the procedure # cc of lidocain, cervix dilated mm cannula used, post evacu- curettage done, estimated ble loss, other medications admi - Monthly audits of the chart various staff will ensure com with this form - Chart review findings are discussed at the RQM comm meetings and forwarded to th Governing Body by the VP I Services	ility is lass A vey is The tion is by took en the on orm has a e -e.g. ed to $\#, \#$ uation ood inistered ts by upliance	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012		

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Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDENTIFICATION NUM 8-0908 AAME OF PROVIDER OR SUPPLIER:		: STREET ADDRESS,	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u> ET ADDRESS CITY STATE ZIP CODE:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	ONE -					
GE NUMBER: 00188701			-			
MUST BE PRECEEI		ID PREFIX TAG	CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETE DATE	
Continued from page 35			S 554A			
			result in re-training and/or			
	RRECTION (POC) VIDER OR SUPPLIER: D PARENTHOOD KEYST STER SE NUMBER: 00188701 SUMMARY STATEMEN MUST BE PRECEEI IDENT	RRECTION (POC) IDENTIFICATION NUMBER 8-0908 WIDER OR SUPPLIER: D PARENTHOOD KEYSTONE - STER SEE NUMBER: 00188701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)	RRECTION (POC) IDENTIFICATION NUMBER: 8-0908 VIDER OR SUPPLIER: D PARENTHOOD KEYSTONE - STER SE NUMBER: 00188701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	RRECTION (POC) IDENTIFICATION NUMBER: A. BLDG:	RRECTION (POC) IDENTIFICATION NUMBER: A. BLDG:00	RRECTION (POC) IDENTIFICATION NUMBER: A. BLDG:00 COMPLETED: 8-0908 STREET ADDRESS, CITY, STATE, ZIP CODE: 06/08/2012 VIDER OR SUPPLIER: STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 VARMINSTER, PA 18974 WARMINSTER, PA 18974 STREET ADDRESS PROVIDE: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE Continued from page 35 S 554A - Failure to follow this policy will result in re-training and/or disciplinary action by Medical

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	TATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. LAN OF CORRECTION (POC) IDENTIFICATION NUMBE 8-0908			(X2) MULTIP A. BLDG: <u>(</u> B. WING: <u>(</u>		(X3) DATE SURVEY COMPLETED: 06/08/2012				
	OVIDER OR SUPPLIER: D PARENTHOOD KEYS' NSTER	FONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974							
STATE LICE (X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DE EDED BY FULL REGULATORY O ITIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SF CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE			
S 554A	Continued from page 36			S 554A						
	 interview (EMP), it was to ensure the post op written or dictated in by the operating prace records reviewed (MMR6, MR7, MR8, MMR13, MR14, MR12, MR19, and MR20). Findings include: Review on June 7, 20 no documentation the completed a written or surgical report imme procedure for MR1 - Interview with EMP approximately 2:30P practitioner did not complete surgical report imme procedure for MR1 - Interview surgical report imme procedure for MR1 - Interview with EMP approximately 2:30P practitioner did not complete surgical report imme procedure for MR1 - Interview surgical report imme procedure for MR1 - Interview with EMP approximately 2:30P practitioner did not complex surgical report imme procedure for MR1 - Interview surgical report imme procedure for MR1 - Interview with EMP approximately 2:30P practitioner did not complex surgical report imme procedure for MR1 - Interview surgical report imme procedure for MR1 - Interview with EMP approximately 2:30P practitioner did not complex surgical report imme procedure for MR1 - Interview surgical report imme procedure for MR1 - Interview surgical report imme procedure for MR1 - Interview with EMP approximately 2:30P practitioner did not complex surgical report imme procedure for MR1 - Interview surgical report imme procedure for MR1 - Interv		cility failed s were rocedure nedical 4, MR5, IR12, 18, revealed er cive cal ating lictated after							

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Pennsylvania Department of Health

PLAN OF COL NAME OF PRO PLANNEI WARMIN	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-0908 8-0908 NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701			A. BLDG:	E 303	(X3) DATE SURVI COMPLETED: 06/08/2012	ΞY
STATE LICEN (X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED 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
S 554A	Continued from page 37 MR20.			S 554A			
S 5910				S 5910			

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	ſ OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908				(X3) DATE SURVEY COMPLETED: 06/08/2012			
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST(ISTER	ONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974						
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEED	E: 00188701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IDENTIFYING INFORMATION					ARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY ID PROVIDER'S PLAN OF CO JST BE PRECEEDED BY FULL REGULATORY OR LSC PREFIX TAG CORRECTIVE ACTION		(X5) COMPLETE DATE
S 5910	Continued from page 38 559.1 Nursing Department SERVICES 559.1 Nursing Department The ASF shall have ar under the supervision of a r responsibility and accounta This REGULATION is not	n organized nursing depa registered nurse who has bility for the Nursing Se	ırtment	S 5910	As per our letter to the Depa of Health dated June 11, 201 facility is seeking accreditati Class A ASF. Our accredita survey is scheduled for July 2012. The effective date for regulation is June 19, 2012, a survey took place on June 7 2012. PPABC-Warminster 1 the following steps to ensure compliance. - PPABC-Warminster reques exception from this requirem -559.1 -to permit the organiz nursing department to be und supervision of the Medical I - By letter from Joanne Salsg dated April 19, 2012, the De granted this exception - The Human Resource dep will ensure that the facilities organizational chart will be to to indicate that the Medical I is the Director of Nursing by 07/01/12	2, our ion as a ation 24, this and the & 8, has taken e sted an nent zed der the Director giver partment wartment updated Director	Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012		

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	C OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		IA (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>			(X3) DATE SURVEY COMPLETED: 06/08/2012	
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST ISTER	ONE -	STREET ADDRESS, C 610 LOUIS DR WARMINSTEI	IVE SUITE	2 303	L		
STATE LICEN	ISE NUMBER: 00188701							
(X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE	
S 5910	Continued from page 39		;	S 5910				
	Based on review of fa interview (EMP), it w to have a Director of and accountable to th facility. Findings include: Review on June 8, 20 organizational chart r Director of Nursing (Interview with EMP5 the facility did not ha EMP5 confirmed the responsible and accounts Service.	vas determined the fac Nursing who was resp e person in charge of 012, of the facility's revealed no position fo DON). 5 on June 8, 2012, con ve a position for a DO re was no registered n	cility failed consible the or a firmed DN. urse					
S 6142				S 6142				

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Pennsylvania Department of Health

	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: _	IPLE CONSTRUCTION: _00	00			
	ROVIDER OR SUPPLIER: 2 D PARENTHOOD KEYST NSTER	'ONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974						
STATE LICE (X4) ID PREFIX TAG	MUST BE PRECEEI	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O FIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 6142	Continued from page 40 561.25 Distressed drugs, d 561.25 Distressed drugs, d Drugs, devices and cosmet deteriorated, unlabeled or discontinued or obsolete sl pharmacist or responsible disposed of in compliance and Federal regulations. This REGULATION is no	devices and cosmetics tics which are outdated, v inadequately labeled, reca hall be identified by the li practitioner and shall be with applicable Common	alled, icensed	S 6142	As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - All opened medications and chemicals have been labeled "opened" date - A pharmacy policy includin procedures for opening, labe discarding and shelf life of medications and biologicals developed by Medical Servio Administration. - This will be reviewed with Center Managers on 07/06/1 - Center Mangers will discuss their staff and all staff will h reviewed and signed off by 0	ility is lass A vey is The tion is y took en the d with an ng eling, will be ces facility 2 ss with ave	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012		

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYST(STER	DNE -	STREET ADDRESS 610 LOUIS DI WARMINSTI	RIVE SUITI	E 303	I	
STATE LICENS	e number: 00188701						
(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	IOULD BE	(X5) COMPLETE DATE
S 6142	Continued from page 41		S 6142				
	Based on review of fac and staff interview (EM facility failed to dispose Findings include: Review on June 7, 201 "Prescription Drug Dis August 2011, revealed prescription drugs that Review of the facility's Policy" revealed no do expiration and disposa opening. Further revie recommendations rega medications after open 1) Observation on June procedure room 3 reve Lidocaine 1% (a local / millimeter (ml) dated vial of Vasopressin (a	MP), it was determin se of outdated medic 22, of the facility's sposal Policy," last re l "Policy: To dispose are expired" s "Prescription Drug ocumentation regardi 1 of a medication aft ew revealed no manu arding the disposal of hing. e 7, 2012, of surgical caled a 50 millimeter anesthetic) 10 millig l April 24, 2012, and	eviewed of Disposal ing the er ifactures f l vial of gram (mg) a 1 ml				

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	CATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE LAN OF CORRECTION (POC) IDENTIFICATION NUMB 8-0908 AME OF PROVIDER OR SUPPLIER:			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/08/2012	
	PARENTHOOD KEYST	ONE -	STREET ADDRESS, O 610 LOUIS DR WARMINSTE	IVE SUITE	E 303		
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY OF IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 6142	Continued from page 42 bleeding) 20 mg/ml cd 2012. Interview with EMP4 approximately 9:00 A 24, 2012, on the vials Vasopressin. EMP4 c were considered outda 2) Observation on Jun room 1 revealed a 50 r 1% (a local anesthetic (ml) dated May 4, 201 Interview with EMP1 approximately 9:25 A 4, 2012, on the Lidoca the Lidocaine was cor 3) Observation on Jun laboratory revealed 28 Chloride containing a	on June 7, 2012, at M confirmed the date of Lidocaine and onfirmed these medie ted. e 7, 2012, of examina millimeter vial of Lid) 10 milligram (mg) / 2. on June 7, 2012, at M, confirmed the dat tine 1%. EMP1 confi sidered outdated. e 7, 2012, of the facil 30 ml of 0.9% Sodium	oril 24, e of April cations ation locaine ' millimeter e of May irmed lity's n	S 6142			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	DVIDER OR SUPPLIER: D PARENTHOOD KEYST(STER	DNE -	STREET ADDRESS, 610 LOUIS DI WARMINSTE	RIVE SUIT	E 303	I	
STATE LICEN	SE NUMBER: 00188701						
(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 CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6142	Continued from page 43			S 6142			
	Interview with EMP4 on June 7, 2012, at approximately 9:15 AM confirmed the date of 4, 2012, on the Sodium Chloride. EMP4 con the sodium chloride was considered outdated Interview with EMP1, EMP2 and EMP4 on June 2012, at approximately 9:30 AM confirmed the facility's "Prescription Drug Disposal Policy" contain documentation regarding the expirate disposal of a medication after opening or manufactures recommendations regarding the disposal of medications after opening.		onfirmed ed. me 7, e cy" did not ation and				
S 6412				S 6412			

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	[°] OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SUR' COMPLETED: 06/08/2012	VEY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST(ISTER	ONE -	STREET ADDRESS, 610 LOUIS DF WARMINSTE	RIVE SUIT	E 303		
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
3 6412	Continued from page 44 563.12 (11) Form and Cont 563.12 Form and content of The ASF shall mainta record for each patient. Eac legible and promptly completed. Patien to stand alone and be easily Medical records must inclu (11) Discharge summ diagnosis. This REGULATION is not	of record in a separate medical th record shall be accurat nt medicals shall be consi v identified as ASF record de at least the following: ary including discharge	tructed ds.	S 6412	As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - The RQM Coordinator has changed the form "Recovery Record" by adding a post-op diagnosis to the discharge fo - Monthly audits of the chart various staff will ensure com - Chart review findings are discussed at the RQM comm meetings and forwarded to the Governing Body by the VP I Services	ility is lass A vey is The tion is y took en the w Room orm ts by upliance hittee he	Completion Date: 07/12/2012 Status: APPROVED Date: 06/26/2012

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Pennsylvania Department of Health

PLAN OF COR NAME OF PRO PLANNED WARMINS STATE LICENS	e number: 00188701		STREET ADDRESS, 610 LOUIS DR WARMINSTE	A. BLDG: _ B. WING: _ CITY, STATE, Z RIVE SUITI R, PA 189'	IP CODE: E 303 7 4	(X3) DATE SURVE COMPLETED: 06/08/2012	
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
S 6412	Continued from page 45 Based on review of fac records (MR), and staff determined the facility record included a disch discharge diagnosis for reviewed (MR1, MR2, MR7, MR8, MR9, MR MR14, MR15, MR16, MR20). Findings include: Review on June 7, 201 no documentation of a a discharge diagnosis. Interview with EMP1 of approximately 1:45 PM discharge summary inc MR1 - MR20.	f interview (EMP), if failed to ensure each arge summary with 20 of 20 medical re MR3, MR4, MR5, I 10, MR11, MR12, M MR17, MR18, MR1 2, of MR1 - MR20 r discharge summary on June 8, 2012, at 4 confirmed there wa	dical t was h medical a cords MR6, MR13, 9, and evealed including	S 6412			

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	epartment of Health						
	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 06/08/2012	/EY
	VIDER OR SUPPLIER:) PARENTHOOD KEYST(STER	DNE -	STREET ADDRESS 610 LOUIS D WARMINSTI	RIVE SUIT	E 303		
STATE LICENS	e number: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6701	 567.1 Principle CHAPTER SERVICES 567.1 Principle The ASF shall have a sconstructed, equipped and maintained to ASF personnel from cross-infection and to prote patients. This REGULATION is not 	sanitary environment, pr protect surgical patients ct the health and safety o	operly s and	S 6701	As per our letter to Joanne S dated June 11, 2012, our faci seeking accreditation as a CI ASF. Our accreditation sur- scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - The Infection Control politible updated to ensure that it c instructions for storage of step patient supplies - This will be reviewed with Center Managers on 7/12/12 - Staff will be informed and on the policy by 07/21/12 - Failure to comply to with th policy will result in re-trainin disciplinary action by Medic Services Administration	ility is ass A vey is The tion is y took en the cy will contains erile the 2 sign off his ng and/or	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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	T OF DEFICIENCIES AND PRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0908	A. BLDG:	TIPLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 06/08/2012	EY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST ISTER	'ONE -	STREET ADDRESS, CITY, STATE 610 LOUIS DRIVE SUI WARMINSTER, PA 18	ГЕ 303		
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEEI	NT OF DEFICIENCIES (EACH DEI DED BY FULL REGULATORY OF FIFYING INFORMATION)		PROVIDER'S PLAN OF CORRI G CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 6701	Continued from page 47 Based on observation was determined the fa functional and sanitar of surgical supplies. Findings include: Observation on June 7 workroom revealed th 15 sterile packages st cabinet directly above Interview conducted of with EMP1 and EMP approximately 15 ster mounted cabinet above EMP1 and EMP2 cor contained surgical inse practitioner to perform EMP2 confirmed the that addressed the sto	7, 2012, of the facility he presence of approxi- ored in the wall moun e the facility's autoclaw on June 7, 2012, at 11 2 confirmed the prese- tile packages stored in we the autoclave mach afirmed the sterile pack- struments used by the n sterile surgical proce- facility did not have a	e a provision 's soiled imately ted ve. :30 AM nce of a wall ine. kages edures.			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SURV COMPLETED: 06/08/2012	/EY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO STER	DNE -	STREET ADDRESS, 610 LOUIS DE WARMINSTE	RIVE SUITI	E 303	I	
STATE LICENS	e number: 00188701						
(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 CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6737	567.23 Clean Linen 567.23 Clean Linen Clean linen shall be av emergency needs of the ASF. Clean linen shall t minimize contamination from surface contact or airb This REGULATION is not	oorne deposits.		S 6737	As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a CI ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - Medical Services Administ in the process of asking for t a company to provide us wit professionally laundered scrublankets thus eliminating the for using the washer & dryer - Company informs us that the week "turn on" date from da contract - Soiled linens will be kept in clearly marked basket while linens will be stored in a sep cabinet or cupboard by 07/2 - All drape sheets and chuck have been placed in cabinets from any chance of " fluid sp	ility is lass A vey is The tion is by took en the tration is bids for h ubs and e need r here is 6 te of n a clean arate 1/12 pads a away	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012
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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 06/08/2012	EY
	IVIDER OR SUPPLIER: D PARENTHOOD KEYST(STER	ONE -	STREET ADDRESS, 610 LOUIS DI WARMINSTE	RIVE SUITI	E 303	I	
STATE LICEN	SE NUMBER: 00188701						
(X4) ID PREFIX TAG	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
S 6737	Continued from page 49			S 6737			
	Based on observation is was determined the factors scrubs in a manner to a surface contact. Findings include: Observation on June 7 locker room revealed a Further observation re stacks of staff scrubs of stackable washer and of Interview with EMP2 approximately 9:05 All the stackable washer a room and the clean scru- unit alongside the was EMP2 revealed the factors separate clean linen ar linens and a soiled line soiled linens.	cility failed to store of minimize contaminat 7, 2012, of the facility a stackable washer an vealed approximately on a shelving unit new dryer. on June 7, 2012, at M confirmed the pre- and dryer in the staff rubs stored on the sha her. Further interview cility staff does not h ea for the storage of	clean tion from y's staff nd dryer. y four xt to the sence of locker elving w with ave a clean				

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NATURE OF DEFICIENCES AND PLAN OF CORRECTION (NO.) BUY MOVINEER, PLANCED 8-998 (2) WELTURE CONSTRUCTION A RING: m (2) WELTURE CONSTRUCTION M RING: M RI	-		i		1			
PLANNED PARENTHOOD KEYSTONE - WARMINSTER 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 1897 STATE LICENSE NUMBER: 00188701 WARMINSTER, PA 1897 (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 (X5) COMPLETE DATE S 6737 Continued from page 50 S 6737 S 6737 S 6737 S 6737			IDENTIFICATION NUMBER		A. BLDG: _	_00	COMPLETED:	ΞY
(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 (X5) COMPLETE DATE S 6737 Continued from page 50 S 6737 S 6737 ID IDENTIFYING INFORMATION S 6737 ID IDENTIFYING INFORMATION S 6737 ID IDENTIFYING INFORMATION ID 	PLANNED	PARENTHOOD KEYSTO	DNE -	610 LOUIS D	RIVE SUIT	E 303		
(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 (X5) COMPLETE DATE S 6737 Continued from page 50 S 6737 S 6737 ID IDENTIFYING INFORMATION S 6737 ID IDENTIFYING INFORMATION S 6737 ID IDENTIFYING INFORMATION ID 	STATE LICENS	SE NUMBER: 00188701						
	PREFIX	MUST BE PRECEED	ED BY FULL REGULATORY O			CORRECTIVE ACTION SH	OULD BE	COMPLETE
S 6738 S 6738 Image: Constraint of the second of the seco	S 6737	Continued from page 50			S 6737			
S 6738								
	S 6738				S 6738			

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	T OF DEFICIENCIES AND IRRECTION (POC)	(XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-0908	A	BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SUR COMPLETED: 06/08/2012	VEY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST ISTER	ONE -	STREET ADDRESS, CITY 610 LOUIS DRIVI WARMINSTER, H	E SUITI	E 303		
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEEI	IT OF DEFICIENCIES (EACH DEF DED BY FULL REGULATORY OR FIFYING INFORMATION)		ID FIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6738	Continued from page 51 567.24 Soiled Linen 567.24 Soiled Linen Soiled linen shall be of microbial dissemination into the envi- kept segregated from clean linen. Soiled lin identified and separately bagged. Pre- subsequent processing of soiled linen i microbial dissemination and infectio This REGULATION is no	nen from isolation areas sh ecautions shall be taken in from isolation areas to pre n.	oid Il be nall be the	6738	As per our letter to Joanne S dated June 11, 2012, our faci seeking accreditation as a CI ASF. Our accreditation surve scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - Medical Services Administ in the process of asking for b a company to provide us wit professionally laundered scru- blankets thus eliminating the for using the washer & dryer - Company informs us that th week "turn on" date from dat contract - Soiled linens will be kept in clearly marked basket while linens will be stored in a sep cabinet or cupboard by 07/21 - All drape sheets and chuck have been placed in cabinets from any chance of contamin	ility is ass A vey is The tion is y took en the rration is bids for h ubs and e need there is 6 te of n a clean arate 1/12 pads a way	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: <u>(</u>	LE CONSTRUCTION: <u>0</u>	(X3) DATE SURV COMPLETED: 06/08/2012	EY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST ISTER	ONE -	STREET ADDRESS, 610 LOUIS DF WARMINSTE	RIVE SUITE	303	L	
STATE LICEN	ISE NUMBER: 00188701						
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE EED 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
S 6738	Continued from page 52			S 6738			
	 Based on observation was determined the fa separate from the clea soiled linen was wash microbial dissemination Findings include: 1) Observation on Jun locker room revealed Further observation restacks of staff scrubs of stackable washer and soiled linen alongside Interview with EMP2 approximately 9:10 A the soiled linens from staff bathroom, separa scrubs, and place the swasher. Further interview 	cility failed to store s n linen and failed to ed at a temperature to on. the 7, 2012, of the faci- a stackable washer and evealed approximately on a shelving unit new dryer and a containen- the shelving unit. on May 31, 2012, at M confirmed facility the procedure rooms ate the soiled linens a soiled linens and scru- view confirmed the c d in the staff locker re-	soiled linen ensure o prevent lity's staff nd dryer. y four xt to the c labeled staff bring to the nd ibs in the lean linen				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: _	00	(X3) DATE SURVI COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO STER	DNE -	STREET ADDRESS, 610 LOUIS DE WARMINSTE	RIVE SUIT	E 303		
STATE LICENS	e number: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	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 /	OULD BE	(X5) COMPLETE DATE
S 6738	Continued from page 53			S 6738			
	2) Observation on June	e 7, 2012, revealed a	sign				
	posted on the front of t	he facility dryer inst	ructing				
	staff that soiled clothin	g and soiled items w	vere to be				
	washed in hot water at	160 degrees Fahren	heit.				
	Further observation rev	vealed no thermomet	ter or				
	documentation the faci	lity was washing soi	iled linens				
	and scrubs at 160 degre						
	Interview with EMP2 of approximately 9:15 AM on the front of the facil wash soiled clothing an degrees Fahrenheit. Fu confirmed there was no documentation the faci and scrubs at 160 degree	A confirmed the sign lity dryer instructed and soiled items in at urther interview with the thermometer or lity was washing sol	staff to 160 1EMP2				
S 6745				S 6745			

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	OVIDER OR SUPPLIER: D PARENTHOOD KEYST(ISTER	DNE -	STREET ADDRESS, CITY 610 LOUIS DRIVI WARMINSTER, I	E SUITE	E 303		
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEED	f OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI IFYING INFORMATION)		ID EFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
6745	Continued from page 54 567.42 (a) Policies and Pro 567.42 Policies and proce (a) A schedule of prev developed for the physical plant, biomedical a This REGULATION is not	dures ventive maintenance shal and all other equipment.		6745	As per our letter to Joanne S dated June 11, 2012, our fact seeking accreditation as a Cl ASF. Our accreditation sur- scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - The Risk and Quality Man Coordinator and the person manages facilities will devel policy regarding preventive maintenance for the physical biomedical and all other equ by 07/21/12 - The person who manages fa will present the policy to the Managers by 09/09/12 - All staff will review the po sign off by 09/17/12 - The RQM Coordinator will the schedule in the Risk and Management work plan	ility is ass A vey is The tion is y took en the agement who op a plant, ipment acilities Center blicy and l include	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SURV COMPLETED: 06/08/2012	EY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST ISTER	ONE -	STREET ADDRESS, 610 LOUIS DF WARMINSTE	RIVE SUITI	E 303	1	
STATE LICEN	ISE NUMBER: 00188701						
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5 6745	Continued from page 55			S 6745			
	Based on review of policies and procedure interview with staff (EMP), it was determine facility failed to ensure written procedures developed for a schedule of preventive mat for the physical plant, biomedical, and other equipment.		ned the were intenance				
	Findings include:						
	On June 8, 2012, the s facility's written preve and procedures. None	entative maintenance					
	Interview with EMP2, on June 8, 2012, at approximately 1:15 PM, confirmed the faci not have written preventative maintenance and procedures.		-				
S 6746				S 6746			

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0908		A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SURVEY COMPLETED: 06/08/2012	
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST(NSTER	DNE -	STREET ADDRESS, 610 LOUIS DE WARMINSTE				
STATE LICE (X4) ID PREFIX TAG	NSE NUMBER: 00188701 SUMMARY STATEMENT MUST BE PRECEED IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE	
\$ 6746	Continued from page 56 567.42 (b) Policies and Pro 567.42 Policies and proced (b) Written procedures employes to follow in the event of a brea mechanical systems or utilities. This REGULATION is not	dures s shall be readily availabl akdown in equipment,	le for	S 6746	As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a CI ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - The Risk and Quality Mana Coordinator and the person manages facilities will devel policy regarding breakdown equipment, mechanical syste utilities 07/21/12 - The person who manages f will present the policy to the Managers by 09/09/12 - All staff will review the po sign off by 09/17/12 - The RQM Coordinator wil the schedule in the Risk and Management work plan	ility is lass A vey is The tion is ey took en the agement who lop a s of ems or àccilities e Center blicy and ll include	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURV COMPLETED: 06/08/2012	EY
	WIDER OR SUPPLIER:) PARENTHOOD KEYST(STER	ONE -	STREET ADDRESS, 610 LOUIS DI WARMINSTI	RIVE SUITI	E 303	I	
STATE LICEN	SE NUMBER: 00188701						
(X4) ID PREFIX TAG	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
S 6746	Continued from page 57		S 6746				
	 Based on review of policies and procedures and interview with staff (EMP), it was determined the facility failed to ensure written procedures were readily available for employees to follow in the eve of a breakdown in equipment, mechanical systems or utilities. Findings include: On June 8, 2012, the surveyor requested the facility's written procedures for employees to follow in the event of a breakdown in equipment, mechanical systems or utilities. None were provided. Interview with EMP2 on June 8, 2012, at 						
	approximately 1:15 PM not have written proce follow in the event of mechanical systems or	vees to					

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0908		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/08/2012	EY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER			STREET ADDRESS, 610 LOUIS DI WARMINSTH	RIVE SUIT	E 303		
STATE LICENS	SE NUMBER: 00188701						
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S 6747				S 6747			

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	TATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE LAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIE IDENTIFICATION NUMB 8-0908			A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SUR COMPLETED: 06/08/2012	VEY		
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST NSTER	ONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974						
STATE LICE	NSE NUMBER: 00188701								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE IDENTIFYING INFORMATION)				(X5) COMPLETE DATE				
S 6747	Continued from page 59 S 6747								
	567.43 Ventilation System The ventilation system sha in accordance with the wr ensure that a properly con minimum filtration, humio is provided in critical area recovery suites under Chapter 571 (relating to co This REGULATION is no	all be inspected and maint itten maintenance schedul ditioned air supply meetin dity and temperature requ s such as the surgical and onstruction standards).	le to ng irements		As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - Temperature & humidity n for procedure rooms and rec room will be purchased by o purchasing department by 06 - A policy will be developed Medical Services Administration/RQM regard monitoring of temperature at humidity levels in the procee rooms and recovery room. - Center Managers and staff trained by Training Manager/Medical Services administration on how to use monitor by 0713/12 - A log will be developed by RQM coordinator to docume temperature and humidity le	ility is lass A vey is The tion is ty took en the nonitors overy our 6/29/12 by ling the nd dures will be e this r the ent	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012		

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PLAN OF CO NAME OF PRO PLANNEI	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER			A. BLDG: _ B. WING: _ CITY, STATE, Z	E 303	(X3) DATE SURVI COMPLETED: 06/08/2012	ΞY
STATE LICEN (X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 60			S 6747	- The use of the log will be p the training - Regular audits will be done Medical Service administrat ensure policy is being follow temperature and humidity ar	e by ion to ved and	

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	TATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE ILAN OF CORRECTION (POC) IDENTIFICATION NUMB 8-0908			A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURV COMPLETED: 06/08/2012	EY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST(ISTER	DNE -	STREET ADDRESS, 610 LOUIS DI WARMINSTH	RIVE SUITE	2 303		
STATE LICEN (X4) ID PREFIX TAG	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
S 6747	Continued from page 61 Based on observation a was determined the fac temperature and humid by the facility to perfo the recovery area. Findings include: The survey team reque humidity documentation rooms three and four w procedures and the reconstruction interview with EMP1 approximately 3:30 PM not monitor or maintain and humidity levels in three and four or the re- ensure these areas wer and humidity levels.	cility failed to monito- dity in two of two roor rm surgical procedur ested the temperature on for surgical proce where the facility to provery area. on June 7, 2012, at M confirmed the faci in a record of the tem surgical procedure r ecovery room in orde	or oms used res and e and dure performed lity did nperature rooms er to	S 6747			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0908		A. BLDG: _	00	COMPLETED: 06/08/2012	
	WIDER OR SUPPLIER: D PARENTHOOD KEYST STER	ONE -	STREET ADDRESS, 610 LOUIS DI WARMINSTI				
STATE LICEN	SE NUMBER: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6907	 569.14 Internal Disaster ar 569.14 Internal Disaster a The ASF shall have a incorporating evacuation procedures and records and the records of those patients being eva made available to personnel and evacuation of throughout the ASF. This REGULATION is no 	nd Fire Plans an internal disaster and fin the safety of both closed acuated. These plans shall diagrams shall be posted		S 6907	As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a C ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regula June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has tak following steps to ensure compliance. - The evacuation plan for ch be added to the fire and safe by 07/21/12 - PPABC-Warminster will b switching to an electronic he records system in January 20	illity is lass A vey is . The tion is ey took en the arts will ty plan be ealth	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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	T OF DEFICIENCIES AND ORRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		(X3) DATE SURV COMPLETED: 06/08/2012	ΈY					
	ROVIDER OR SUPPLIER: ED PARENTHOOD KEYS NSTER	STONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974							
STATE LICE	NSE NUMBER: 00188701									
(X4) ID PREFIX TAG	MUST BE PRECE	ENT OF DEFICIENCIES (EACH DE EEDED BY FULL REGULATORY O NTIFYING INFORMATION)		PROVIDER'S PLAN OF CO CORRECTIVE ACTION CROSS-REFERENCED TO 1	N SHOULD BE	(X5) COMPLETE DATE				
5 6907	Continued from page 63		S 6907							
	 interview (EMP), it to ensure the facility incorporated evacua of both closed media those patients being Findings include: Review on June 8, 2 disaster and fire safe documentation the factor of the safe records and the record evacuated. 	2012, of the facility's in ety plan revealed no acility incorporated eva afety of both closed me ords of those patients be	cility failed fire plan e safety ords of ternal acuation edical							
	approximately 2:15 internal disaster and documentation the fa procedures for the sa	P2 on June 8, 2012, at PM confirmed the faci fire safety plan did no acility incorporated eva afety of both closed me ords of those patients be	t contain acuation edical							

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/08/2012	
PLANNED	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER			CITY, STATE, Z RIVE SUITI CR, PA 1897	E 303		
STATE LICENS	e number: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG				
S 6907 S 6908	Continued from page 64 569.15 Safety Education Pr	ogram		S 6907 S 6908			Completion
	 569.15 Safety Education Program 569.15 Safety Education Program Employes shall participate in the safety program perform the duties delegated to them and be instructed in the operation fire warning system, the proper use of fire fighting equipment and procedure to follow if electric power is impaired. This REGULATION is not met as evidenced by: 		of the		As per our letter to Joanne S dated June 11, 2012, our fact seeking accreditation as a Cl ASF. Our accreditation sur- scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the surve place on June 7 & 8, 2012. PPABC-Warminster has take following steps to ensure compliance. - A fire and safety training is scheduled for July 2 & 3 wit outside consultant - Staff will sign off on the tra and it will be kept in their per file - Ongoing, this training will to the RQM work plan and p on an annual basis	ility is ass A vey is The tion is y took en the h an aining ersonnel be added	Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0908		A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO STER	DNE -	STREET ADDRESS, 610 LOUIS DE WARMINSTE	RIVE SUIT	E 303		
STATE LICENS	SE NUMBER: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6908	Continued from page 65			S 6908			
	Based on review of fac files (PF), and interview determined the facility were instructed in the of system, the proper use the procedure to follow impaired in five of ten (PF3, PF5, PF7, PF8, a Findings include: Review on June 8, 201 Policies and Procedure no provision to ensure the operation of the first use of firefighting equi follow if the electric pol Review on June 8, 201 and PF9 revealed no do employees were instruc- fire warning system, th equipment, and the pro-	 w with staff (EMP), failed to ensure empoperation of the fire volume of firefighting equip w if the electric powe personnel files revie and PF9). 2, of the facility polities," dated July 2010, employees were instate warning system, the ipment, and the procession of the procession of the properties of the set of the procession of the properties of the properties	it was bloyees warning oment, and er was ewed icy "Fire revealed tructed in the proper edure to , PF8, of the ighting				

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Pennsylvania Department of Health

PLAN OF COR	DF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER:	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG: _ B. WING: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/08/2012	ΞY
PLANNED WARMINS	PARENTHOOD KEYSTC STER	DNE -	610 LOUIS DE WARMINSTE				
STATE LICENS	e number: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6908	Continued from page 66			S 6908			
	electric power was impaired. Interview with EMP3, on June 8, 2012, at approximately 1:30 PM, confirmed there was no documentation in PF3, PF5, PF7, PF8, and PF9 that these employees were instructed in the operation of the fire warning system, the proper use of firefighting equipment, and the procedure to follow if the electric power was impaired.		PF9 roper use				
S 6919				S 6919			

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0908		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/08/2012	
PLANNEI WARMIN	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701			CITY, STATE, Z RIVE SUITI CR, PA 189'	E 303		
STATE LICEN: (X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6919	 (1) Doorway, cc properly lighted and free of (2) Doors into p (3) Exit doors m while patients are in the AS (4) Doors openi with self-closing devices ar (5) Wastebasket shades and drapes shall be m (6) Call bells in closet shall be easily access 	cautions precautions shall be met: prridors and stairwells sh obstructions. atient rooms may not be hay not be locked from th F. Ing to shafts shall be equi- ind positive latches. s, cubicle curtains, wind rendered flame retardant the shower, tub room or bible to patients. mmable agents may be p	all be locked. ne inside ipped low water	S 6919	As per our letter to the Depa of Health dated June 11, 201 facility is seeking accreditati Class A ASF. Our accredita survey is scheduled for July 2012. The effective date for regulation is June 19, 2012, a survey took place on June 7 2012. PPABC-Warminster I the following steps to ensure compliance. - Patients are not left alone a procedure - Patients are occasionally le before the procedure and the be instructed to use the phon case of emergency - A sticker will be put on the saying "emergency – dial ## - Toilet rooms in the recove will have call bells	2, our on as a ation 24, this and the & 8, nas taken ffer the ff alone y will e in phone ##"	Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012

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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. BLDG:	<u>00</u>	(X3) DATE SURVEY COMPLETED: 06/08/2012		
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST ISTER	FONE -	STREET ADDRESS, CITY, STATE, 610 LOUIS DRIVE SUIT WARMINSTER, PA 189	E 303		
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TIFYING INFORMATION)		PROVIDER'S PLAN OF CORI CORRECTIVE ACTION S CROSS-REFERENCED TO TH	SHOULD BE	(X5) COMPLETE DATE
S 6919	 was determined the f were installed in two by the facility to perf toilet rooms utilized Findings include: Observation on June operating room three utilized by patients ra- to utilize to summon required. Interview with EMP approximately 10:30 operating rooms three utilized by patients d 	7, 2012, of the facility and four and in toilet evealed no call bells fo facility staff if help w	e call bells ns (used res) and in 's rooms or patients as cility's t rooms or patients			

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Pennsylvania Department of Health

PLAN OF COF NAME OF PRO PLANNED WARMIN	PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF		STREET ADDRESS, 610 LOUIS DI WARMINSTH FICIENCY	A. BLDG: _ B. WING: _ CITY, STATE, Z	E 303		EY (X5) COMPLETE
TAG S 7100	IDENT	TFYING INFORMATION)		S 7100	CROSS-REFERENCED TO THE .	APPROPRIATE	DATE

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0908			LIA (X2) MULTIPLE CONS ⁴ A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 06/08/2012			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER			610 LOUIS DI	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974				
STATE LICEN	SE NUMBER: 00188701							
(X4) ID PREFIX TAG	MUST BE PRECEED	ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE	
S 7100	Continued from page 70			S 7100				
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)		," as uding cal on or acility, all		As per our letter to Joanne S dated June 11, 2012, our faci seeking accreditation as a CI ASF. Our accreditation sur- scheduled for July 17, 2012. We are optimistic that we wi to obtain accreditation, but in event that we are not success will pursue licensure as a Cla ASF. To that end, if the Cla accreditation process conclu- unsuccessfully, we will pursu- alternate plan of compliance submitted by the Planned Parenthood health centers se licensure as Class B ASF, ad the dates as appropriate. Accordingly, at that time and necessary, PPABC- Warmin will confer with its architect Division of Safety and Inspe identify feasible alterations t health center and seek excep the construction requirement PA. Code section 571.1 whe necessary. PPABC-Warminster has take	ility is ass A vey is ill be able n the sful, we ass B ss A des ue the eking ljusting 1 if ster – and ction to o its tions to is of 28 re	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012	

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Pennsylvania Department of Health

PLAN OF COM NAME OF PRO PLANNEL WARMIN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-0908 NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701		A. BLDG: _ B. WING: _ CITY, STATE, Z	E 303	(X3) DATE SURVI COMPLETED: 06/08/2012	ΞΥ
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 71		S 7100	following steps to ensure compliance. - Toilet rooms will have bre door jambs - Temperature and humidity will be installed in the wall of where the wrapped sterile instruments are stored	monitors	

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-0908			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURV COMPLETED: 06/08/2012	EY
	VIDER OR SUPPLIER: PARENTHOOD KEYST STER	ONE -	STREET ADDRESS, CI 610 LOUIS DRI WARMINSTER	VE SUITI	E 303		
STATE LICENS (X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEEI	DED BY FULL REGULATORY O		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	STER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION) Continued from page 72 Based on review of the current edition of th Guidelines for Design and Construction of and Health Care Facilities, observation, and interview with staff (EMP), it was determin facility failed to ensure it was in compliance current construction guidelines. Findings include: 1) Review of the current edition of the Guide Design and Construction of Hospital and H Care Facilities revealed "3.8-3.4.2.2 Cubic curtains or other provisions for privacy dur post-operative care shall be provided. Observation on June 7, 2012, of the patient recovery room area revealed seven patient is chairs for post-operative care. There were cubicle curtains for privacy for the seven rechairs.		he Hospital d ned the ee with the delines for lealth le ting	; 7100			

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-	-	i					
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-0908			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	DVIDER OR SUPPLIER: D PARENTHOOD KEYST(ISTER	DNE -	STREET ADDRESS, 610 LOUIS DE WARMINSTE	RIVE SUITE	2 303		
STATE LICEN	SE NUMBER: 00188701						
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED	ſ 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
S 7100	Continued from page 73			S 7100			
	have cubicle curtains f	for privacy.					
	 2) Review of the curree Design and Constructic Care Facilities reveale workroom. This room from all other areas of Clean/assembly workr areas shall be physical workroom shall have a This room shall contai workspace and equipm medical and surgical e Observation of the fac the soiled work area and located together. Furth revealed the clean and to the hallway where p access Operating Roon washing sink in the so use for the clean area. 	on of Hospital and H d "3.8-5.1.2.1 Soiled shall be physically s the facility 3.8-5 oom. Clean and soile ly separated (2) T a hand-washing static n appropriate and su nent for terminal ster quipment and suppli ility on June 7, 2012 and the clean work are her observation of th soiled work areas w patients and staff pass	Iealth eparated .1.2.2 ed work his on. (3) fficient ilizing of es." , revealed ea were e area ere open sed to d				

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0908			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012		
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST(STER	DNE -	STREET ADDRESS	RIVE SUITE	E 303		
STATE LICEN	se number: 00188701						
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 74			S 7100			
	Interview on June 7, 2 the clean and soiled we space that was open to and staff passed throug 3) Review of the curre Design and Construction Care Facilities revealed clean/sterile supplies (include provisions for temperature control. Observation on June 7 soiled work area reveat stored directly above to temperature, humidity observed in this area we packages were stored. Interview on June 7, 20 the sterile supplies were directly above the auto physically combined compared to the sterile supplies of the stored compared to the sterile supplies were	ork areas shared the the hallway where p gh. nt edition of the Gui on of Hospital and H d "3.8-5.1.2.3 Storag 1) storage for packs, ventilation, humidity , 2012, of the clean a led wrapped sterile she autoclave. There or ventilation monit where the sterile wrap 012, with EMP1 con- re stored in the cabin-	same patients delines for lealth ge for etc. shall y and and supplies were no ors oped firmed net et in the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: 8-0908			A. BLDG: _ B. WING: _	IPLE CONSTRUCTION: 00 UP CODE:	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		610 LOUIS DE WARMINSTE	RIVE SUIT	E 303			
STATE LICENS	e number: 00188701						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	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 A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 75			S 7100			
	EMP1 confirmed there temperature, humidity where sterile packages 4) Review of the current Design and Construction Care Facilities revealed (2) Toilet room door outward or be equipped access from the outside Observation on June 7, restroom in the hallway revealed the door open Interview on June 7, 20 the patient restroom do 5) Review on June 7, 20 the Guidelines for Desi Hospital and Health Ca "3.8-3.6.5 Scrub facilitit scrub station(s) shall be the entrance to each op	or ventilation in the were kept. Int edition of the Guid on of Hospital and H d "3.8-7.2.2.2 Door of rs for patient use sha d with hardware that e in emergencies." , 2012, of the patient y near the exam roor ed inward. 2012, with EMP1 con bor opened inward. 2012, of the current ed ign and Construction are Facilities reveale ies 3.8-3.6.1 Hand e provided outside o	area delines for lealth openings ll open permits r ms, firmed edition of n of d: ds free				

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-0908		· · ·		<u>)</u>	(X3) DATE SURVEY COMPLETED: 06/08/2012				
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	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
	Observation on June 7 procedure rooms revea sinks located outside of Further observation re- procedure rooms were Interview with EMP1 at approximately 11:30 no scrub sinks located rooms and the sinks in free.	aled there were no so of the operating room vealed that the sinks not hands free. and EMP2 on June 7 0 AM confirmed the outside of the proce	erub ns. inside the 7, 2012, re were dure						

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Certified End Page

PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701 SURVEY EXIT DATE: 06/08/2012

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 & 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