STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 16, 2015

Jody Clark, Administrator
Planned Parenthood Of Southern New England
345 Whitney Avenue
New Haven, CT 06511

Dear Ms. Clark:

An unannounced visit was made to Planned Parenthood Of Southern New England on June 12, 2015 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a monitoring visit.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visits.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by June 30, 2015 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please address each violation with a prospective plan of correction which includes the following components within fourteen days of the date of this letter:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).
2. Date corrective measure will be effected.
3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

We do not anticipate making any practitioner referrals at this time.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Donna Ortelle, RN, MSN

Donna Ortelle, RN, PHSM
Public Health Supervising Manager
Facility Licensing and Investigations Section

DMO:mb

Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

DATE(S) OF VISIT: June 12, 2015

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D49 Governing Board Administration (b)(c) and/or 19-13-D50 Nursing Personnel and/or 19-13-D51 Pharmaceutical.

1. Based on observation and interview for one pregnancy terminations observed, staff failed to ensure that single patient intravenous (IV) fluids were not used on more than one patient. The finding includes:
   a. Observation of Patient #6's termination of pregnancy procedure on 6/12/15 at approximately 1:20pm identified a 500cc bag of lactated ringers IV fluid with a needle and 3-way stopcock attached. Certified Registered Nurse Anesthetist (CRNA) #2 was observed to flush the patient IV site with 10cc of fluid after administering IV fentanyl and versed prior to the procedure. Interview with CRNA #2 on 6/12/15 identified that he uses the 500 cc bag for flush solution for all the procedures scheduled in that room for the day. Review of the label on the 500ccIV bag identified it was for single patient use.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D49 Records.

2. Based on review of the medical record and interview, the facility failed to ensure that the printed medical record was completed and accurate when printed. The finding includes:
   a. Review of Patient #1 - 6's printed medical record on 6/12/15 identified that they received medications including, versed, fentanyl, atropine, metronidazole, ibuprofen, depoprovera, and/or microgam. The printed medical record failed to identify the time of administration of the medication and the staff who administered the medication. Review of the electronic medical record with the Clinical Manager on 6/12/15 identified that the time of medication administration and staff who administered the medication was identified in the electronic medical record. The Clinical manager further identified that the facility is in the planning phase of getting a new electronic health record program.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D47 Governing Board. Administration (c) and/or 19-13-D50 Nursing Personnel and/or 19-13-D51 Pharmaceutical and/or 19-13-D52 Maintenance.

3. Based on observation, the facility failed to ensure that medication vials were labelled after opening and/or that medications were not expired and/or not stored with food/drink items. The finding includes:
   a. Observation of the medication cart in the procedure room with Certified Registered Nurse Anesthetist (CRNA) #2 on 6/12/15 identified medication vials that were opened and not dated with an expiration date that included Atropine 8mg/20ml and Lidocaine 10mg/ml. Additionally Romazicon was unopened but had expired 4/2015.
   The Center for Disease Control (CDC) http://www/cdc.gov/injectionsafety/providers retrieved on 06/15/15 directed if a multi-dose has been opened or accessed (e.g.,

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

needle-punctured) the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. The facility's policy on multi-dose vials directs staff to write the date opened and write "Discard by xx/xx/xx date" unless manufacturer states otherwise.

b. Observation of the refrigerator in the recovery room identified cans of ginger ale and medications including Rhogam and Nuva Ring. Interview with the recovery room nurse on 6/12/15 identified that she puts the medications in the refrigerator in the morning because she cannot leave the recovery room to get the medications when there is a patient in the recovery room. And/or

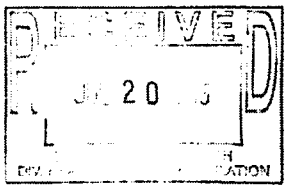
4. Based on observation and interview, the facility failed to ensure that staff followed the manufacturer and facility guidelines when mixing detergent for instrument cleaning. The finding includes:
   a. Interview with Clinical Assistant #1 on 6/12/15 identified that she cleans used instruments with the low suds detergent by pouring enough solution to turn the water in the bucket a color. Review of the label on the gallon jug of low suds detergent directs 1/8 ounce to 2 ounces per 1 gallon of water. Also posted in the cleaning lab is a sign that directs 1 ounce of solution to a gallon of water.

POC Accepted
7/28/15 DO

July 24, 2015

Revised 7/14/15

Donna Ortelle, RN, PHSM
Public Health Services Manager
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capitol Avenue MS # 12HSR
Hartford, Connecticut 06134



Dear Ms. Ortelle,

Please find a response and corrective action plan for violations found during the monitoring visit conducted by you on June 12, 2015 at the Planned Parenthood of Sothern New England's Griswold Buxton Center located in New Haven.

Violation of the Regulations of Connecticut State Agencies Section 19-13-D49 Governing Board Administration (b) (c) and /or 19-13-D50 Nursing Personnel and/or 19-13-D51 Pharmaceutical.

1. Based on observation and interview for one pregnancy termination observed, staff failed to ensure the single patient intravenous (IV) fluids were not used on more than one patient.

Response
Single dose10cc pre-filled, sterile saline syringes have been ordered ensuring only one syringe will be used for each patient. 10cc sterile saline syringes order received on 6/17/15.

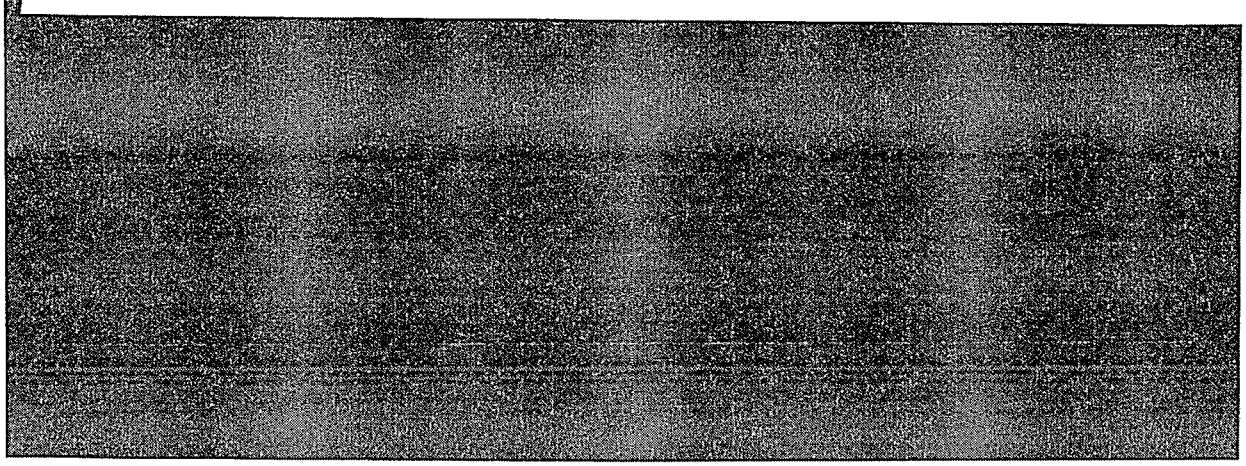
Staff education on the use of 10cc prefilled sterile saline syringes done and documented on 6/26/15.

Esther Pellot is responsible for ordering and maintain stock.

Violations of the Regulations of Connecticut State Agencies Section 19-13-D49 Records

2. Based on the review of the medical record and interview, the facility failed to ensure that printed medical record was completed and accurate when printed.

Response
The electronic health record currently in use does not print this information in the visit summary but the manager did show the reviewers where the information is recorded in the patient record. PPSNE has submitted a ticket to the vendor for the EHR system on 6/15/15 requesting this information be printed on the visit summary for each patient. Additionally, PPSNE is scheduled to migrate to a different EHR system in September of this year.



Violation of the Regulations of Connecticut State Agencies Section 19-13-D47 Governing board, Administration (c) and/or 19-13-D50 Nursing Personnel and/or 19-13-D51 Pharmaceutical and/or 19-13-D52 Maintenance

2. Based on observation the facility failed to ensure that medication vials were labelled after opening and/or that medications were not expired and/or not stored with food/drink items.

    a. The PPSNE Policy for Storage of Multi Dose Vials and Bottles has been reviewed with the CRNA. Jody Clark, Center Manager will do quarterly monitoring and review the medication cart to ensure proper labeling continues to occur. All Staff have been educated on 6/26/15 on the storage policy for Multi Dose Vials and Bottles.

    b. An additional refrigerator has been ordered for the recovery room. In the interim, the staff has been directed to NOT store food and medications in the same refrigerator.

On observation and interview, the facility failed to ensure staff followed the manufacturer and facility guidelines when missing detergent for instrument cleaning.

a. Staff were provided an in-service on 6/26/15 in the manufacturer and facility guidelines for missing detergent for instrument cleaning. Quarterly observation of the detergent guidelines will be monitored by Center Manager (Jody Clark)

I hope this response to the violations cited form the June 12, 2015 visit to the Griswold Buxton Center. Please do not hesitate to contact me of you have further questions.

Best regards,

J. Clark

Jody Clark
Center Manager

CC: Mary Bawza