

Survey Findings/Facility Response

Facility : PLANNED PARENTHOOD - GLENDALE

Survey Date - 2/23/2015 - Citation4

Survey Findings

Based on review of facility job description, credentialing file, independent contractor agreement, and staff interviews, the Department determined the Administrator failed to:

- a. ensure that physician #2, a member of the patient care staff, maintained current cardiopulmonary resuscitation (CPR) training per job description; and
- b. ensure the physician #3, a member of the patient care staff, maintained current cardiopulmonary resuscitation (CPR) and advanced cardiac life support (ACLS) training per independent contractor agreement.

Findings include:

- a. Review of the facility's current job description "MEDICAL DIRECTOR" presented on 2/9/15, revealed the CPR requirement.

Review of the electronic credentialing file for physician #2, presented on 2/9/15, revealed: "...CPR...renew by 29 OCT 14..."

Review of the electronic credentialing file for physician #2 revealed he/she is currently performing medical and surgical procedures.

Center Manager #11 verified during an interview conducted on 2/9/15, that the CPR certification for physician #2 is expired.

The Surveyors requested verification of updated CPR training and none was provided by 2/13/15.

- b. Review of the facility "INDEPENDENT CONTRACTOR AGREEMENT" for physician #3 revealed: "...Contractor agrees...to remain current...and to maintain CPR/ACLS proficiency, by annually participating in programs provided either by PPAZ (Planned Parenthood of Arizona) or hospital where Contractor maintains staff membership..."

Agreement was dated 9/27/13 and signed by physician #3 on 9/9/13.

Review of the electronic credentialing file for physician #3, presented on 2/9/15 revealed no expired or current CPR/ACLS proficiency documentation for 2013, 2014, or 2015.

Review of the electronic credentialing file for physician #3 revealed he/she is currently performing medical and surgical procedures.

The Surveyors requested verification of updated CPR/ACLS training and none was provided by 2/13/15.

Center Manager #11 and Administrative Assistant #17 verified during an interview conducted on 2/9/15, that there is no expired or current CPR/ACLS documentation in the electronic credentialing file for physician #3.

Rule/Statute

R9-10-1506. Staffing Requirements

B. A licensee shall ensure that:

1. A member of the patient care staff, except for a surgical assistant, who is current in cardiopulmonary resuscitation certification is in the physical facilities until all patients are discharged;

Facility Response

The date (03/18/2015) represents when the facility corrected the citation and was confirmed by the Department to be back in compliance. A facility is required to submit a Plan of Correction (POC) for each citation identified during a survey. This Plan of Correction describes how the facility is going to make corrections, the facility representative responsible for making the corrections, and what systems are in place to prevent recurrence. Once the facility has submitted an acceptable Plan of Correction, the Department confirms that the citation is corrected.

For a copy of the Plan of Correction, please contact the facility or the Department of Health Services.