

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  011116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/31/2017
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NAME OF PROVIDER OR SUPPLIER  
**PLANNED PARENTHOOD OF INDIANA AND KE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**8645 CONNECTICUT ST  
MERRILLVILLE, IN 46410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 026	Continued From page 1 indicated the governing body did not review the facility-provided services of laundry and pharmacy.  2. In interview on 01-30-2017 at 12:30 pm Eastern Standard Time, employee #A1, Quality Resource Manager, confirmed the governing board failed to review the facility's QAPI program for laundry service and no other documentation was provided prior to exit.  3. In interview on 01-30-2017 at 12:25 pm Eastern Standard Time, employee #A4, Health Center Manager, confirmed the governing board failed to review the facility's QAPI program for pharmacy service and no other documentation was provided prior to exit.  4. Review of the facility's QA&I program indicated the governing body did not review the contracted service of occupational health.  5. In interview on 01-31-2017 at 11:45 am, Central Standard Time, employee #A4 confirmed the governing board failed to review the facility's QAPI program for contracted occupational health service and no other documentation was provided prior to exit.	T 026		
T 090	410 IAC 26-5-2 REQUIRED POLICIES AND PROCEDURES  410 IAC 26-5-2(c)(1)  (c) The clinic shall develop, implement, and maintain the following: (1) Policies that cover health care worker practice problems, including, but not limited to, the following:	T 090		

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T 096	Continued From page 3  plan of implementation that evaluates, but is not limited to, the following: (1) All services, including services furnished by a contractor.  This RULE is not met as evidenced by: Based on document review and Interview, the facility failed to include 1 of 2 facility-provided services and 1 of 9 contracted services in its quality assurance and improvement (QA&I) program.  Findings include:  1. Review of the facility's QA&I program indicated it did not include the facility-provided service of pharmacy.  2. In interview on 01-30-2017 at 12:55 pm Eastern Standard Time, employee #A1, Quality Resource Manager, indicated the above-stated service was not included in the facility's QA&I program. No other documentation was provided prior to exit.  3. Review of the facility's QA&I program indicated it did not include the contracted service of occupational health.  4. In interview on 01-31-2017 at 12:45 pm Eastern Standard Time, employee #A4, Health Center Manager, indicated the above-stated contract service was not included in the facility's QA&I program. No other documentation was	T 096		

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T 110	Continued From page 5  2. In Interview on 01-31-2017 at 12:15 pm, Central Standard Time, employee #A1, Quality Resource Manager, confirmed there was no such inclusion of safeguards in the above-stated document and no other documentation was provided prior to exit.	T 110		
T 172	410 IAC 26-9-1 MEDICAL STAFF  410 IAC 26-9-1(b)X10  (b) The medical director must do the following: (1) Examine credentials of candidates for appointment, reappointment, or contracting to the medical staff.  This RULE is not met as evidenced by: Based on document review and interview, the medical director failed to examine the credentials of a candidate for reappointment to the medical staff for 1 of 2 physician credential files reviewed.  Finding include:  1. Review of a document entitled AGREEMENT FOR SERVICES, between facility #1, Planned Parenthood of Indiana and contractor #1, indicated contractor #1 would assign MD#2, a member of contractor #1, to perform services to facility #1, as medical director.  2. Review of a facility document entitled Planned Parenthood of Indiana and Kentucky Physician Abortion Services Performance and Review Privileging, dated 11-16-2016, indicated the	T 172		

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T 324	Continued From page 7  Findings include:  1. On 01-29-2017 at 11:45 am, Eastern Standard Time, employee #A1, Quality Resource Management, was requested to provide a facility policy (ies) to report adverse reactions and medication errors to the physician responsible for the patient.  2. Review of facility documents indicated there was no policy to report adverse reactions and medication errors to the physician responsible for the patient.  3. In interview on 01-30-2017 at 3:30 pm, Eastern Standard Time, employee #A1 indicated there was no above-requested policy and no other documentation was provided prior to ex	T 324		
T 418	410 IAC 26-17-4 PHYS. PLANT, MAINT., EQUIP., ENVIR., SAFETY  410 IAC 26-17-4(3)  All patient care equipment must be in good working order and regularly serviced and maintained as follows: (3) Appropriate records must be: (A) kept pertaining to: (i) equipment maintenance; (ii) repairs; and (iii) electrical current leakage checks; and (B) analyzed at least triennially.	T 418		

Tag #	Problem Identified	Corrective Action	Responsibility	Date of Correction
26	Governing body failed to review QA&I program for 2 of 3 facility-provided services and 1 of 9 contracted services (laundry, pharmacy, and contracted occupational health)	Report of Management Operations format to be updated to include laundry, pharmacy, and contracted occupational health services for clarity of board review; quality measures to be developed on these items	Risk and Quality Manager	3/31/2017
90	Facility failed to have policies in place for impaired health care workers, criminal history, and disciplinary action	Human Resources to create policies to address impaired health care workers, criminal history, and disciplinary action	Director of Human Resources	3/31/2017
96	QA Program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to all services, including those furnished by a contractor; currently lacking pharmacy and contracted occupational health	Quality measures to be developed to address pharmacy and contracted health services; these are to be included in the Report of Management Operations and reviewed by the Board of Directors and Quality Management and Infection Prevention Committee on quarterly basis; all measures to be summarized in written plan for clarity	Risk and Quality Manager	3/31/2017
110	Medical record policy must provide safeguards to assure medical records are protected from fire, water, and other sources of damage	Medical policy updated to include that medical records must be protected from fire, water, and other sources of damage	Risk and Quality Manager	3/2/2017

Planned Parenthood of Indiana and Kentucky, Merrillville Facility #160111161  
 Response to ISDH Abortion Licensing Review conducted January 31, 2017  
 Survey results received February 17, 2017

RECEIVED  
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T 000	INITIAL COMMENTS  This visit was for a state licensure survey.  Facility Number: 0011116  Survey Date: 01-30-2017 to 01-31-2017  QA: 2/8/17 jlh	T 000		
T 026	410 IAC 26-4-1 GOVERNING BODY  410 IAC 26-4-1(c)(3)  (c) The governing body shall do the following: (3) Review, at least every six (6) months, reports of management operations, including, but not limited to, the following: (A) Quality assessment and improvement program. (B) Patient services provided. (C) Results attained. (D) Recommendations made. (E) Actions taken. (F) Follow-up.  This RULE is not met as evidenced by: Based on document review and interview, the governing board failed to review the facility's quality assessment and improvement (QA&I) program for 2 of 3 facility-provided services and 1 of 9 contracted services.  Findings include:  1. Review of the facility's QA&I program	T 026		3/31/17

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/02/17

Indiana State Department of Health

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T 026	Continued From page 1  indicated the governing body did not review the facility-provided services of laundry and pharmacy.  2. In interview on 01-30-2017 at 12:30 pm Eastern Standard Time, employee #A1, Quality Resource Manager, confirmed the governing board failed to review the facility's QAPI program for laundry service and no other documentation was provided prior to exit.  3. In interview on 01-30-2017 at 12:25 pm Eastern Standard Time, employee #A4, Health Center Manager, confirmed the governing board failed to review the facility's QAPI program for pharmacy service and no other documentation was provided prior to exit.  4. Review of the facility's QA&I program indicated the governing body did not review the contracted service of occupational health.  5. In interview on 01-31-2017 at 11:45 am, Central Standard Time, employee #A4 confirmed the governing board failed to review the facility's QAPI program for contracted occupational health service and no other documentation was provided prior to exit.	T 026			
T 090	410 IAC 26-5-2 REQUIRED POLICIES AND PROCEDURES  410 IAC 26-5-2(c)(1)  (c) The clinic shall develop, implement, and maintain the following: (1) Policies that cover health care worker practice problems, including, but not limited to, the following:	T 090		3/31/17	

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T 090	Continued From page 2  (A) Impaired health care workers. (B) Criminal history. (C) Disciplinary action.  This RULE is not met as evidenced by: Based on document review and interview, the facility failed to have a policy that cover health care worker practice problems, including, but not limited to, impaired health care workers, criminal history and disciplinary action in 1 instance:  Findings include:  :1. On 01-29-2017 at 11:45 am, Eastern Standard Time, employee #A1, Quality Resource Management, was requested to provide a facility policy that cover health care worker practice problems, including, but not limited to, impaired health care workers, criminal history and disciplinary action.  2. Review of facility documents indicated there was no above-requested policy.  3. In interview on 01-31-2017 at 12:40 pm, Eastern Standard Time, employee #A4, Health Center Manager, indicated there was no above-requested policy and no other documentation was provided prior to exit.	T 090		
T 096	410 IAC 26-6-1 QUALITY ASSESSMENT AND IMPROVEMENT  410 IAC 26-6-1(a)(1)  The program shall be ongoing and have a written	T 096		3/31/17



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T 096	<p>Continued From page 3</p> <p>plan of implementation that evaluates, but is not limited to, the following: (1) All services, including services furnished by a contractor.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to include 1 of 2 facility-provided services and 1 of 9 contracted services in its quality assurance and improvement (QA&amp;I) program.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's QA&amp;I program indicated it did not include the facility-provided service of pharmacy.</li> <li>2. In interview on 01-30-2017 at 12:55 pm Eastern Standard Time, employee #A1, Quality Resource Manager, indicated the above-stated service was not included in the facility's QA&amp;I program. No other documentation was provided prior to exit.</li> <li>3. Review of the facility's QA&amp;I program indicated it did not include the contracted service of occupational health.</li> <li>4. In interview on 01-31-2017 at 12:45 pm Eastern Standard Time, employee #A4, Health Center Manager, indicated the above-stated contract service was not included in the facility's QA&amp;I program. No other documentation was</li> </ol>	T 096		
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T 096	Continued From page 4 provided prior to exit.	T 096		
T 110	<p>410 IAC 26-7-1 MEDICAL RECORDS</p> <p>410 IAC 26-7-1(a)(2)(B)</p> <p>(a) The abortion clinic must do the following: (2) Have a written policy that ensures responsibility for and maintenance of surgical abortion records as follows: (B) The policy must provide safeguards to assure protection of the medical records from the following: (i) Fire. (ii) Water. (iii) Other sources of damage.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to have a written policy that provided safeguards to assure protection of medical records from fire, water, and other sources of damage in 1 instance.</p> <p>Findings include:</p> <p>1. Review of a facility document entitled ADMINISTRATIVE CHAPTER 5: MEDICAL RECORDS, DOCUMENTATION, AND REPORTING REQUIREMENTS, Revised June 2016, indicated it did not provide safeguards to assure protection of medical records from fire, water and there sources of damage.</p>	T 110		3/2/17

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T 110	Continued From page 5  2. In interview on 01-31-2017 at 12:15 pm, Central Standard Time, employee #A1, Quality Resource Manager, confirmed there was no such inclusion of safeguards in the above-stated document and no other documentation was provided prior to exit.	T 110		
T 172	<p>410 IAC 26-9-1 MEDICAL STAFF</p> <p>410 IAC 26-9-1(b)(10)</p> <p>(b) The medical director must do the following: (1) Examine credentials of candidates for appointment, reappointment, or contracting to the medical staff.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the medical director failed to examine the credentials of a candidate for reappointment to the medical staff for 1 of 2 physician credential files reviewed.</p> <p>Finding include:</p> <p>1. Review of a document entitled AGREEMENT FOR SERVICES, between facility #1, Planned Parenthood of Indiana and contractor #1, indicated contractor #1 would assign MD#2, a member of contractor #1, to perform services to facility #1, as medical director.</p> <p>2. Review of a facility document entitled Planned Parenthood of Indiana and Kentucky Physician Abortion Services Performance and Review Privileging, dated 11-16-2016, indicated the</p>	T 172		3/31/17

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T 172	Continued From page 6  appraisal for abortion clinic MD#1, abortion clinic physician, was signed by MD#3, an employee of Planned Parenthood of Indiana and Kentucky, not Planned Parenthood of Indiana and Kentucky - Merrillville. MD #3 was not specified in the above-stated contract as the facility's medical director.  3. In interview on 01-30-2017 at 1:20 pm Eastern Standard Time, employee #A4, Health Center Manager, confirmed all the above and no other documentation was provided prior to exit.	T 172			
T 324	410 IAC 26-16-1 PHARMACEUTICAL SERVICES  410 IAC 26-16-1(3)(B)  The clinic must provide drugs and biologicals in a safe and effective manner in accordance with accepted professional practice. The clinic must have the following: (B) Reporting of adverse reactions and medication errors to the: (i) physician responsible for the patient; and (ii) appropriate committee; and documented in the patient ' s record.  This RULE is not met as evidenced by: Based on document review and interview, the facility failed to have a policy to report adverse reactions and medication errors to the physician responsible for the patient in 1 instance.	T 324		3/31/17	

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T 324	Continued From page 7 Findings include:  1. On 01-29-2017 at 11:45 am, Eastern Standard Time, employee #A1, Quality Resource Management, was requested to provide a facility policy (ies) to report adverse reactions and medication errors to the physician responsible for the patient.  2. Review of facility documents indicated there was no policy to report adverse reactions and medication errors to the physician responsible for the patient.  3. In interview on 01-30-2017 at 3:30 pm, Eastern Standard Time, employee #A1 indicated there was no above-requested policy and no other documentation was provided prior to ex	T 324		
T 418	410 IAC 26-17-4 PHYS. PLANT, MAINT., EQUIP., ENVIR., SAFETY  410 IAC 26-17-4(3)  All patient care equipment must be in good working order and regularly serviced and maintained as follows: (3) Appropriate records must be: (A) kept pertaining to: (i) equipment maintenance; (ii) repairs; and (iii) electrical current leakage checks; and (B) analyzed at least triennially.	T 418		3/31/17

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T 418	<p>Continued From page 8</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to document electrical current leakage checks for 5 of 5 pieces of patient care equipment.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. On 01-30-2017 at 11:45 am, Eastern Standard Time, employee #A1, Risk Quality Management, was requested to provide documentation of electrical current leakage checks for 5 pieces of patient care equipment.</li> <li>2. Review of a facility document entitled K&amp;R Annual Preventive Maintenance, dated 3/18/16, indicated there was no documentation of current electrical leakage checks for an autoclave, centrifuge, exam lights, exam tables, and refrigerator.</li> <li>3. In interview, on 01-30-2017 at 4:10 pm, Central Standard Time, employee #A1 confirmed there was no documentation of current electrical leakage checks for the above-stated pieces of equipment and no other documentation was provided prior to exit.</li> </ol>	T 418		