
Planned Parenthood of Greater Ohio

July 17, 2018

Wanda L. Iacovetta, R.N., Supervisor
Ohio Department of Health
Office of Health Assurance and Licensing
246 North High Street
Columbus, OH 43215

RE: Planned Parenthood East Health Center – License: 0530AS
Survey Completed on May 8, 2018
Written Facility Inspection Report Received on July 9, 2018

Dear Ms. Iacovetta,

Planned Parenthood of Greater Ohio is committed to ensuring our patients receive safe, high quality health care, no matter what.

In compliance with Ohio's licensing requirements, attached you will find the completed Statement of Deficiency that contains Planned Parenthood's comprehensive plan of correction in response to the cited violations at our East Health Center facility that we received on July 9, 2018.

The enclosed plan of correction details what actions Planned Parenthood has taken to correct the situation, and clearly identifies what systematic, ongoing processes will be launched in order to maintain our compliant status.

In support of our corrective action plan, you will also find supplementary documentation within the attachments that serves as additional evidence of Planned Parenthood's ongoing commitment to our patients and full compliance with the Ohio Revised Codes associated with Health Care Facilities.

Planned Parenthood looks forward to receiving your recommendation of ongoing licensure for our East Health Center.

If you have any questions regarding our Plan of Correction and/or our documented evidence, please feel free to contact me at (330)535-2674 or Holly.Myers@ppoh.org.

Sincerely,



Holly Myers
Director of Compliance Risk and Quality Management

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0530AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD EAST HEALTH CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 3255 EAST MAIN STREET COLUMBUS, OH 43213		
(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
C 000	Initial Comments Licensure Compliance Inspection Administrator: Jamie Hamilton County: Franklin Number of Procedure Rooms: 2 The following violations are issued as a result of the licensure compliance inspection completed on 05/08/18.	C 000	C000 As a preliminary matter, Planned Parenthood of Greater Ohio ("PPGO") respectfully requests that ODH's Summary Statement of Deficiencies be revised to accurately identify the total number of surgical procedures performed at the East Health Center facility for calendar year 2017. On pages 1 and 3 of the Summary Statement of Deficiencies, ODH states that the East Health Center facility "performed 6,835 procedures in the last year". This statement is factually incorrect. Instead, the East Health Center facility only performed 1,463 surgical procedures out of a total of 2,576 total procedures for the time period between 01/01/17 - 12/31/17. This information was provided to the surveyors when they were on-site for the licensure survey and can be made available for further on-site review at the health center upon request by ODH.	N/A
C 106	O.A.C. 3701-83-03 (H) Smoking Policy No HCF shall permit any person to smoke inside the HCF. The HCF shall post a notice in a conspicuous place within the HCF stating that smoking is prohibited inside the HCF. This Rule is not met as evidenced by: Based on observation and interview it was determined a smoking sign was not posted in a conspicuous area. The facility performed 6835 procedures in the last year. This has the potential to affect all individuals entering the facility. Findings including:	C 106		

Ohio Department of Health

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

TITLE

(X6) DATE

[Signature] Director of Compliance Risk and Quality Management 7/17/18

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C 106	Continued From page 1 A tour was conducted on 05/07/18 at 3:30 PM and it was determined a no smoking sign was not posted in the main lobby area. Staff A reported the facility replaced the front door and the sign was removed and was not replaced.	C 106	C 106 After becoming aware that the "No Smoking" sign was removed and never rehung after replacing the front door, a new sign was immediately ordered and installed on 5/09/18 as evidenced by attachment A. Our Facilities Director was notified of this requirement to ensure this type of incident does not occur in the future. The Practice Manager will also monitor this requirement closely on an ongoing basis to ensure facility compliance at all times.	5/09/18
C 132	O.A.C. 3701-83-09 (D) Infection Control Policies & Procedures Each HCF shall establish and follow written infection control policies and procedures for the surveillance, control and prevention and reporting of communicable disease organisms by both the contact and airborne routes which shall be consistent with current infection control guidelines, issued by the United States centers for disease control. The policies and procedures shall address: (1) The utilization of protective clothing and equipment; (2) The storage, maintenance and distribution of sterile supplies and equipment; (3) The disposal of biological waste, including blood, body tissue, and fluid in accordance with Ohio law; (4) Standard precautions/body substance isolation or equivalent; and (5) Tuberculosis and other airborne diseases.	C 132		

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C 132	Continued From page 2 This Rule is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure exam tables were kept in good repair to enable proper sanitation. The facility performed 6835 procedures in the last year. This has the potential to affect all individuals receiving services from the facility. Findings include: A tour was conducted in the procedure area on 05/07/18 at 3:45 PM. Observation of Room 112 exam bed revealed the bed had a large tear in the vinyl covering exposing foam and preventing the bed from being properly sanitized. Staff A reported the facility identified the infection control issue in April 2018. The facility has yet to make the repair and the exam bed is still in use.	C 132	C 132 As soon as the crack in the upholstery of the exam table was brought to our attention on 5/07/18, we discontinued use of the room for patient care until we were able to get it repaired. The entire table top was replaced and installed by 5/11/18 as evidenced by the packing slip (see attachment B) as well as noting the before (blue table with crack in the upholstery where the natural bend occurs on the table) and after pictures (new black table top that replaced the blue one)(see attachment C). We have also reviewed the importance of reporting all infection prevention related concerns directly to the Practice Manager to be handled expeditiously, as the person staff reported the issue to is no longer with the organization and thus the appropriate next action steps never occurred. Moving forward, the integrity of the exam tables in the realm of infection prevention will be closely monitored by the staff and the Practice Manager to prevent any such incidents from occurring in the future.	5/11/18