

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/24/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - HARRISBURG STATE LICENSE NUMBER: 3N8L8701		STREET ADDRESS, CITY, STATE, ZIP CODE: 1514 NORTH SECOND STREET HARRISBURG, PA 17102		
(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)	(X5) COMPLETE DATE
M 9999	Continued from page 1 Recommendation This REGULATION is not met as evidenced by:	M 9999	<p>POC is optional and not required. PPNMPBC and PPCP chooses to respond to the observations of the Harrisburg Survey on 10/24/12 as follows:</p> <p>1)The Consent to Release Information Form will be revised to automatically expire after 1 year</p> <p>2)A Policy/Procedure to address how PPNMPBC and PPCP refer clients who present for a medical abortion, but exceed the gestational age requirement will be implemented</p> <p>3)All client restrooms will be checked daily and cleaned as necessary</p> <p>4)It is the policy of PPNMPBC and PPCP to keep all personnel records at the administrative site, and to restrict access to those files to protect the private and confidential information about the employee. Staff are considered to be employees of the affiliate, and may be reassigned at any time, even on a</p>	<p>Completion Date: 12/31/2012 Status: APPROVED Date: 11/29/2012</p>

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M 9999	Continued from page 2	M 9999	<p>daily basis, to another site.</p> <p>5)The certificate the establishes PPNMPBC and PPCP as affiliates of PPFA will be posted. Individual sites are not listed on the certificate</p> <p>6)PPNMPBC and PPCP are responsible for filing certain reports with DOH, and it is the responsibility of the surveyor to verify they have been submitted. Keeping a copy on site of those reports will not verify their submission. Therefore, copies will not be kept.</p>	

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M 9999	Continued from page 3 1) Consent to Release Information forms should include a time limit on its validity which shows starting and ending dates. 2) The facility has no documented Policy/Procedure regarding a patient who present for a medical abortion, but exceed the gestational age requirement. Medical record review revealed no documented evidence that the patient had received education and/or was referred to another facility for a surgical procedure. 3) One of the two patient restrooms in the hallway adjacent to the Treatment Room was superficially dirty. 4) Complete Personnel files and Credential files for staff working at the Harrisburg facility should be maintained at the Harrisburg facility, not at the Corporate Office.	M 9999		

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M 9999	Continued from page 4 5) The facility should post the certificate that explains that Planned Parenthood of Northeast and Mid-Penn is an affiliate of Planned Parenthood Federation of America, Inc., and list which sites are included. 6) The facility should maintain copies of required reports that they submit to the Department.	M 9999		



Certified End Page

PLANNED PARENTHOOD KEYSTONE - HARRISBURG

STATE LICENSE NUMBER: 3N8L8701

SURVEY EXIT DATE: 10/24/2012

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

Handwritten signature of Nancy J. Lescavage in black ink on a light gray background.

Nancy J. Lescavage
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in black ink on a light gray background.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY