

Pennsylvania Department of Health

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:  <b>03/21/2017</b>
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NAME OF PROVIDER OR SUPPLIER: <b>PLANNED PARENTHOOD KEYSTONE - HARRISBURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1514 NORTH SECOND STREET HARRISBURG, PA 17102</b>
STATE LICENSE NUMBER: <b>3N8L8701</b>	

(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
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S 0000	INITIAL COMMENT	S 0000		
S 6701	<p>This report is the result of an unannounced, special monitoring survey conducted on March 21, 2017, at PPKey-Harrisburg. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.</p>	S 6701		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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S 6701	Continued from page 1  567.1 Principle CHAPTER 567 - ENVIRONMENTAL SERVICES  567.1 Principle  The ASF shall have a sanitary environment, properly constructed, equipped and maintained to protect surgical patients and ASF personnel from cross-infection and to protect the health and safety of patients.  This REGULATION is not met as evidenced by:	S 6701	1. There will be an affiliate-wide retraining on the handbook policy on fingernails at the April 3, 2017 Center Manager Meeting. Center Managers will take back training to staff. All relevant personnel will sign that they have read and understand the policy. CM will check compliance and report non-compliance to the Senior Director of Medical Services within 10 business days. All staff are expected to comply with the Handbook Policy. Center Manager or designee will ensure all staff are in compliance with our Fingernail Policy and will be assigned to inspect fingernails and check off this task on the Daily Weekly, Monthly Audit. It will be the task of the Center Manager or designee to check daily for compliance and report monthly. The corrective action will be addressed and initiated at the April 3, 2017 Center Manager's Meeting. Training will be conducted on that day and compliance will be assessed during the month of April and reported on the Daily, Weekly,	Completion Date: <b>03/31/2017</b> Status: <b>APPROVED</b> Date: <b>04/03/2017</b>

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S 6701	Continued from page 2	S 6701	<p>and Monthly Audit during the month of April and thereafter. RQMPM will monitor Daily, Weekly, and Monthly Audit monthly.</p> <p>2. We are closing two other facilities and are transporting a table that meets the standards and recommendations of the Department of Health to the Harrisburg location by March 31, 2017. The table in question will be discarded on March 31, 2017. The Medical Services Support Team will add additional maintenance items to assess when visiting sites to include the current status of the patient tables. Any issues will be reported to facilities. A yearly audit will be conducted in August. The Risk and Quality Management Program Manager will review the facility audit in August for compliance. The table will be replaced by March 31, 2017 and a site visit will be conducted in April.</p>	

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S 6701	<p>Continued from page 3</p> <p>Based on a review of facility policy, observations and staff interview (EMP), it was determined that the facility failed to provide a functional and sanitary environment by not following facility dress code policy and not properly maintaining an exam table.</p> <p>Findings include:</p> <p>1. A review of facility policy "Dress &amp; Personal Appearance Guidelines" last reviewed December 2016, revealed, "...Acceptable/Required - Short (no greater than approximately 1/8th of an inch over the nail pad) well manicured nails with clear or light colored fingernail polish. Chipped or worn nail polish is required to be removed. ..."</p> <p>Observation on March 21, 2017, at approximately 11:30 AM of EMP1's fingernails, revealed the nails were approximately 1/2 inch over the end of the nail bed and the fingernails contained a hardened surface.</p>	S 6701		

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S 6701	<p>Continued from page 4</p> <p>An interview conducted on March 21, 2017, at 11:30 AM with EMP1 confirmed EMP1's nails were not in compliance with facility policy.</p> <p>2. Observation of March 21, 2017, at 11:45 AM of exam table in room #3 revealed an approximately 3 foot seam that was taped with duct tape.</p> <p>An interview conducted on March 21, 2017, at 11:45 AM with EMP1 confirmed the exam table had duct tape to cover an open seam.</p>	S 6701		



# Certified End Page

**PLANNED PARENTHOOD KEYSTONE - HARRISBURG**

**STATE LICENSE NUMBER: 3N8L8701**

**SURVEY EXIT DATE: 03/21/2017**

**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.

*Nancy J. Lescavage*  
*Deputy Secretary for Quality Assurance*

Handwritten signature of Rachel L. Levine, MD in black ink.

*Rachel L. Levine, MD*  
*Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY