

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: 08/20/2018
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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
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(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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M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an Annual Registration survey completed on August 20, 2018, at Planned Parenthood Keystone - Harrisburg. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.</p>	M 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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M 0032	<p>29.43(b) Facility Approval</p> <p>All medical facilities except hospitals may become approved facilities upon submission of an application to the Department from a person authorized to represent such facility and, at the discretion of the Department, satisfactory completion of an on-site survey.</p> <p>This REGULATION is not met as evidenced by:</p>	M 0032	<p>In order to ensure that we adhere to the policy, the Director of Health Center Operations will ensure that any outstanding evaluations will be completed by 10/26/2018.</p> <p>An audit of performance evaluations will then take place by the Director of Human Resources to ensure this was completed.</p> <p>The system will be monitored ongoing by the Director of Human resources by auditing biannually.</p>	<p>Completion Date: 10/26/2018</p> <p>Status: APPROVED</p> <p>Date: 09/26/2018</p>

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M 0032	<p>Continued from page 2</p> <p>Based on a review of facility policy and personnel files (PF), and staff interview (EMP), it was determined the facility failed to perform periodic work performance evaluations for four of five personnel files reviewed (PF3).</p> <p>Findings Include:</p> <p>A request on August 10, 2018, for facility policy revealed 4.12 Performance Evaluations in the Employee Handbook that stated there are two types of formal performance evaluations; a 90 day Evaluation and an Annual Evaluation.</p> <p>A review on August 10, 2018, of PF revealed the following:</p> <ol style="list-style-type: none"> 1) Last performance evaluation for PF1 was dated 7/14/2016. 2) No 90 day performance evaluation for PF2, PF2 was hired 1/18/18. 3) No 90 day performance evaluation for PF4, PF4 was hired 2/6/18. 4) Evaluation period for PF5 was noted as 11/16 - 	M 0032		

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M 0032	Continued from page 3 11/17 but was performed and signed by PF5 on 3/1/17 and by HR on 3/17/17. An interview conducted on August 10, 2018, at 10:38 AM with EMP1 confirmed the above findings.	M 0032		



Certified End Page

PLANNED PARENTHOOD KEYSTONE - HARRISBURG

STATE LICENSE NUMBER: 3N8L8701

SURVEY EXIT DATE: 08/20/2018

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 Susan Coble in cursive.

Susan Coble
Acting Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in cursive.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY