

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974
---	---

(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 0000	INITIAL COMMENT This report is the result of an unannounced revisit survey conducted on August 22, 2017, at Planned Parenthood Keystone - Warminster (PPKey - Warminster) as the result of a previous annual registration survey conducted on April 12, 2017. 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.	M 0000		
M 0032		M 0032		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 1 29.43(b) Facility Approval 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. This REGULATION is not met as evidenced by:	M 0032	Action Plan: Update current Planned Parenthood Keystone policy and procedures on Incidents to ensure all reporting to PSRS reflects the following process: 1.Center Staff (Clinicians/RNs/MDs/Center Managers/Medical Care Assistants) must report incidents and/or occurrences to the Director of Risk and Quality Management within the required time frame. RQM Director hired 9/6/2017. 2)The RQM Director is also the Patient Safety Officer and will follow the outlined policy and procedures and time frames. 3)The RQM Director will report the to the Department of Health within the required time frame. 4) The RQM Director is also the Patient Safety Officer and will follow the Patient Safety Authority polices and procedures.	Completion Date: 09/07/2017 Status: APPROVED Date: 10/04/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 2	M 0032	<p>5) The RQM Director will consult with Chief Medical Officer as needed to assess using the Harm Score and inform CEO of Planned Parenthood Keystone.</p> <p>6) The RQM Director will submit PSRS report - a serious PSRS report will be submitted for MR13. MR13 will also receive a "serious event written notification from the RQM Director.</p> <p>7) e. Also, if the event has been reported as a serious event, patient will receive written notification within the required time frame.</p> <p>8) Going forward, the RQM Director will initiate unannounced internal investigations, complete root and cause analysis and implement changes to process as needed, informing the CEO, as appropriate.</p> <p>9) The RQM Director will also update any reports in PSRS as needed. in consultation with the</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 3	M 0032	<p>Chief Medical Officer. If an event resulted in additional delivery of services to the patient.</p> <p>10) This policy and procedures are set to go into effect on 09/12/2017. Planned Parenthood Keystone will be presenting this policy to Clinicians and Center Managers on 09/11/2017.</p> <p>11) Follow-up review meeting on this corrective action plan is being held with all PA Center Managers on Monday October 2, 2017.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 4 Based on review of facility documents, medical records (MR), and staff interview (EMP), it was determined the facility failed to conform to all applicable State Laws. Planned Parenthood Keystone - Warminster (PPKey - Warminster) was not in compliance with the following state law: Act 13 of 2002, Medical Care Availability and Reduction of Error (MCARE) Act 40.§1303.310 Patient safety committee and 1303.313 Medical facility reports and notifications. Section 302. Definitions. "Incident." An event, occurrence or situation involving the clinical care of a patient in a medical facility which could have injured the patient but did not either cause an unanticipated injury or require the delivery of additional health care services to the patient. The term does not include a serious event. "Infrastructure failure." An undesirable or unintended event, occurrence or situation involving the infrastructure of a medical facility or the discontinuation or significant disruption of a service	M 0032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 5 which could seriously compromise patient safety. "Serious event." An event, occurrence or situation involving the clinical care of a patient in a medical facility that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional health care services to the patient. The term does not include an incident. Section 308 Reporting and notification. (b) Duty to notify patient. A medical facility through an appropriate designee shall provide written notification to a patient affected by a serious event or, with the consent of the patient, to an available family member or designee, within seven days of the occurrence or discovery of a serious event. If the patient is unable to give consent, the notification shall be given to an adult member of the immediate family. If an adult member of the immediate family cannot be identified or located, notification shall be given to the closest adult family member. For unemancipated patients who are under 18 years of age, the parent or guardian shall be notified in accordance with this subsection. The notification	M 0032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 6 requirements of this subsection shall not be subject to the provisions of Section 311 (a). Notification under this subsection shall not constitute an acknowledgement or admission of liability. Section 313. Medical facility reports and notifications. (a) Serious event reports. A medical facility shall report the occurrence of a serious event to the department and the authority within 24 hours of the medical facility's confirmation of the occurrence of the serious event. ... (c) Infrastructure failure reports. A medical facility shall report the occurrence of an infrastructure failure to the department within 24 hours of the medical facility's confirmation of the occurrence or discovery of the infrastructure failure. ... (e) Notification to licensure boards. --If a medical facility discovers that a licensee providing health care services in the medical facility during a serious event failed to report the event in accordance with section 308 (a), the medical facility shall notify the licensee's licensing board of the failure to do report. (f) Failure to report or notify. --Failure to report a serious event	M 0032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 7 or an infrastructure failure as required by this section or to develop and comply with the patient safety plan in accordance with section 307 or to notify the patient in accordance with section 308 (b) shall be a violation of the Health Care Facilities Act. In addition to any penalty which may be imposed under the Health Care Facilities Act, a medical facility which fails to report a serious event or an infrastructure failure or to notify a licensure board in accordance with this chapter may be subject to an administrative penalty of \$1,000 per day imposed by the Department. This is not met as evidenced by: Based on review of facility documents, medical records (MR) and staff interview (EMP), it was determined the facility failed to ensure a patient with a confirmed uterine perforation following a surgical abortion was reported the Department of Health (Department) as a serious event for one of one applicable medical record reviewed (MR13); and failed the facility failed to ensure a patient was	M 0032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 8 provide written notification following determination of a serious event for one of one applicable medical record reviewed (MR13). Findings include: Review on August 22, 2017, of the facility's "Patient Safety Plan," effective May 31, 2017, revealed "Policy: In compliance with Act 13, the Medical Care Availability and Reduction of Error (MCare) Act, of the Commonwealth of Pennsylvania, Planned Parenthood has established a Patient Safety Plan which designates a Patient Safety Officer (PSO), establishes a Patient Safety Committee, identifies a system for the reporting of incidents and serious events, prohibits retaliatory action against health care workers for reporting incidents or serious events, and provides for the written notification to clients affected by s serious event. Definitions: A. Patient Safety Authority (PSA): an independent state agency Created by Act 13 of 2002, the Medical Care Availability and Reduction of Error (MCare) Act. In 2006, the law was	M 0032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 9 amended to require free standing abortion facilities to report certain events that may or do compromise the safety of clients. ... C. Patient Safety Reporting System (PSRS): a mandatory, confidential, statewide information system for reporting of events, occurrences or situations that have (or could have) resulted in unanticipated injury to a patient in an Act 13-covered medical facility. D. Harm Score: a measure of the extent to which an incident "reached" the patient and the degree of harm caused to the patient. ... G. Incident: an event, occurrence or situation involving the clinical care of an Abortion Services client that could have injured the client but did not either cause an unanticipated injury or require the delivery of additional health care services to the client. ... I. Serious Event: an event, occurrence or situation involving the clinical care of a client in the abortion facility that results in death or compromises client safety and results in an unanticipated injury requiring the delivery of additional health services to the client. Procedure: ... C. Reporting of Incidents ... 2. After ensuring all reports are investigated, the Patient Safety officer	M 0032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 10 will determine if the incident meets any of the following criteria for reporting. These criteria are meant to be guidelines only. a. Incidents i. Is the incident a "near miss" which involved the clinical care of a client, and has the potential for serious harm to the client? ii. Were unanticipated injuries or additional health care services to the client avoided? iii. Is the event a medication error or an adverse drug reaction? This could also be a serious event. Review the details on a case-by case basis b. Serious Events i. Did the event result in patient death, injury or hospitalization? ii. Was the event an aggressive episode? iii. Is the event a medication error or an adverse drug reaction? iv. Did the event result in clients being exposed to a health acquired infection? ... E. Notification of Clients 1. Clients with have been affected by a serious event will be notified in writing within seven days of the occurrence or discovery of the serious event. ..." 1) Review on August 22, 2017, of MR13 revealed the patient was admitted to the facility on May 5, 2017, for a surgical abortion. The physician	M 0032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 11 documented the patient had a questionable uterine perforation (the uterine wall was pierced with a hole or holes) which occurred during the early portion of the procedure. Documentation revealed the patient refused transfer to the local hospital. The patient presented to the local hospital Emergency Department (ED) following discharge from PPKey - Warminster. The patient was diagnosed with a myometrial (the muscular layer of the uterine wall) perforation with minimal pelvic hemorrhage, required observation in the ED and the delivery of additional health care services while a patient in the ED. Interview with EMP1 and phone interview with EMP2 on August 22, 2017, at approximately 3:20 PM confirmed MR13 was admitted to the facility for a surgical abortion; the physician documented the patient had a questionable uterine perforation which occurred during the early portion of the procedure; the patient refused transfer to the local hospital and presented to the local ED following discharge from the facility. EMP1 and EMP2	M 0032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 12 confirmed the patient was diagnosed with a myometrial perforation with minimal pelvic hemorrhage; the patient required observation in the ED and required the delivery of additional health care services while a patient in the ED following a procedure at PPKey - Warminster. Phone interview with EMP2 on August 22, 2017, at approximately 3:25 PM confirmed MR13's surgical abortion procedure resulted in a uterine perforation requiring the delivery of additional health care services met the definition of a Serious Event. EMP2 revealed the event was reported to PSRS as an incident. EMP2 confirmed following review of MR13, the event should have been changed from an Incident to a Serious Event. EMP2 confirmed this event was not reported to the Department as a serious event. 2) Review on August 22, 2017, of MR13 revealed the facility determined the patient experienced an event requiring the delivery of additional health care	M 0032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0908	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/22/2017
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974		
STATE LICENSE NUMBER: 00188701				
(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 0032	Continued from page 13 services. The facility determined the patient's event met the definition of a serious event. The facility was not able to provide documentation the patient received written notification regarding the serious event. Interview with EMP1 and phone interview with EMP2 on August 22, 2017, at approximately 3:25 PM confirmed MR13 experienced an event requiring the delivery of additional health care services, and MR13's event met the definition of a serious event. EMP2 confirmed the facility did not provide written notification to MR13 regarding this patient's serious event.	M 0032		



Certified End Page

PLANNED PARENTHOOD KEYSTONE - WARMINSTER

STATE LICENSE NUMBER: 00188701

SURVEY EXIT DATE: 08/22/2017

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 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