STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-0908	A. BLDG: 00 B. WING:	11/29/2017

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 November 29, 2017, at Planned Parenthood Keystone-Warminster as the result of a previous unannounced revisit survey conducted on August 22, 2017, following the 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:

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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	A new Patient Safety Officer (PSO) was named during the 3rd week of November 2017 and has been going through the training process when this deficiency was noted. It took some time for the change to be recognized and logins to the PSRs website set up. Once this was completed, the PSO learned that PA-PSRs website does not allow revisions to reports that are older than 90 days. As a result, the organization was advised by the PA-PSRs help desk to enter it as a new event and reference the initial report. On 12/15/2017, the new PSRs report was re-entered as a serious event. Additionally, on the same day, the serious event written notification was sent to the patient from the PSO. A review of Planned Parenthood Keystone's Patient Safety Plan (which is a required policy based on regulations outlined by ACT 13) was conducted. On 12/26/2017 it was	Completion Date: **12/31/2017** Status: **APPROVED** Date: **01/10/2018**

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M 0032	Continued from page 2	M 0032	confirmed by the Director of RQM that the Plan included instruction regarding written notifications to patients who experience serious events. A system wide training module will be sent to all appropriate staff, including the new PSO, regarding written notifications. This correspondence will be completed by the Director of RQM by 12/31/2017. In addition, the Patient Safety Plan policy was revised to state the following: "A health care worker who reasonably believes that an incident or serious event has occurred shall report the incident to the PSO or designee using the Affiliate Incident Reporting System." This internal electronic system is a faster way to communicate a serious event to the PSO or designee so that the PSO can report it to PSRs in a timely manner. This revision was completed on	

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M 0032	Continued from page 3	M 0032	12/27/2017 and PSO trained on same day. The Director of RQM will be responsible for the effectiveness of this POC by doing the following in order to ensure compliance: 1. Will monitor the internal incident reporting system to ensure new PSO submits timely PSR's reports as needed. 2. Will monitor the process of written notifications and ensure PSO sends the notification the same day the PSR's report is entered.	

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M 0032	Continued from page 4 Based on review of the facility's Plan of Correction (PoC) and staff interview (EMP), it was determined the facility failed to submit a serious event report to the Department and failed to provide written notification to the patient affected by the serious event. Findings include: Review on November 29, 2017, of the facility's Plan of Correction revealed "The RQM [Regional Quality Manager] Director will submit PSRS [Pennsylvania Patient Safety Reporting System] report-a serious PSRS report will be submitted for MR13. MR13 will also receive a serious event written notification from the RQM Director. Completion date: 09/07/2017." Phone interview with EMP1 on November 29, 2017, at approximately 12:40 PM revealed the facility did not submit a serious PSRS report for MR13. EMP1 also revealed the facility did not send MR13 a serious event written notification.	M 0032		

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M 0032	Continued from page 5 This is continuing deficient practice, cited August 22, 2017.	M 0032		

Certified End Page

PLANNED PARENTHOOD KEYSTONE - WARMINSTER

STATE LICENSE NUMBER: 00188701

SURVEY EXIT DATE: 11/29/2017

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

Nancy J. Lescavage
Deputy Secretary for Quality Assurance

Rachel L. Levine, MD
Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY