Pennsylvania Department of Health

	<sup>°</sup> OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>8-6704</b>		A. BLDG: <u>(</u>	LE CONSTRUCTION: 	(X3) DATE SURVE COMPLETED: 06/05/2012	VEY	
PLANNEI	DVIDER OR SUPPLIER: D PARENTHOOD KEYST( ISE NUMBER: 00198701	DNE - YORK	STREET ADDRESS 728 SOUTH I YORK, PA 1	BEAVER STR		I		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
M 0000	INITIAL COMMENT	tration	M 0000					
	This report is the resul survey conducted on J Parenthood of Central determined that the fac the requirements of the Health Regulations § 2 Subchapter D, Ambula in Hospitals and Clinic	une 5, 2012, at Plan PA - York. It was cility was in complia e Pennsylvania Depa 28 Pa Code, Chapter atory Gynecological cs.	ned ince with artment of 29, Surgery					
LABORATORY	V DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	IATURE		TITLE:	(X6) DATE:		
State Form		4TP511	1			IF CONTINUAT	TON SHEET Page 1 of 1	

IF CONTINUATION SHEET Page 1 of 1

Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>8-6704</b>	: A. B	LDG: <u>00</u>	E CONSTRUCTION:	(X3) DATE SURV COMPLETED: 06/05/2012	ΕY
PLANNE	DVIDER OR SUPPLIER: D PARENTHOOD KEYS <sup>-</sup> ise number: <b>00198701</b>	TONE - YORK	STREET ADDRESS, CITY, S 728 SOUTH BEAVE YORK, PA 17401				
(X4) ID PREFIX TAG	MUST BE PRECE	ENT OF DEFICIENCIES (EACH DE EDED BY FULL REGULATORY O NTIFYING INFORMATION)		D X TAG	PROVIDER'S PLAN OF ( CORRECTIVE ACT CROSS-REFERENCED T	ION SHOULD BE	(X5) COMPLETE DATE
5 0000	000 INITIAL COMMENT		S 0	000			
	pre-licensure and oct June 5, 2012, at Plan - York. It was detern in compliance with t Pennsylvania Depart Regulations for Amb A, Title 28, Part IV, 551-573, November	ult of an unannounced cupancy survey condu- ned Parenthood of Ce- nined that the facility he requirements of the ment of Health's Rules oulatory Care Facilities Subparts A and F, Cha 1999, and the current Design and Construct Care Facilities.	cted on ntral PA was not s and s, Annex apters edition				
0110			S 0	110			
LABORATORY	/ DIRECTOR'S OR PROVIDER/SUP	PLIER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

Pennsylvania Department of Health

	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBEI <b>8-6704</b>		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: <b>06/05/2012</b>	
PLANNE	OVIDER OR SUPPLIER: D PARENTHOOD KEYSTO NSE NUMBER: 00198701	DNE - YORK	STREET ADDRESS 728 SOUTH YORK, PA 1	BEAVER ST			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH D ED BY FULL REGULATORY ( FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 0110	with the anesthesia which w (2) The risks, ben with the procedure which w	ory surgery ed consent, the practiti l be responsible for disc efits and alternatives as vill be administered. efits and alternatives as ill be performed. ive risks, benefits and performing the proced lity instead of in a hosp	closure sociated sociated ure in	S 0110	PPCP is seeking accreditation Class A ASF. Our site inspension scheduled for July 13, 2012. The effective date for this re- is June 19, 2012, and the sum place on June 5, 2012. PPCH taken the following steps to compliance. Revised consent form (CIIC-In-Clinic Abortion-70 been drafted. Expected approval of form 6/30/2012 by the Planned Parenthood national governin body. Staff will be trained on use by Director of Clinical Serv	ection is egulation rvey took P has ensure ()2a) has h by ing e of form	Completion Date: 07/20/2012 Status: APPROVED Date: 06/29/2012

documented by sign-in sheet. --Audits of abortion charts by Medical Services Administration will be performed at least quarterly. --audits will be reviewed through the

--PPCP governing board will be informed of this deficiency and corrective action at its meeting on

--Failure to adhere to this policy will

RQM process.

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-6704		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/05/2012	ΞY
PLANNEI	DVIDER OR SUPPLIER: D PARENTHOOD KEYST( SE NUMBER: 00198701	ONE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
(X4) ID PREFIX TAG	MUST BE PRECEED	ſ OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 0110	Continued from page 2			S 0110	result in re-training or discip action.	blinary	

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-6704		A. BLDG:	11PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: <b>06/05/2012</b>	
PLANNE	OVIDER OR SUPPLIER: D PARENTHOOD KEYST	ONE - YORK	STREET ADDRESS, CITY, STATE 728 SOUTH BEAVER S YORK, PA 17401			
STATE LICEN	NSE NUMBER: 00198701					
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TFYING INFORMATION)		PROVIDER'S PLAN OF CC CORRECTIVE ACTIC CROSS-REFERENCED TO	ON SHOULD BE	(X5) COMPLETE DATE
S 0110 Continued from page 3		S 0110				
	<ul> <li>Based on review of m with staff (EMP), it w to ensure practitioners consent that included comparative risks, ber associated with perfor ambulatory surgery fa hospital for six of six (MR1, MR2, MR3, M</li> <li>Findings include:</li> <li>1) A review on June 5 revealed the informed information regarding the comparative risks, associated with perfor ambulatory surgery fa hospital. There was n MR1-MR6 showing the and alternatives assoc procedure in the ambu- instead of in a hospital</li> </ul>	as determined the fact documented informed the disclosure of the hefits, and alternative rming a procedure in acility (ASF) instead of medical records revie (R4, MR5 and MR6). 5, 2012, of MR1-MR6 consent did not cont the physician's discl benefits, and alterna rming a procedure in acility (ASF) instead of the comparative risks, iated with performing alatory surgery facilit	cility failed ed s the of in a ewed 6 ain osure of tives the of in a benefits, g a y (ASF)			

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Pennsylvania Department of Health

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>8-6704</b>	: A. BLDG: <u>00</u>		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/05/2012	
	OVIDER OR SUPPLIER: D PARENTHOOD KEYSTO	DNE - YORK	STREET ADDRESS, 728 SOUTH B	EAVER ST			
STATE LICEN	se number: <b>00198701</b>		YORK, PA 17	401			
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0110 Continued from page 4			S 0110				
S 3250	2) An interview condu PM with EMP1 confir did not address the cor alternatives associated in the ambulatory surg a hospital were disclos	med that the informe nparative risks, bene with performing a p ery facility (ASF) in	ed consent efits, and procedure	S 3250			
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# PRINTED: 12/3/2018

Pennsylvania Department of Health

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FORM APPROVED
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	IT OF DEFICIENCIES AND ORRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-6704		A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SUR COMPLETED: 06/05/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK STATE LICENSE NUMBER: 00198701		STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401						
STATE LICE	NSE NUMBER: 00170701							
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 3250	Continued from page 5			S 3250				
	following physical status c (1) Vital signs. temperature and respiratory for the patient's age or at pr patient. (2) Activity. T preoperative mobility with function at his usual level c by the surgical procedure. (3) Mental status functions at his preoperativ (4) Pain. T controlled with medication (5) Bleeding. B consistent with that expects	ia e discharged from an ASI riteria are met: Blood pressure, heart y rate are within the norm reoperative levels for tha he patient has regained out assistance or syncopy considering limitations ir s. The patient is awake, re mental status. he patient's pain can be e leeding is controlled and ed from the surgical proot ting. Minimal nausea	rate, nal range t e, or nposed alert or effectively cedure. or vomiting		PPCP is seeking accreditation Class A ASF. Our site inspective scheduled for July 13, 2012 The effective date for this re- is June 19, 2012, and the sum- place on June 5, 2012. PPCP taken the following steps to compliance. Recovery Room documen has been revised to include assessment of nausea and vo- as of 6/12/2012 Recovery Room nurse will trained by DCS to assess an document nausea and vomit 7/13/2012. Training will be documented by sign-in shee Audits of abortion charts Medical Services Administr be performed at least quarte audits will be reviewed the RQM process.	ection is egulation rvey took P has ensure tation omiting I be d ing by t. by ation will rly.	Completion Date: 07/20/2012 Status: APPROVED Date: 06/29/2012	
	This REGULATION is not met as evidenced by:				PPCP governing board wi informed of this deficiency corrective action at its meet 6/26/2012 Failure to adhere to this por result in re-training or discip action.	and ing on blicy will		

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/05/2012	RVEY	
	VIDER OR SUPPLIER: PARENTHOOD KEYST(	DNE - YORK	STREET ADDRESS, 728 SOUTH B	EAVER ST				
STATE LICENS	se number: <b>00198701</b>		YORK, PA 17	401				
(X4) ID PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR LSC			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE	
S 3250	Continued from page 6			S 3250				
	<ul> <li>Based on review of mediater interview with staff (E the facility failed to enwere evaluated prior to medical records review MR4, MR5, and MR6)</li> <li>Findings include: <ol> <li>A review on June 5, revealed that the MR d that the patients were a vomiting prior to disched that the MP1 confirmed did not contain document assessed for nausea and the set of the set o</li></ol></li></ul>	MP), it was determines sure that nausea and o discharge for six of ved (MR1, MR2, MF ). 2012, of MR1-MR6 lid not contain docur assessed for nausea a harge. cted on June 5, 2012 med that the medical entation that the pati	ned that vomiting f six R3, 5 mentation and 2, at 1:30 I records ents were					

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PLAN OF COI	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>8-6704</b>	:	A. BLDG: _ B. WING: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVI COMPLETED: 06/05/2012	ΞY
PLANNEI	WIDER OR SUPPLIER: <b>) PARENTHOOD KEYST(</b> SE NUMBER: <b>00198701</b>	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
(X4) ID PREFIX TAG	MUST BE PRECEED	f OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
S 3250	Continued from page 7			S 3250			
S 53F0				S 53F0			

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ennsylvania De	epartment of Health						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		8-6704		A. BLDG:00 B. WING:		06/05/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYST(	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER STR			
STATE LICENS	e number: <b>00198701</b>		10111,111 17	101			
(X4) ID PREFIX TAG	MUST BE PRECEED	<sup>°</sup> OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
53F0	Continued from page 8	S 53F0		
	<ul> <li>555.3 (f) Requirements</li> <li>555.3 Requirements for membership and privileges <ul> <li>(f) The governing body shall request and constreports from the National Practitioner Data Bank on practitioner who requests privileges.</li> </ul> </li> <li>This REGULATION is not met as evidenced by:</li> </ul>	der	PPCP is seeking accreditation as a Class A ASF. Our site inspection is scheduled for July 13, 2012. The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPCP has taken the following steps to ensure compliance. Registration for the National Practitioner Data Bank (NPDB) was completed on 6/5/12 Upon receiving written confirmation of our registration, practitioners' credential files will be updated. Monitoring for compliance will occur during the credentialing process every two years. Assurance that reports have been entered in credential files will be reviewed through the RQM process. PPCP governing board will be informed of this deficiency and corrective action at its meeting on 6/26/2012 Failure to adhere to this policy will result in re-training or disciplinary	Completion Date: 07/20/2012 Status: APPROVE Date: 06/29/2012

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	F OF DEFICIENCIES AND PRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>8-6704</b>		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/05/2012	
PLANNE	OVIDER OR SUPPLIER: D PARENTHOOD KEYST	ONE - YORK	STREET ADDRESS, C 728 SOUTH BE YORK, PA 174	EAVER ST			
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
S 53F0	Continued from page 9 Based on a review of 6 interview with staff (E the facility failed to re from the National Prace for two of two physici (CF1 and CF2). Findings include: 1) A review on June 5 revealed that there we National Practitioner I credential files. 2) An interview condu PM with EMP1 confir obtained a report from Data Bank prior to rec	EMP), it was determine quest and consider re- ctitioner Data Bank ( an credential files re- , 2012, of CF1 and C re no reports from the Data Bank in the phy acted on June 5, 2012 rend the facility had a the National Practiti	and ned that eports NPDB) viewed 2F2 e sician 2, at 1:30 not ioner	S 53F0			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-6704		A. BLDG:	PLE CONSTRUCTION: 90	(X3) DATE SURVEY COMPLETED: 06/05/2012	
PLANNEI	vider or supplier: ) PARENTHOOD KEYST( se number: 00198701	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53F0	Continued from page 10			S 53F0			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-6704		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/05/2012	ΞY
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYST( SE NUMBER: 00198701	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATOR TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 53F0	Continued from page 11			S 53F0			
S 552A				S 552A			

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Date:

Status:

Date:

07/20/2012

APPROVED

06/29/2012

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following:

surgery.

record.

555.22 Pre-operative Care

(a) Pertinent medical histories and physical

sensitivities documented day of surgery or one of the

are made from a private practitioner's office, hospital or

registered and admitted tot he ASF. This information is considered valid no more than 30 days prior to the date of

part of the clinical record at the time the patient is

immediately before surgery to evaluate the risk of

This REGULATION is not met as evidenced by:

anesthesia and of the procedure to be performed. The information shall be clearly documented in the medical

clinic, pertinent records thereof shall be available and made

(2) A practitioner shall examine the patient

examinations, and supplemental information regarding drug

(1) If medical evaluation, examination and referral

Pennsylvania D	epartment of Health						
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIEF PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED: 06/05/2012	
		8-6704       A. BLDG:00         B. WING:					
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK STATE LICENSE NUMBER: 00198701			STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 552A	Continued from page 12			S 552A			
	555.22 (a)(1-2) Surgical Set	rvices - Preoperative Ca	re				Completion

PPCP is seeking accreditation as a

Class A ASF. Our site inspection is

The effective date for this regulation

is June 19, 2012, and the survey took

place on June 5, 2012. PPCP has

taken the following steps to ensure

--Pre-operative notes are revised to include an assessment of Physical

Status Classification as of 6/12/2012

--Physicians will be trained by DCS

Medical Services Administration will

to assess and document their findings by 7/13/2012. Training will

be documented by sign-in sheet.

--Audits of abortion charts by

be performed at least quarterly. --audits will be reviewed through the

--PPCP governing board will be

informed of this deficiency and corrective action at its meeting on

--Failure to adhere to this policy will result in re-training or disciplinary

scheduled for July 13, 2012.

compliance.

RQM process.

6/26/2012

action.

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>8-6704</b>		A. BLDG: <u>0</u>	LE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 06/05/2012	EY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST(	ONE - YORK	STREET ADDRESS, CIT 728 SOUTH BEA YORK, PA 1740	AVER STF			
STATE LICEN	NSE NUMBER: 00198701		,				
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID REFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	IOULD BE	(X5) COMPLETE DATE
S 552A	Continued from page 13	S	552A				
	<ul> <li>Based on a review of n interview with staff (E the facility failed to as Classification (an eval health as it would influ outcome of anesthesia patients who received medical records review MR4, MR5 and MR6)</li> <li>Findings include: <ol> <li>A review on June 5 revealed that there was for MR1-MR6.</li> </ol> </li> <li>2) An interview condu PM with EMP1 confir physical status classifi MR1-MR6.</li> </ul>	EMP), it was determines sign a Physical Statu- uation of the patient uence the conduct an or surgery or both) to local anesthesia in si- wed (MR1, MR2, MI , 2012, of MR1-MR6 s no physical status a nected on June 5, 2012 med that there were	ned that Is 's overall id for ix of six R3, 6 assigned 2, at 1:30 no				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-6704		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/05/2012	ΞY
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYST(	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
STATE LICENS	e number: <b>00198701</b>						
(X4) ID PREFIX TAG	MUST BE PRECEED	<sup>C</sup> OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
S 552A	Continued from page 14			S 552A			
S 552E				S 552E			

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: <b>8-6704</b>	LIA	A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/05/2012			
PLANNE	OVIDER OR SUPPLIER: D PARENTHOOD KEYS NSE NUMBER: 00198701	TONE - YORK	STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401						
(X4) ID PREFIX TAG	SUMMARY STATEM MUST BE PRECE	ENT OF DEFICIENCIES (EACH DEF EDED BY FULL REGULATORY OR NTIFYING INFORMATION)	LSC PI	ID REFIX TAG	TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
	responsibility of the prim person administrating an patient and the procedure this identification in the procedure shall be in wri	ninistration of anesthesia, it hary operating surgeon and t esthesia to properly identify to be performed and to doo patient's medical record. This tten policies designating the identify each surgical patient	the y the cument is e		PPCP is seeking accreditation Class A ASF. Our site inspect scheduled for July 13, 2012. The effective date for this re- is June 19, 2012, and the sum place on June 5, 2012. PPCF taken the following steps to compliance. Pre-operative notes are re- include verification of patient identity by name and birth d 6/12/2012 Physicians will be trained to verify patient identity by and birth date prior to starting procedure and documenting information in pre-op notes 7/13/2012. Training will be documented by sign-in shee Audits of abortion charts b Medical Services Administr be performed at least quarte Audits will be reviewed the the RQM process. PPCP governing board will informed of this deficiency accorrective action at its meeting	ection is egulation rvey took P has ensure vised to nt late as of by DCS name ng a the by t. by t. by t. by ation will rly. irough	Completion Date: 07/20/2012 Status: APPROVEI Date: 06/29/2012		

6/26/2012

--Failure to adhere to this policy will

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PLAN OF CO	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>8-6704</b>	:	A. BLDG: _ B. WING: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/05/2012	ΕY
PLANNEI	WIDER OR SUPPLIER: <b>) PARENTHOOD KEYST(</b> se number: <b>00198701</b>	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 552E	Continued from page 16			S 552E	result in re-training or discip action.	linary	

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Pennsylvania Department of Health

	epartment of Health			· · · · ·			
	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>8-6704</b>		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/05/2012	
	VIDER OR SUPPLIER: <b>PARENTHOOD KEYST(</b>	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	BEAVER ST		I	
STATE LICENS	SE NUMBER: <b>00198701</b>		1088,14 1	7401			
(X4) ID PREFIX TAG	MUST BE PRECEED	Γ OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
S 552E	Continued from page 17		S 552E				
	<ul> <li>Based on a review of r interview with staff (E facility failed to ensure identified by the opera of a procedure for six of reviewed, (MR1, MR2 MR6).</li> <li>Findings include: <ol> <li>A review on June 5, revealed that there was surgeon identified the procedure.</li> </ol> </li> <li>2) An interview condur PM with EMP1 confir documentation in MR identified the patient p procedure.</li> </ul>	MP), it was determine e patients were prope- ting surgeon prior to of six medical record 2, MR4, MR4, MR6, , 2012, of MR1-MR6 s no documentation t patient prior to the st acted on June 5, 2012 med that there was m 1-MR6 that the surge	hed the erly the start ds and and 6 that the tart of the 2, at 1:30 to eon				

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>8-6704</b>	:	A. BLDG: _ B. WING: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/05/2012	ΕY
PLANNED	VIDER OR SUPPLIER: <b>PARENTHOOD KEYST(</b> SE NUMBER: <b>00198701</b>	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
(X4) ID PREFIX TAG	MUST BE PRECEED	<sup>C</sup> OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 552E	Continued from page 18			S 552E			
S 554A				S 554A			

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Pennsylvania Department of Health

	I OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/A IDENTIFICATION NUMBER 8-6704	: A. BLDG: <u>00</u>		IPLE CONSTRUCTION:         (X3) DATE SUR'           _00         06/05/2012		VEY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK STATE LICENSE NUMBER: 00198701		728 SOUTH 1	STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401		1		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 19			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 554A	555.24 (a) Surgical Services 555.24 Postoperative Care (a) The findings and to be accurately and completel dictated immediately after p medical staff member who p physician assistant or certifi performed part of the operative techniques of the procedure completely recorded and the by the medical staff member a part of the patient's medi This REGULATION is not	echniques of an operation by written or procedure by the practiting performed the operation ided registered nurse prac- tion, the findings and shall be accurately and e report shall be counter r. This description shall cal record.	oner h. If a ctitioner rsigned	S 554A	PPCP is seeking accreditation Class A ASF. Our site inspective scheduled for July 13, 2012. The effective date for this re- is June 19, 2012, and the sum place on June 5, 2012. PPCH taken the following steps to compliance. Post-operative notes have revised to include findings a 6/12/2012 Physicians will be trained to document the findings immediately after the proces complete by 7/13/2012. Trained	ection is egulation rvey took P has ensure been as of by DCS dure is	Completion Date: 07/20/2012 Status: APPROVED Date: 06/29/2012

--Audits of abortion charts by Medical Services Administration will be performed at least quarterly. --PPCP governing board will be informed of this deficiency and corrective action at its meeting on

--Failure to adhere to this policy will result in re-training or disciplinary

6/26/2012

action.

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Pennsylvania Department of Health

OT A TENADARY	OF DEFICIENCIES AND	(XI) PROVIDER/SUPPLIER/C	<u>ста</u>	(X2) MUI TI	PLE CONSTRUCTION:	(X3) DATE SURVI	v	
1	OF DEFICIENCIES AND RECTION (POC)	IDENTIFICATION NUMBER		A. BLDG: <u>00</u> B. WING:			COMPLETED: 06/05/2012	
1	VIDER OR SUPPLIER: PARENTHOOD KEYST(	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST				
STATE LICENS	SE NUMBER: <b>00198701</b>		10000,174 17	401				
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE	
S 554A	Continued from page 20			S 554A				
	<ul> <li>Based on review of mediate interview with staff (E the facility failed to ensurgical report was wronged and records review MR4, MR5 and MR6)</li> <li>1) A review on June 5, revealed that the MR dreport.</li> <li>2) An interview condure PM with EMP1 confirmed contain an operative reserved and the provide the statement of the provide the provided the pro</li></ul>	MP), it was determines sure that post operate itten or dictated for served (MR1, MR2, MR , 2012, of MR1-MR6 lid not contain an op cted on June 5, 2012 med that MR1-MR6	ned that ive six of six R3, 6 erative 2, at 1:30					

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE 8-6704			A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/05/2012		
PLANNE	OVIDER OR SUPPLIER: D PARENTHOOD KEYST( NSE NUMBER: 00198701	ONE - YORK	STREET ADDRESS 728 SOUTH F YORK, PA 1	BEAVER ST			
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 574A	<ul><li>(1) A practitionen</li><li>(2) A representat</li><li>(3) A registered n</li></ul>	& Improvement Committ all consist of the followin r who is not an owner, ive of administration, nurse, care personnel, as approp	ee ıg:	S 574A	PPCP is seeking accreditation Class A ASF. Our site inspension scheduled for July 13, 2012. The effective date for this re- is June 19, 2012, and the sum- place on June 5, 2012. PPCF taken the following steps to compliance. An RN will be appointed to RQM Committee at the next scheduled meeting on 6/26/2 She will be oriented to the cc and her responsibilities by D 7/13/2012 as documented by sheet. Compliance will be monitor through review of RQM Min PPCP governing board will informed of this deficiency a corrective action at its meeti 6/26/2012	ction is gulation vey took has ensure o the 2012 ommittee QCS by v sign-in ored nutes l be and	Completion Date: 07/20/2012 Status: APPROVED Date: 06/29/2012

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Pennsylvania Department of Health

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>8-6704</b>		A. BLDG: _	00	(X3) DATE SURVEY COMPLETED: 06/05/2012	
	WIDER OR SUPPLIER: <b>PARENTHOOD KEYST</b>	ONE - YORK	STREET ADDRESS	BEAVER ST		1	
STATE LICENS	se number: <b>00198701</b>		YORK, PA 1'	/401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 574A	Continued from page 22			S 574A			
	<ul> <li>Based on a review of f interview with staff (E the facility failed to en (RN) was a member of Improvement Commit</li> <li>Findings include:</li> <li>1) A review on June 5. Committee meeting m no RN on the committ</li> <li>2) An interview condu PM with EMP1 confir the QA/PI Committee.</li> </ul>	MP), it was deterministic that a Registere issure that a Registere if the Quality Assurant tee (QA/PI). , 2012, of the QA/PI inutes revealed that the ee. acted on June 5, 2012 med that there was n	ned that ed Nurse nce and there was 2, at 1:30				

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Pennsylvania Department of Health

Pennsylvania D	epartment of Health						
	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE <b>8-6704</b>		(X2) MULTIPLE CONSTRUCTION: (X C) A. BLDG: <u>00</u> B. WING: <u>0</u>			VEY
PLANNEI	DVIDER OR SUPPLIER: D PARENTHOOD KEYST( SE NUMBER: 00198701	DNE - YORK		SS, CITY, STATE, Z BEAVER ST 17401			
(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 CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	(X5) COMPLETE DATE	
S 574A	Continued from page 23			S 574A			
S 636C	<ul> <li>563.6 (c) Preservation of Medical Records</li> <li>563.6 (c) Preservation of medical records <ul> <li>(c) If an ASF discontinues operation, it shall make known to the</li> <li>Department where its records are stored. Records are to be stored in a facility offering retrieval services for at least 5 years after the closure</li> <li>date. Prior to destruction, public notice shall be made to permit former patients or their representatives to claim their own records. Public notice</li> <li>shall be in at least two forms, legal notice and display advertisement in a local newspaper of general circulation.</li> </ul> </li> <li>This REGULATION is not met as evidenced by:</li> </ul>		are to be rs after ade to records.	S 636C	PPCP is seeking accreditati Class A ASF. Our site insp scheduled for July 13, 2012 The effective date for this r is June 19, 2012, and the su place on June 5, 2012. PPC taken the following steps to compliance. Policy will be developed to preservation of medical rec the event that PPCP discome operation. The policy will be incorpo the Center Operations Man Administrative Section The policy will be review revised annually by the DC PPCP governing board we informed of this deficiency corrective action at its meet 6/26/2012	ection is egulation rvey took P has ensure to ensure ords in tinues prated into ual, ed and S. Il be and	Completion Date: 07/20/2012 Status: APPROVED Date: 06/29/2012

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Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE 8-6704			A. BLDG:	X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		EY
	VIDER OR SUPPLIER: <b>PARENTHOOD KEYST(</b>	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
STATE LICENS	SE NUMBER: <b>00198701</b>						
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 636C	Continued from page 24			S 636C			
	<ul> <li>Based on interview wi determined that the fac a written policy regard medical records.</li> <li>Findings include: <ol> <li>A request was made for the written policy r medical records. None</li> </ol> </li> <li>2) An interview condu PM with EMP1 confir have a policy regarding records.</li> </ul>	e to EMP1 on June 5 regarding the preservation was provided. cted on June 5, 2012 med that the facility	e there was of , 2012 vation of 2, at 1:30 did not				

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IF CONTINUATION SHEET Page 25 of 57

Pennsylvania Department of Health

TAG       IDENTIFYING INFORMATION)       CROSS-REFERENCED TO THE APPROPRIATE       DATE         S 6413       563.13 (a) Entries       S 6413       PPCP is seeking accreditation as a       Completion         563.13 Entires       563.13 Entires       Class A ASF. Our site inspection is scheduled for July 13, 2012.       07/20/2012         (a) Entries in the record shall be dated and authenticated by the person making the entry.       The effective date for this regulation is June 19, 2012, and the survey took       APPROVE	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704		A. BLDG:		PLE CONSTRUCTION:	(X3) DATE SUR <sup>1</sup> COMPLETED: <b>06/05/2012</b>		
PREFIX TAG       MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       COMPLET CROSS-REFERENCED TO THE APPOPRIATE       COMPLET DATE         S 6413       563.13 (a) Entries       S       6413       S       6413       Completion COMPLET       Completion Date:       Oppletion 0720/2012         (a) Entries in the record shall be dated and authenticated by the person making the entry.       S       6413       PCP is seeking accreditation as compliance.       Completion 0720/2012         This REGULATION is not met as evidenced by:       This REGULATION is not met as evidenced by:       S       6413       6(29/2012)         -Forms have been revised so that the physician's pre-operative notes contain separate and distinct signatures as of 6/12/2012       -Forms have been revised so that the physician's pre-operative notes contain separate and distinct signatures as of 6/12/2012       -Physician's will be trained by DCS in use of forms by 7/13/2012.       Training will be documented by sign-in sheet.      Addits of abortion charts by Medical Services Administration will be performed at least quarterly.       -PPCP governing board will be informed of this deficiency and corrective action at its meeting on 6/26/2012      Failure to adhere to this policy will result in re-training or disciplinary	PLANNEI	) PARENTHOOD KEYST	ONE - YORK	728 SOUTH B	EAVER ST			
Solard (a) Entries       Date:         563.13 Entires       Class A ASF. Our site inspection is scheduled for July 13, 2012.       Date:         (a) Entries in the record shall be dated and authenticated by the person making the entry.       The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPCP has taken the following steps to ensure compliance.       Date:        Forms have been revised so that the physician's pre-operative orders, and inter-operative notes contain separate and distinct signatures as of 6/12/2012       O6/29/2012        Physicians will be trained by DCS in use of forms by 7/13/2012.       Training will be documented by sign-in sheet.      Audits of abortion charts by Medical Services Administration will be performed at least quarterly.        PPCP governing badr will be informed of this deficiency and corrective action at its meeting on 6/26/2012      PPCP governing badr will be informed of this deficiency and corrective action at its meeting on 6/26/2012	PREFIX	MUST BE PRECEED	DED BY FULL REGULATORY O			CORRECTIVE ACTION SH	OULD BE	COMPLETE
	S 6413	563.13 Entires (a) Entries in the reco authenticated by the persor	n making the entry.		S 6413	Class A ASF. Our site inspective scheduled for July 13, 2012. The effective date for this reaction is June 19, 2012, and the sumplace on June 5, 2012. PPCF taken the following steps to compliance. Forms have been revised so the physician's pre-operative and inter-operative notes conseparate and distinct signature of 6/12/2012 Physicians will be trained be trained by 7/13/2012 Training will be documented sign-in sheet. Audits of abortion charts be Medical Services Administrate be performed at least quarter PPCP governing board will informed of this deficiency a corrective action at its meetiformed of this por result in re-training or discip	ction is gulation vey took has ensure o that o orders, ntain res as by DCS 2. 1 by y ation will cly. 1 be and ng on	Date: 07/20/2012 Status: APPROVED

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Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/05/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYST(	DNE - YORK	STREET ADDRESS, 728 SOUTH B	EAVER ST			
STATE LICENS	be number: <b>00198701</b>		YORK, PA 17	401			
(X4) ID PREFIX TAG	MUST BE PRECEED	Γ OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
S 6413	Continued from page 26			S 6413			
	<ul> <li>Based on review of mainterview with staff (Efacility failed to ensure medical record was daperson making the entrecords reviewed (MR and MR6).</li> <li>Findings include: <ol> <li>A review on June 5, revealed that the physiadmission order set an each contain a separate</li> <li>An interview condupt PM with EMP1 confir pre-operative admission interview note for contain a separate physical separate</li></ol></li></ul>	MP), it was determine that each entry in e ted, and authenticate ries for six of six me 1, MR2, MR3, MR4 , 2012, of MR1-MR6 cian's pre-operative d inter-operative not e physician signature acted on June 5, 2012 med that the physicia on order set and r MR1-MR6 did not	ned the ach ed by the dical e, MR5, 6 6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9				

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Pennsylvania Department of Health

PLAN OF COF	STATEMENT OF DEFICIENCIES AND       (XI) PROVIDER/SUPPLIER         PLAN OF CORRECTION (POC)       IDENTIFICATION NUMBER         8-6704       NAME OF PROVIDER OR SUPPLIER:			A. BLDG: _ B. WING: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/05/2012	
PLANNED	PARENTHOOD KEYST( SE NUMBER: 00198701	DNE - YORK	728 SOUTH B YORK, PA 17	EAVER ST			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6413	Continued from page 27			S 6413			
S 6702				S 6702			

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Pennsylvania Department of Health

	epartment of Health			· · · · ·		ı — — —	
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE 8-6704			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: <b>06/05/2012</b>	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
STATE LICENS	SE NUMBER: <b>00198701</b>		- ,				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR L IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6702	Continued from page 28			S 6702			
	<ul> <li>Continued from page 28</li> <li>567.2 (1) INFECTION CONTROL - Committee Responsibility</li> <li>567.2 Committee responsibilities <ul> <li>The quality assurance committee shall be responsible</li> <li>for: <ul> <li>(1) The prevention, control and investigation of</li> <li>infection in the ASF</li> <li>and for assuring the effectiveness of current procedural</li> <li>techniques in all</li> <li>departments.</li> </ul> </li> <li>This REGULATION is not met as evidenced by:</li> </ul></li></ul>		f		PPCP is seeking accreditation Class A ASF. Our site inspec- scheduled for July 13, 2012. The effective date for this re- is June 19, 2012, and the sur- place on June 5, 2012. PPCF taken the following steps to a compliance. Reports to the Board will be reflected in the minutes of the Infection Control Committee beginning with the meeting scheduled for June 26, 2012. Compliance will be monitor through review of RQM Min PPCP governing board will informed of this deficiency a corrective action at its meetin 6/26/2012	ction is gulation vey took has ensure be e e	Completion Date: 07/20/2012 Status: APPROVED Date: 06/29/2012

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Pennsylvania Department of Health

	Γ OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:		
PLANNE	OVIDER OR SUPPLIER: D PARENTHOOD KEYST( NSE NUMBER: 00198701	8-6704 ONE - YORK	B. WING: 06/05/2012 STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401					
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 6702	Continued from page 29 Based on review of fact staff (EMP), it was det ensure that a committed prevention, control and the ambulatory surgery effectiveness of proceed departments. Findings include: 1) A review on June 5 Committee meeting m Committee did not rep Governing Body. 2) An interview condur PM with EMP1 confir Committee did not rep Governing Body.	termined the facility ee was established fo d investigation of inf y facility (ASF) to as dural techniques in a , 2012, Infection Cor inutes revealed that to port their findings to acted on June 5, 2012 med that the Infectio	rview with failed to r the fection in soure the ll ntrol the the 2, at 1:30 on Control	S 6702				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: <b>8-6704</b>		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/05/2012	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYST( SE NUMBER: 00198701	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
(X4) IDSUMMARY STATEMENT OF DEFICIENCIES (EACH IPREFIXMUST BE PRECEEDED BY FULL REGULATORYTAGIDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6702	Continued from page 30			S 6702			
S 6710				S 6710			

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Pennsylvania Department of Health

PLAN OF CORRECTION (POC)

STATEMENT OF DEFICIENCIES AND

			FORM APPROVED
(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-6704		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:	(X3) DATE SURVEY COMPLETED: 06/05/2012
NE - YORK	,	CITY, STATE, ZIP CODE: EAVER STREET 401	

PLANNEI	DVIDER OR SUPPLIER: D PARENTHOOD KEYSTONE - YORK se number: 00198701	STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6710	Continued from page 31 567.3 (a) Policies and Procedures 567.3 Policies and procedures (a) Only authorized persons, who are properly shall be allowed int he surgical area. This REGULATION is not met as evidenced by:	y attired,	S 6710	PPCP is seeking accreditation as a Class A ASF. Our site inspection is scheduled for July 13, 2012. The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPCP has taken the following steps to ensure compliance. A policy will be developed to address proper attire and who appropriate personnel are to be permitted in the procedure area by 7/13/2012 Staff will be trained by DCS in policy by 7/20/2012. Training will be documented by sign-in sheet. Compliance will be monitored through observation during RQM process. PPCP governing board will be informed of this deficiency and corrective action at its meeting on 6/26/2012 Failure to adhere to this policy will result in re-training or disciplinary action.	Completion Date: 07/20/2012 Status: APPROVED Date: 06/29/2012	

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Pennsylvania Department of Health

	Department of Health						
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-6704			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/05/2012	
	DVIDER OR SUPPLIER: D PARENTHOOD KEYST(	ONE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST		<u> </u>	
STATE LICEN	se number: 00198701		1000,17 17				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6710	Continued from page 32			S 6710			
	<ul> <li>Based on review of facility policy and proand interview with staff (EMP), it was det the facility failed to ensure that Infection of policies were established to address that of authorized persons in the proper attire court the surgical area.</li> <li>Findings: <ol> <li>An interview with EMP1 revealed that did not have written policies and procedur addressed that only authorized persons in attire could be in the surgical area.</li> </ol> </li> </ul>		ermined Control nly d be in he facility es that				
S 6722				S 6722			

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Pennsylvania Department of Health

PLAN OF CORRECTION (POC)

NAME OF PROVIDER OR SUPPLIER:

PLANNED PARENTHOOD KEYSTONE - YORK

STATEMENT OF DEFICIENCIES AND

			FORM APPROVED
(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u>	(X3) DATE SURVEY COMPLETED:
8-6704		B. WING:	06/05/2012
NE - YORK	- YORK STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401		

(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
TAG S 6722	Continued from page 33         567.3 (b) (12) Policies and Procedures         567.3 Policies and procedures         (b) Current written policies and procedures to assure definite and valid infection control shall include, but not be limited to, the following:	S 6722	PPCP is seeking accreditation as a Class A ASF. Our site inspection is scheduled for July 13, 2012. The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPCP has taken the following steps to ensure compliance. Annual Infection Control training was completed for all clinical staff on 12/9/2011 and documentation is included in personnel records. Physician infection control training	Completion Date: 07/20/2012 Status: APPROVEI Date: 06/29/2012
			<ul> <li>will be completed by DCS by</li> <li>7/20/2012 and documentation will be included in personnel records.</li> <li>Compliance with annual infection control training will be monitored through RQM process.</li> <li>PPCP governing board will be informed of this deficiency and corrective action at its meeting on 6/26/2012</li> <li>Failure to comply with training will result in re-training or disciplinary action.</li> </ul>	

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/05/2012	
PLANNE	OVIDER OR SUPPLIER: D PARENTHOOD KEYST( ISE NUMBER: 00198701	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	(X5) Complete Date		
S 6722	Continued from page 34 Based on review of personnel files (PF), and interview with staff (EMP), it was determined that			S 6722			
	the facility failed to assure Infection Control train or education was provided for three of three personnel files reviewed (PF1, PF2, and PF3).						
	<ul> <li>Findings include:</li> <li>1) A review on June 5, 2012, of PF1-PF3 failed to reveal any documentation of infection control training or education.</li> </ul>						
	2) An interview conducted on June 5, 2012, at 1:30 PM with EMP1 confirmed that there was no documentation in PF1-PF3 of Infection Control training or education.						

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## PRINTED: 12/3/2018

Pennsylvania Department of Health

	FORM APPROVED
(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u>		(X3) DATE SURVEY COMPLETED:	
		8-6704	B. WING: _			06/05/2012	
PLANNED	vider or supplier: • <b>PARENTHOOD KEYSTC</b> e number: <b>00198701</b>	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
(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
S 6722	Continued from page 35			S 6722			
S 6729	<ul> <li>9 567.11 (2) Operating Suite Equipment</li> <li>567.11 Operating suite equipment</li> <li>The operating suite shall be adequately equipped vage appropriate</li> <li>equipment for the types of procedures to be performed the recovery area shall</li> <li>be adequately equipped for the proper care of postanesthesia recovery</li> <li>of surgical patients. All equipment and supplies shall tage and size appropriate</li> <li>for the patients treated. The following equipment shall available in the operating</li> <li>suite and recovery area:</li> <li>(2) Emergency call system</li> </ul>		ned and all be	S 6729	PPCP is seeking accreditation Class A ASF. Our site inspect scheduled for July 13, 2012. The effective date for this re- is June 19, 2012, and the sur- place on June 5, 2012. PPCP taken the following steps to a compliance. One-touch emergency call was installed and tested 6/12 Staff will be trained by DC of system by 7/13/2012 Monitoring for operability occur during scheduled RQM PPCP governing board will informed of this deficiency a corrective action at its meetin 6/26/2012	ction is gulation vey took has ensure system 2/2012. 2S in use will A visits I be und	Completion Date: 07/20/2012 Status: APPROVED Date: 06/29/2012

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704		LIA (X2) MULTIPLE CONSTRUC A. BLDG:00 B. WING:		00	(X3) DATE SURVEY COMPLETED: 06/05/2012			
PLANNE	DVIDER OR SUPPLIER: D PARENTHOOD KEYS' ise number: 00198701	FONE - YORK	STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401						
(X4) ID PREFIX TAG	MUST BE PRECER	NT OF DEFICIENCIES (EACH DE EDED BY FULL REGULATORY O ITIFYING INFORMATION)		ID REFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	CTION SHOULD BE			
S 6729	Continued from page 36			6729					
	Based on observation and interview with staff (EMP), it was determined the facility failed to adequately equip the operating room and recovery area with an emergency call system.								
	Findings include:								
	1) Observation on Ju Rooms and Recovery no emergency call sy								
	2) An interview cond PM with EMP1 conf emergency call syste Rooms and the Reco								

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Pennsylvania Department of Health

PLAN OF COP	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-6704 NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK		:	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: SS, CITY, STATE, ZIP CODE:		(X3) DATE SURVEY COMPLETED: 06/05/2012	
	SE NUMBER: 00198701	JUE - TORK	YORK, PA 1				
(X4) ID PREFIX TAG	MUST BE PRECEED	<sup>T</sup> OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID     PROVIDER'S PLAN OF CORRECTION (EACH       PREFIX TAG     CORRECTIVE ACTION SHOULD BE     C       CROSS-REFERENCED TO THE APPROPRIATE     C			(X5) COMPLETE DATE
S 6729	Continued from page 37			S 6729			
S 6747				S 6747			

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(X5) COMPLETE

DATE

(X4) ID

PREFIX

TAG

S 6747

Continued from page 38

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY

MUST BE PRECEEDED BY FULL REGULATORY OR LSC

IDENTIFYING INFORMATION)

Pennsylvania Department of Health										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u>	(X3) DATE SURVEY COMPLETED:						
	8-6704		B. WING:	06/05/2012						
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYST(	DNE - YORK	728 SOUTH BI	STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET							
STATE LICENSE NUMBER: 00198701		YORK, PA 17	401							

PROVIDER'S PLAN OF CORRECTION (EACH

CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

ID

PREFIX TAG

S 6747

567.43 Ventilation System	Completion
	PPCP is seeking accreditation as a Date:
The ventilation system shall be inspected and maintained	Class A ASF. Our site inspection is 07/20/2012
in accordance with the written maintenance schedule to	scheduled for July 13, 2012. Status:
ensure that a properly conditioned air supply meeting	The effective date for this regulation <b>APPROVED</b>
minimum filtration, humidity and temperature requirements	is June 19, 2012, and the survey took Date:
is provided in critical areas such as the surgical and	place on June 5, 2012. PPCP has 06/29/2012
recovery suites under	taken the following steps to ensure
Chapter 571 (relating to construction standards).	compliance.
	Temperature and humidity
This REGULATION is not met as evidenced by:	monitors werepurchased and
	installed in each procedure room by
	6/18/2012
	A monitoring log was developed
	by 6/18/2012
	A policy for the monitoring of
	temperature and humidity will be
	developed by Medical Services
	Administration by 7/20/2012
	Staff will be trained by DCS in the
	use of Monitors and logs by
	7/20/2012. Training will be
	documented by sign-in sheet.
	Compliance will be monitored
	through scheduled RQM visits.
	PPCP governing board will be
	informed of this deficiency and
	corrective action at its meeting on
	6/26/2012
	Failure to adhere to this policy will

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)       (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER         8-6704		:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u> </u>		(X3) DATE SURVEY COMPLETED: 06/05/2012	
PLANNEI	DVIDER OR SUPPLIER: <b>) PARENTHOOD KEYST(</b> SE NUMBER: <b>00198701</b>	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	BEAVER ST			
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	(X5) COMPLETE DATE		
S 6747	Continued from page 39	result in re-training or disciplinary action.					

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,	epartment of Health	1				i		
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/O PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704		· · ·		_00	(X3) DATE SURV COMPLETED: 06/05/2012		
	VIDER OR SUPPLIER: <b>PARENTHOOD KEYST</b>	ONE - YORK	STREET ADDRESS, 728 SOUTH B	BEAVER ST		1		
STATE LICEN	se number: <b>00198701</b>		YORK, PA 17	/401				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 6747	Continued from page 40			S 6747				
	<ul> <li>Based on review of pointerview with staff (Effacility failed to ensure inspected and maintain written maintenance seproperly conditioned a filtration, humidity and was provided in critica and recovery suites.</li> <li>Findings include: <ol> <li>A request was made for the written policy remperature and humic rooms and recovery are</li> <li>An interview conduct PM with EMP1 confir have a policy for monthumidity levels in the area and there was not separate the separate separate</li></ol></li></ul>	EMP), it was determine the ventilation syst ned in accordance witchedule to ensure that air supply meeting m d temperature required al areas such as the st regarding the monito dity levels in the pro- rea. None was provid- neted on June 5, 2012 med that the facility itoring of temperature procedure rooms and	ned the em was ith the at a inimum ements urgical , 2012 ring of cedure ded. 2, at 1:30 did not re and d recovery					

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND       (XI) PROVIDER/SUPPLIER/C         PLAN OF CORRECTION (POC)       IDENTIFICATION NUMBER         8-6704       8-6704         NAME OF PROVIDER OR SUPPLIER:       PLANNED PARENTHOOD KEYSTONE - YORK         STATE LICENSE NUMBER:       00198701         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES			STREET ADDRESS, 728 SOUTH B YORK, PA 17	A. BLDG: _ B. WING: _ CITY, STATE, 2 EEAVER ST 7401	REET	(X3) DATE SURVI COMPLETED: 06/05/2012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 41 system.			S 6747			
S 6904				S 6904			

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Pennsylvania Department of Health

						1			
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704			(X2) MULTIPLE CONSTRUCTION:       (X3) DATE SURV.         A. BLDG:00			ΥEY		
PLANNED PARENTHOOD KEYSTONE - YORK     728 SC       STATE LICENSE NUMBER:     00198701				REET ADDRESS, CITY, STATE, ZIP CODE: 28 SOUTH BEAVER STREET ORK, PA 17401					
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE		
S 6904	Continued from page 42 569.11 INTERNAL DISAS 569.11 Firefighting service The person in charge o workable plan with the nearest fire department f ASF shall provide the fire department building showing the location of fire patient rooms, storage places of flammable information as the fire department requin This REGULATION is not	f the ASF shall establish for fire fighting service. with a current floor pla fighting equipment, exit and explosive gases an res or as may be necessa	h a The n of the ts, d other	S 6904	PPCP is seeking accreditation Class A ASF. Our site inspe- scheduled for July 13, 2012. The effective date for this re- is June 19, 2012, and the sum place on June 5, 2012. PPCF taken the following steps to compliance. PPCP has received regular walk-throughs from the fire departmentt for many years, recently in June 2012. Documentation will be obtain the fire department if possib maintained at PPCP. Records of annual invitation fire inspections will be kept the Clinical Services office. Monitoring for compliance occur during RQM review of inspection records. PPCP governing board will informed of this deficiency accorrective action at its meetin 6/26/2012	ction is egulation evey took has ensure most ined from le and ons for on file in e will f	Completion Date: 07/20/2012 Status: APPROVED Date: 06/29/2012		

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704			A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SURVEY COMPLETED: <b>06/05/2012</b>				
	VIDER OR SUPPLIER: <b>PARENTHOOD KEYST(</b>	DNE - YORK	STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET						
STATE LICENS	se number: <b>00198701</b>		YORK, PA 17	401					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE		
6904	Continued from page 43			S 6904					
	<ul> <li>Based on review of facinterview with staff (E facility failed to estable nearest fire department</li> <li>Findings include: <ol> <li>A review on June 5, documentation revealed</li> <li>A review on June 5, documentation revealed</li> <li>the nearest fire department</li> </ol> </li> <li>2) An interview condure</li> <li>PM with EMP1 confirmed establish a workable product of the partment.</li> </ul>	MP), it was determinish a workable plan t. 2012, of facility d no evidence of a p nent. cted on June 5, 2012 med the facility did p	ned the with the lan with 2, at 1:30 not						

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IF CONTINUATION SHEET Page 44 of 57

Pennsylvania Department of Health

PLAN OF COF NAME OF PRO <b>PLANNED</b>	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O		STREET ADDRESS, 728 SOUTH B YORK, PA 17 FICIENCY	A. BLDG: _ B. WING: _ CITY, STATE, 2 EAVER ST	OULD BE	EY (X5) COMPLETE DATE
S 6905				S 6905		

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## PRINTED: 12/3/2018

Pennsylvania Department of Health

	FORM APPROVED	
AULTIPLE CONSTRUCTION:	(X3) DATE SURVEY	

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-6704			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/05/2012	
PLANNE	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK STATE LICENSE NUMBER: 00198701			city, state, z EAVER ST 7401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH I MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6905	Continued from page 45 569.12 Fire Warning and Sa 569.12 Fire Warning and S An ASF shall have an activated fire alarm system installed to transmit an alar department by the most direct and relial ordinances. This REGULATION is not	afety Systems automatic and manually m automatically to the fi ble method approved by	ire	S 6905	PPCP is seeking accreditation Class A ASF. Our site inspe- scheduled for July 13, 2012. PPCP is optimistic that we we able to obtain accreditation, the event that we are not suce PPCP intends to pursue licer a Class B ASF. To that end, Class A accreditation process concludes unsuccessfully, PI pursue the alternate plan of compliance submitted by the Planned Parenthood health of seeking licensure as Class B adjusting the dates as approp Accordingly, at that time and necessary, PPCP will confer architect and the Division of and Inspection to identify fea alterations to its health center seek any necessary exception The effective date for this re is June 19, 2012, and the sur place on June 5, 2012. PPCF taken the following steps to compliance. Section 569.12 does not re automatic fire extinguishing PPCP guarantees the safety	ction is vill be but in ecessful, nsure as if the ss PCP will e enters ASFs, oriate. d if with its Safety asible er and ns. gulation vey took P has ensure quire an system.	Completion Date: 07/20/2012 Status: APPROVED Date: 06/29/2012

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Pennsylvania Department of Health

	epartment of Health						
	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-6704		(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 06/05/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO	I DNE - YORK	STREET ADDRESS, 728 SOUTH B	BEAVER ST			
STATE LICENS	e number: <b>00198701</b>		YORK, PA 1	7401			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6905	Continued from page 46		S 6905				
				staff and patients through a Gamewell box system and K for notifying the fire departm an emergency. PPCP governing board wil informed of this deficiency a corrective action at its meeti 6/26/2012	nent in 1 be and		
	Based on review of fac with staff (EMP), it wa to have an automatic fi	as determined the fac	cility failed				
	Findings:						
	1) An interview with EMP1 confirmed that facility did not have automated fire extingu systems or automatic or manual alarms.						
S 6909				S 6909			

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-6704			A. BLDG:	(X2) MULTIPLE CONSTRUCTION:       (X3) DATE SUPCOMPLETED:         A. BLDG:00       06/05/2012         B. WING:       06/05/2012		
PLANNE	DVIDER OR SUPPLIER: D PARENTHOOD KEYSTC ISE NUMBER: 00198701	DNE - YORK	STREET ADDRESS 728 SOUTH I YORK, PA 1	BEAVER ST			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	(X5) COMPLETE DATE	
S 6909	Continued from page 47 569.21 (a) EVACUATION 569.21 Fire Drills (a) Fire, internal disas held at least quarterly for ASF pers conditions. This REGULATION is not	ter and evacuation drills onnel and under varied	s shall be	S 6909	PPCP is seeking accreditation Class A ASF. Our site inspension scheduled for July 13, 2012. The effective date for this re- is June 19, 2012, and the sum- place on June 5, 2012. PPCF taken the following steps to compliance. Fire and Safety Training we presented to all clinical staff York Fire Department on 6/ Documentation of training is sign-in sheet. A fire drill will be schedul to 6/30/2012 and will be hel quarterly thereafter. All drill documented and attendance will be kept as a part of RQP records. Monitoring for compliance occur during RQM reviews. PPCP governing board will informed of this deficiency a corrective action at its meetif 6/26/2012	ction is egulation vey took has ensure 'as 'by the 14/2012. s by ed prior d ls will be records M e will l be and	Completion Date: 07/20/2012 Status: APPROVED Date: 06/29/2012

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Pennsylvania Department of Health

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>8-6704</b>		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/05/2012	
	DVIDER OR SUPPLIER: D PARENTHOOD KEYST(	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST		1	
STATE LICEN	ISE NUMBER: <b>00198701</b>		IURK, FA 17	401			
(X4) ID PREFIX TAG	MUST BE PRECEED	ſ OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
5 6909	Continued from page 48			S 6909			
	<ul> <li>Based on review of facility review with staff (Efficility failed to ensure conducted.</li> <li>Findings include: <ol> <li>A review on June 5</li> <li>revealed no evidence to quarterly.</li> </ol> </li> <li>2) An interview conduct PM with EMP1 confir conduct quarterly fire</li> </ul>	MP), it was determine that quarterly fire do a 2012, of facility do hat fire drills were co toted on June 5, 2012 med that the facility	ned the hrills were cuments onducted 2, 1:30				

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		(XI) PROVIDER/SUPPLIER/C				(10) D	
STATEMENT PLAN OF COF	AN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704					(X3) DATE SURVEY COMPLETED: 06/05/2012	
PLANNED	VIDER OR SUPPLIER: <b>) PARENTHOOD KEYST(</b> SE NUMBER: <b>00198701</b>	DNE - YORK	STREET ADDRESS, 728 SOUTH E YORK, PA 1'	BEAVER ST		L	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6919			aall be locked. he inside ipped low t. water	S 6919	PPCP is seeking accreditation as a Class A ASF. Our site inspection is scheduled for July 13, 2012. The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPCP has taken the following steps to ensure compliance. One-touch emergency call system was installed and tested 6/12/2012. Staff will be trained by DCS in use of system by 7/13/2012 Monitoring for operability will occur during scheduled RQM visits PPCP governing board will be informed of this deficiency and corrective action at its meeting on 6/26/2012		

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PLANNED	IDER OR SUPPLIER:	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: <b>06/05/2012</b>	
STATE LICENSE	PARENTHOOD KEYSTC	DNE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
	e number: <b>00198701</b>						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6919	Continued from page 50			S 6919			
	<ul> <li>Based on observation a (EMP), it was determine that an emergency call bathroom.</li> <li>Findings include:</li> <li>1) Observation on June bathroom revealed that bell located within the</li> <li>2) An interview conduction PM with EMP1 and EM 9:15 AM, confirmed the call bell located within the</li> </ul>	hed the facility failed bell was located in t e 5, 2012, of the pati- t there was no emerg bathroom. cted on June 5, 2012 MP2 on May 28, 201 hat there was no emer	d to ensure the patient ent gency call 2, at 1:30 12, at				

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PLAN OF CORRECTION (POC)

STATEMENT OF DEFICIENCIES AND

			FORMAFFROVED
(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>8-6704</b>		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:	(X3) DATE SURVEY COMPLETED: 06/05/2012
DNE - YORK	,	city, state, zip code: E <b>AVER STREET</b> 401	

PLANNEI	DVIDER OR SUPPLIER: D PARENTHOOD KEYSTONE - YORK SE NUMBER: 00198701		IS, CITY, STATE, Z BEAVER ST 17401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6919	Continued from page 51		S 6919		Completion
S 7100	<ul> <li>571.1 CHAPTER 571 - Construction Standards</li> <li>571.1 Minimum Standards ASF construction shall be in accordance with the latest edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities published by the American Institute of Architects/Academy of Architecture for Health incluthose guidelines established for various outpatient facilities. In the alternative, a facility shall meet the construction guidelines for specified types of surgic procedures as listed in appendix A. Where renovative replacement work is performed within an existing for new work or additions shall comply with the require for new construction. This REGULATION is not met as evidenced by:</li></ul>	," as luding cal on or àcility, all	S 7100	PPCP is seeking accreditation as a Class A ASF. Our site inspection is scheduled for July 13, 2012. PPCP is optimistic that we will be able to obtain accreditation, but in the event that we are not successful, PPCP intends to pursue licensure as a Class B ASF. To that end, if the Class A accreditation process concludes unsuccessfully, PPCP will pursue the alternate plan of compliance submitted by the Planned Parenthood health centers seeking licensure as Class B ASFs, adjusting the dates as appropriate. Accordingly, at that time and if necessary, PPCP will confer with its architect and the Division of Safety and Inspection to identify feasible alterations to its health center and seek any necessary exceptions.	Date: 07/20/2012 Status: APPROVED Date: 06/29/2012

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704		: A. BLDG:	LE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: <b>06/05/2012</b>				
	OVIDER OR SUPPLIER: D PARENTHOOD KEYS	· FONE - YORK	STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401						
STATE LICE	NSE NUMBER: <b>00198701</b>								
(X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TIFYING INFORMATION)		PROVIDER'S PLAN OF COR CORRECTIVE ACTION CROSS-REFERENCED TO TI	SHOULD BE	(X5) COMPLETE DATE			
7100	Continued from page 52		S 7100						
	<ul> <li>Guidelines for Desig and Health Care Faci interview with staff ( facility failed to ensu- current construction g</li> <li>Findings include:</li> <li>1) A review on June of the Guidelines for Hospital and Health ( "3.7-7.2.3.4 Ceilings appropriate for the ar and shall be as follow Ceilings in restricted shall be monolithic, s withstanding chemic, these ceilings is not a in ceilings in restricted</li> </ul>	he current edition of th n and Construction of lities, observation, and EMP), it was determin re it was in compliance guidelines. 5, 2012, of the current Design and Construct Care Facilities reveale : Ceiling finishes shal eas in which they are vs:(2) Restricted are areas such as operatin scrubbable, and capabl als. Cracks or perfora allowed, (b) All accesse ed areas shall be gaske 5, 2012, of the proced he ceilings consisted of	Hospital d ned the ce with the t edition tion of d: Il be located eas. (a) ng rooms le of tions in s openings eted."						

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Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-6704			A.         (X2) MULTIPLE CONSTRUCTION:           A. BLDG:00		(X3) DATE SURVEY COMPLETED: <b>06/05/2012</b>	
	VIDER OR SUPPLIER: PARENTHOOD KEYST(	ONE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST		I	
STATE LICENS	SE NUMBER: 00198701		1000,171	401			
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 53			S 7100			
	textured tiles that were	e not scrubbable or g	asketed.				
	An interview conducte PM with EMP1 confir procedure rooms were scrubbable or gasketed	s in the					
	<ul> <li>2) A review on June 5, of the Guidelines for I Hospital and Health C.</li> <li>"3.8-3.6.5 Scrub facilitiscrub station(s) shall b the entrance to each op</li> </ul>	tion of ed: ds free					
Observation on June 5, 2012, room area revealed that there located outside of the procedu observation revealed that the procedure rooms were not har		at there were no scru procedure rooms. Fu hat the sinks inside t	b sinks urther				
	An interview conducte PM with EMP1 confir sinks located outside o	med that there were	no scrub				

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-6704			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 06/05/2012	
PLANNE	OVIDER OR SUPPLIER: D PARENTHOOD KEYST (NSE NUMBER: 00198701	ONE - YORK	STREET ADDRESS, C 728 SOUTH BE YORK, PA 174	CAVER ST		I	
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 54		\$	S 7100			
	that the sinks in the ro	om were not hands f	ree.				
	3) Review of the curred Design and Constructin Care Facilities revealed openings: (1) The mini- openings requiring guid have a normal width of meters)."	Iealth f door shall					
	Observation on June 5 room door openings re measured 2 feet 10 inc						
	Interview on June 5, 2 confirmed that the pro revealed that the door	benings					
	<ul> <li>revealed that the door measured 2 feet 10 if</li> <li>4) Review of the current edition of the Gur</li> <li>Design and Construction of Hospital and H</li> <li>Care Facilities revealed "3.8-7.2.2.2 Door</li> <li> (2) Toilet room doors for patient use sha</li> <li>outward or be equipped with hardware that</li> </ul>						

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) IDENTIFICATION NUME 8-6704			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: <b>06/05/2012</b>			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK			STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401						
STATE LICEN	se number: <b>00198701</b>		IURR, FA T	/401					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
S 7100	Continued from page 55		S 7100						
	access from the outside								
	Observation on June 5 restroom revealed that did not permit access f emergencies.								
	An interview conducte PM with EMP1 confir door opened inward ar the outside in emergen	room							
	5) A review on June 5, 2012, of the current edit of the Guidelines for Design and Construction of Hospital and Health Care Facilities revealed" "3.8-7.2.3.2 Flooring (2) Vinyl composition or similar products shall not be permitted in the areas."								
	Observation on June 5 rooms revealed that the An interview conducte	e floors were tiles co	omposite.						

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIED IDENTIFICATION NUMBER <b>8-6704</b>			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 06/05/2012				
NAME OF PROVIDER OR SUPPLIER: <b>PLANNED PARENTHOOD KEYSTONE - YORK</b> STATE LICENSE NUMBER: <b>00198701</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE			
S 7100	Continued from page 56 PM with EMP1 confirmed that the floors v composite.		vere tile	S 7100					

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# **Certified End Page**

### PLANNED PARENTHOOD KEYSTONE - YORK STATE LICENSE NUMBER: 00198701 SURVEY EXIT DATE: 06/05/2012

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

Susan Cope

Susan Coble Acting Deputy Secretary for Quality Assurance



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

Rachel L. Levine, MD Secretary of Health