

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-6704	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 06/20/2013
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK		STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401		
STATE LICENSE NUMBER: 00198701				
(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	M 0000		
M 0001	This report is the result of a registration survey conducted on June 20, 2013, at the Planned Parenthood of Central Pennsylvania- York. 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 0001		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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M 0001	Continued from page 1 29.33(1) Requirements for Abortion Each medical facility shall have readily available equipment and drugs necessary for resuscitation. If local anesthesia is utilized to perform an abortion in a medical facility during the first trimester, then the following equipment shall be ready to use for resuscitative purposes: (i) Suction Source (ii) Oxygen Source (iii) Assorted size oral airways and endotracheal tubes (iv) Laryngoscope (v) Bag and mask and bag and endotracheal tube attachments for assisted ventilation (vi) Intravenous fluids including blood volume expanders (vii) Intravenous catheters and cut-down instrument tray (viii) Emergency drugs for shock and metabolic imbalance (ix) An individual to monitor respiratory rate, blood pressure and heart rate. This REGULATION is not met as evidenced by:	M 0001	1) The cut down tray instruments were in the facility but not packaged as a cut down tray unit. The staff have gathered the instruments and labeled it as such and put the cut down tray into a centralized location. It will be the clinician's responsibility to ensure it is intact using the daily/weekly/monthly checklist that the site has. Spot checks will be done by the Regional Managers to ensure compliance. 2) The EMP1 was not familiar with this particular oxygen tank. The tanks were full. This was confirmed by a site visit of the oxygen service/maintenance company on June 21, 2013. Training for staff was completed June 21, 2013.	Completion Date: 07/09/2013 Status: APPROVED Date: 07/10/2013

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M 0001	<p>Continued from page 2</p> <p>Based on observation and interview with staff (EMP), it was determined that Planned Parenthood of Central Pennsylvania failed to have emergency equipment readily available for resuscitation purposes for procedures using local anesthesia.</p> <p>Findings:</p> <p>1) A tour on June 20, 2013, of procedure room five and procedure room six revealed that the facility did not have the required cut down instrument tray.</p> <p>An interview conducted on June 20, 2013, at 1:30 PM with EMP1 confirmed that the facility administered local anesthesia for procedures and that the facility did not have the required cut down instrument tray.</p> <p>2) A tour on June 20, 2013, of procedure room five, procedure room six and the clean utility room revealed that the emergency "E" cylinder oxygen tanks were empty. Further observation revealed that these were the only "E" tanks in the facility.</p>	M 0001		

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M 0001	Continued from page 3 An interview conducted on June 20, 2013, at 1:30 PM with EMP1 confirmed that the "E" cylinder tanks were empty and that the three tanks were the only tanks in the facility.	M 0001			



Certified End Page

PLANNED PARENTHOOD KEYSTONE - YORK

STATE LICENSE NUMBER: 00198701

SURVEY EXIT DATE: 06/20/2013

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Handwritten signature of Susan Coble in black ink on a light gray background.

Susan Coble
Acting 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