STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-6704	A. BLDG: 00 B. WING:	03/27/2018

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PLANNED PARENTHOOD KEYSTONE - YORK STATE LICENSE NUMBER: **00198701**	**728 SOUTH BEAVER STREET** **YORK, PA 17401**

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M 0000	INITIAL COMMENT This report is the result of an Annual Registration survey conducted on March 27, 2018, at Planned Parenthood Keystone - 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 0000		
M 0007		M 0007		

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

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M 0007	Continued from page 1 29.33(7) Requirements for Abortion Rho (D) - - immune globin (human) shall be administered to each Rh-negative patient at the time of any abortion, unless contraindicated. Evidence of compliance with this paragraph shall appear in the medical record of the patient. If for any reason the patient refuses the administration of Rh immune globulin when recommended, this refusal shall be noted in the clinical record of the patient. This REGULATION is not met as evidenced by:	M 0007	To prevent recurrence of the deficiency noted, a report will be run during the course of each service day to ensure all RH negative patients have been prescribed and administered the medication. A column included on this report named "Order Status" will reveal if the medication had been ordered and administered. Another column on this report will denote if the patient refused the medication. Facility staff will be trained on the proper use of the information provided in the report by 5/7/2018 Quarterly monitoring of this plan of correction will be conducted by the Director of RQM or designee to ensure RH negative patients have been administered the medication or refusal has been documented in the patient's record. Deviations from this plan of corrections will be reported to the Patient Safety Officer and the Department of Health as per ACT 13 and the organization's Patient Safety Plan.	Completion Date: **05/07/2018** Status: **APPROVED** Date: **04/26/2018**

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M 0007	Continued from page 2 Based on review of facility documents, medical records (MR) and staff interview (EMP), it was determined the facility failed to follow the facility's policy to ensure Immune Globulin was administered to one of four Rh-negative patients (MR6). Findings include: Review on March 27, 2018, of the facility's "Rh Policy," last reviewed 1/8/2018, revealed "POLICY: MiCROGam or RhoGam shall be administered to each RH-negative patient at the time of any abortion, unless contraindicated or patient refuses. RESPONSIBILITY: Providers, APCs, Center Managers and MCAs providing patient care are collectively responsible for following the procedures listed below to ensure all Ph-negative patients receive MiCROGam or RhoGam. PROCEDURES: 1. Rh typing must be performed, unless reliable written documentation of Rh type is available. a. Rh testing is done on-site on the day of procedure. b. Patients may present a blood donor	M 0007		

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M 0007	Continued from page 3 card or lab report of their Rh status in lieu of testing. c. If testing was done during a previous visit, this result may also be used. 2. If Rh-negative, flag the chart with a red folder and mark results on forms. 3. If Rh-negative, MiCROGam or RhoGam will be prescribed as indicated and according to the Medical Standards and Guidelines. 4. Information regarding Rh0 (D) immune globulin medication **must** be given to the patient in writing and **must** be documented in the medical record. a Medication Abortion Patients-Physician administers and documents MiCROGam or RhoGam at time of Mifeprex. 5. If the patient refuses, she **must** sign the appropriate release (Release When Test Not Obtained). ..." Review of MR7 on March 27, 2018, revealed the patient was admitted on March 8, 2018, for a medication abortion. The facility tested the patient's blood and determined the patient was Rh-negative (a blood group that lacks the Rh antigen in the red blood cell). There was no documentation in MR7 indicating the patient had previous Rh typing	M 0007		

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M 0007	Continued from page 4 performed, that RhoGam (a medication used to prevent antibodies from forming and to avoid complications with future pregnancies) was prescribed for the patient, or the patient refused the administration of RhoGam. Interview with EMP1 on March 27, 2018, at approximately 1:00PM confirmed that MR7 was admitted to the facility for a medication abortion, and that the facility tested the patient's blood and determined the patient was Rh-negative EMP1 confirmed that RhoGam was not prescribed for MR7.	M 0007		
M 0032		M 0032		

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M 0032	Continued from page 5 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	As a plan of correction and preventative measure, the Director of RQM will review the Patient Safety Plan with the Patient Safety Officer to ensure there is understanding about the requirements to notify the state via the PA-PSRs system within 24 hours of discovery of a serious event. Additionally the Director of RQM will review with the Patient Safety Officer the requirement of written notification within 7 business days of discovery of event. This re-training will be conducted by 5/7/2018 The Director of RQM will monitor this plan ongoing and report any deviations to the CEO.	Completion Date: **05/07/2018** Status: **APPROVED** Date: **04/26/2018**

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M 0032	Continued from page 6 Based on review of facility documentation, medical records, and staff interview (EMP), it was determined that the facility failed to conform to all applicable State law. Planned Parenthood Keystone - York was not in compliance with the following state law related to Act 13 of 2002, Medical Care Availability and Reduction of Error(MCARE) Act 40 PS. § 1303.308(b). Reporting and notification and 1303.310(a) (2). Patient safety committee. Section 308. Reporting and notification. (b) Duty to notify patient.--A medical facility through an appropriate designee shall provide written notification to a patient affected by a serious event or, with the consent of the patient, to an available family member or designee within seven days of the occurrence or discovery of a serious event. If the patient is unable to give consent, the	M 0032		

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M 0032	Continued from page 7 notification shall be given to an adult member of the immediate family. If an adult member of the immediate family cannot be identified or located, notification shall be given to the closest adult family member. For unemancipated patients who are under 18 years of age, the parent or guardian shall be notified in accordance with this subsection. The notification requirements of this subsection shall not be subject to the provisions of section 311(a). Notification under this subsection shall not constitute an acknowledgment or admission of liability. This is not met as evidenced by: Based on review of facility policy, medical records (MR) and interview with staff (EMP), it was determined that the facility failed to follow their patient safety plan as required by Act 13 for one of three serious events (MR11). Findings include:	M 0032		

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M 0032	Continued from page 8 Review on March 27, 2018, of facility "Patient Safety Plan" last reviewed 5/31/2017, revealed, "... E. Notification of Clients...1. Clients who have been affected by a serious event will be notified in writing within seven days of the occurrence or discovery of the serious event." Review on March 27, 2018, of MR11 revealed that the facility confirmed on November 9, 2017, a serious event had occurred. Further review revealed that the Serious Event letter to the patient was sent on December 12, 2017. An interview conducted on March 27, 2017, at 2:00PM with EMP1 confirmed that the facility determined that a serious event, as defined by Act 13 of 2002, had occurred. EMP1 confirmed that written notification was not provided to the patient or an available family member or designee within seven days of the occurrence or discovery of the event. EMP1 stated, "We didn't have a Patient Safety Officer at that time and the new Patient Safety Officer couldn't get into the system."	M 0032		

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M 0032	Continued from page 9	M 0032		

Certified End Page

PLANNED PARENTHOOD KEYSTONE - YORK

STATE LICENSE NUMBER: 00198701

SURVEY EXIT DATE: 03/27/2018

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

Susan Coble
Acting 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