Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE			A. BLDG:0	LE CONSTRUCTION: 0	(X3) DATE SURVEY COMPLETED: <b>06/08/2012</b>			
PLANNED ALLENTC	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101						
STATE LICENSE NUMBER: 00218701							-		
(X4) ID PREFIX TAG	X MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	CTION (EACH IOULD BE APPROPRIATE	(X5) COMPLETE DATE			
S 0000 S 033H	INITIAL COMMENT This report is the result of an unannounced on-site pre-licensure survey completed on May 31 - June 1, 2012, at Planned Parenthood of Northeast and Mid-Penn in Allentown. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.		- June st and l that the uirements s Rules lities,	S 0000 S 033H					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			
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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 06/08/2012				
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS	, CITY, STATE, Z	LIP CODE:					
PLANNED	PARENTHOOD KEYSTO	DNE -	29 NORTH 9TH STREET							
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S 033H	Continued from page 1			S 033H						
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)		es which		<ul> <li>Plan of Correction:</li> <li>As per our letter to Joanne Stated June 11, 2012, our facise seeking accreditation as a Cl ASF. Our accreditation surves scheduled for July 24, 2012.</li> <li>effective date for this regulated June 19, 2012, and the surves place on May 31 &amp; June 1, 2</li> <li>PPNMP-Allentown has taken following steps to ensure compliance.</li> <li>PPNMP-Allentown will ensure is Employee Handbook contarequirement that PPNMP – Allentown identify employee "significant likelihood of regiscontact with children"; assurall required background checkground checkground clearances and m that the original documents here neviewed; assure that, u background information has received and reviewed, personal section of the survey o</li></ul>	ility is ass A vey is The tion is y took 2012. In the ure that ains the ess with gular that exists are roonnel f the notate have until all been ons may	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/08/2012		
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STATE LICENSE NUMBER: 00218701								
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S 033H	Continued from page 2			S 033H	assure that the provisional er must work in the immediate of a regular employee and no alone with children; assure th information that is obtained to provisional employee is disq from employment, the indivi must be immediately dismiss assure that an individual may provisionally employed for a maximum of 90 days for out residents and 30 days for Pennsylvania residents.	presence of work nat if the that the ualified dual sed; and y be		

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
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	SE NUMBER: <b>00218701</b> SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012					
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S 033H	Continued from page 4			S 033H							
	likelihood of regular co of care, guidance, supe three background chec employment: Pennsylv Clearance, Department Childline Clearance an Background Check. Interview with EMP4 of approximately 2:00 PM performs surgery on pe interview with EMP4 of policies and procedure three background chec	ervision or training n ks as condition of vania State Police (Ps t of Public Welfare ( ad Federal (FBI) Crin on June 1, 2012, at A confirmed the faci ediatric patients. Fun confirmed there were s in place that requir	nust obtain SP) DPW) minal lity rther e no								
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	E NUMBER: 00218701		with		As per our letter to Joanne S dated June 11, 2012, our faci seeking accreditation as a Cl ASF. Our accreditation sur- scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the surve place on May 31 & June 1, 2 PPNMP-Allentown has taken following steps to ensure compliance. - PPNMP-Allentown will er is Employee Handbook contrequirement that PPNMP – Allentown identify employee "significant likelihood of reg contact with children"; assur all required background chec completed, reviewed and documented in employee per files; retain a copy of each or background clearances and m that the original documents f been reviewed; assure that, u background information has received and reviewed, perso be employed on provisional assure that the provisional er	ility is ass A vey is The tion is y took 2012. In the assure that ains the ess with gular te that cks are rsonnel f the notate have until all been ons may status;	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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S 033I	3I Continued from page 6			S 033I	must work in the immediate of a regular employee and no alone with children; assure th	ot work	
					information that is obtained that the provisional employee is disqualified from employment, the individual must be immediately dismissed; and assure that an individual may be provisionally employed for a maximum of 90 days for out of state residents and 30 days for Pennsylvania residents.		

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/08/2012	
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S 033I	Continued from page 7		S 033I				
	Based on a review of fr interview (EMP), it was to include all the require Protective Services Lar referenced in the Depa Bulletin 3490-08-03 of Child Protective Service § 6344.2. Findings include: The Child Protective S Pa.C.S. § 6344.2 require after July 1, 2008 who of regular contact with guidance, supervision of background checks as Pennsylvania State pol Public Welfare (DPW) Federal (FBI) Criminal requirements apply to a July 1, 2008. Those in July 1, 2008 who fall in	as determined the factoria as determined the factoria components of the win facility policy a artment of Public We f June 28, 2008, and ces Law (CPSL), 23 Services Law (CPSL), 23 Services Law (CPSL), 23 Determines that employees have a significant lift or the form or training must obtatoria condition of employed condition of employed and check all persons employed determines of the	cility failed he Child as elfare the Pa.C.S. ), 23 hired kelihood n of care, ain three ment: hrtment of e and c The d after prior to				

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012		
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S 033I	Continued from page 8		S 033I				
	significant likelihood of in the form of care, gui do not have to undergo Those individuals emp who were not working likelihood of regular co of care, guidance, supe subsequently transfer t classification, must und at the time of job trans employed after July 1, this classification at the subsequently transfer t classification, must und at the time of job trans undergone the backgroun another job in the same undergo the backgroun who leave one facility at another facility must checks, unless the prev were completed within compliance with the ref	idance, supervision of the background che loyed prior to July 1 in a position with si ontact with children ervision or training, b o a job that falls with dergo the backgroun fer. Those individua 2008 who do not fal e date of hire but wh o a job that falls with dergo the backgroun fer. Employees who ound check and trans e facility do not need and commence employ t undergo the background check the past year To	or training ecks. , 2008 gnificant in the form out who hin d checks al l within o hin this d checks o have fer to l to loyees loyment ound ecks o assure				

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S 033I	Continued from page 9			S 033I			
	facilities must: review	emplovment policie	es and				
	procedures to provide						
	employees with 'signif	icant likelihood of re	egular				
	contact with children'.	Assure that all requ	ired				
	background checks are	e completed, reviewe	ed and				
	documented in employ						
	copy of each of the bac						
	notate that the original						
	reviewed until all b	-					
	been received and revi	•	•				
	employed on provision employee must work in	-					
	regular employee and i	-					
	if the information th						
	provisional employee i						
	employment, the indiv		diately				
	dismissed and an indiv		-				
	employed for a maxim	um of 90 days for ou	ut of state				
	residents and 30 days for Pennsylvania residents"						
	Review on June 1, 201	2. of the facility's "F	Employee				
	Handbook" last Board	•	1 0				

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
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S 033I	Continued from page 10			S 033I			
	2009, revealed "Section Staffing, 3.4 Backgroun recognizes the importation workplace with employ trustworthy, qualified, do not present a risk of others [They] compliand state laws pertaining including providing the with the required notice Review on June 1, 201 Abuse Policy for Staff revealed no documentation requirement of reviewing procedures to provide the employees with signific contact with children; to background checks are documented in employ original documents hav background information reviewed persons may	nd Checks- [They] nce of maintaining a yees who are honest, reliable, nonviolent, f harm to their co-wo lies with all applicab ng to background ch e job applicant or en es and forms." 2, of the facility's "C " last updated June 1 ation the facility incl ing employment poli for identification of cant likelihood of re assuring that all requ e completed, reviewe ree personnel files; th we been reviewed; th on has been received	a safe and who orkers or le federal ecks, ployee Child , 2009, uded the cies and gular tired d and nat the at until all and				

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012		
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S 033I	Continued from page 11		S 033I				
	status; that the provision the immediate presence not work alone with ch is obtained revealed the disqualified from employed for out of state resident Pennsylvania residents Interview with EMP2 at at approximately 4:00 f facility's Child Abuse I required information at criteria of the Child Pro- referenced in the Depa Bulletin 3490-08-03 of	e of a regular employ ildren; if the inform at the provisional en oyment, the individu and that an individu d for a maximum of ts and 30 days for and EMP4 on June 1 PM confirmed that t Policy did not includ nd this policy did no otective Services La rtment of Public We	yee and ation that ployee is ual must be al may be 90 days , 2012, he le the t meet the w as				
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STATE LICE	CENSE NUMBER: 00218701								
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)33V	Continued from page 12			S 033V					
	553.3 (16) Govern Body R 553.3 Governing Body respe (16) Assuring tha professional in the facility currently and on an ongoin cardiac life support, or its s present in the facility, the c professional shall be in adv defined in section 551.22 ( This REGULATION is not	onsibilities include: at at least one medical when patients are present ng basis certified in adva successor. If a pediatric p certification of the medica vanced pediatric life supp A)(4).	nced atient is al		As per our letter to Joanne Sa dated June 11, 2012, our faci seeking accreditation as a Cla ASF. Our accreditation surv scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the survey place on May 31 & June 1, 2 PPNMP-Allentown has taken following steps to ensure compliance. - Policy has been drafted (06 the VP for Medical Services Human Resources Departme - It will be approved by the Governing Body on 07/31/12 - The requirement for ACLS PALS has been included in n contracts for all abortion pro- and/or medical staff who wor abortion locations. - Medical professional was cc in ACLS by 06/11/12 - Medical professional will b certified in PALS by 07/30/1 - Contracts will be signed by 07/01/12 - Contracts and credentialing	lity is ass A vey is The ion is y took 012. n the /11) by and nt. 2. 3 and new viders rk in ertified e 2	Completion Date: 07/21/2012 Status: APPROVEI Date: 06/26/2012		

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S 033V	Continued from page 13			S 033V						
					<ul> <li>approved by the Governing F 07/31/12</li> <li>Human Resources will ens a copy of the policy and a fac of the contract will be in the ASF notebook</li> <li>Medical Services Adminisis will draft a policy re emergen for pediatric patients</li> <li>Policy will be reviewed by Associate Medical Director v facility staff by 08/10/12</li> <li>Emergency meds will be pu emergency drug cart by Ass Medical Director after 08/10.</li> <li>The pediatric emergency m be added to the weekly emer- drug inspection log to be per by the CRNP working in abor care</li> </ul>	tration ncy meds the with at in the ociate /12 ueds will gency formed				

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012					
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S 033V	Continued from page 14			S 033V						
	Based on review of fac	ility do sum onto ano	dontial							
	files, and staff interview	•								
	the facility failed to en	· · · · ·								
	in the facility when pat									
	current certification in	•								
	and pediatric advanced									
	ensure guidance for co		ieu io							
	•	•	on the							
	administration of emer	• •								
	pediatric patient requir	ing emergency treat	ment at							
	the facility.									
	Findings include:									
	1) Review on June 1, 2	2012, of CF1 reveale	d no							
	current advanced cardi									
	certification or pediatri	•• •	,							
	(PALS) certification.									
	(FALS) certification.									
	Interview on June 1, 2012, with EMP3 and		EMP4,							
	confirmed CF1 was the medical profession		al							
	designated to remain ir	n the facility when pa	atients							
	were present. Further in	nterview confirmed	ACLS							
	and PALS were not rec	quired certifications,	and							
		- *								

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
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S 033V	Continued from page 15			S 033V			
	<ul> <li>there was no policy or job description requiring those certifications.</li> <li>2) Observation on May 31, 2012, of the facility's emergency drug cart revealed medication dosage documentation dedicated to the adult patient. Further observation revealed no documentation of guidance for correct dosing and administration of emergency medications for the pediatric patient requiring emergency treatment at the facility.</li> <li>Interview with EMP1 on May 31, 2012, confirme the facility's emergency drug cart was dedicated to the adult patient who may require emergency care Further interview with EMP1 confirmed there wa no guidance for correct dosing and administration emergency medications for the pediatric patient requiring emergency treatment at the facility.</li> </ul>		cility's losage nt. ation of tion of tion of tient ty. onfirmed cated to cy care. ere was stration of atient				
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TAGIDENTIFYING INFORMATION)CROSS-REFERENCED TO THE APPROPRIATES 312DContinued from page 16S 312D553.12 (b)(3) Implementation553.12 (b)(3) ImplementationPlan of Correction: As per our letter to the Department of Health dated June 11, 2012, our facility is seeking accreditation as a Class A ASF. Our accreditation survey is scheduled for July 24, 2012.Comp Date: 07/21 Date: 06/29 2012.(3) A patient has the right to consideration of privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.We are optimistic that we will be able to obtain accreditation process concludes unsuccessfully, we will pursue the alternate plan of compliance submitted by the Planned Parenthood health centers seeking	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) IDENTIFICATION NUMB			IA         (X2) MULTIPLE CONSTRUCTION:         (X3) DATE SUR COMPLETED:           A. BLDG:00			
(X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE       CO         S 312D       Continued from page 16       S 312D       S 312D       Plan of Correction: As per our letter to the Department of Health dated June 11, 2012, our facility is seeking accreditation as a conducted for July 24, 2012.       Comp Date: 07/21 OF 120, 000 Date: 07/21 OF 120, 000 Date: 07/21 Date: 07/21 Date	PLANNED PARENTHO	YSTONE -	29 NORTH 9TH STREET				
553.12 (b)(3) ImplementationComp553.12 (b)(3) ImplementationDate:553.12 (b) The following are minimal provisions for the patient's bill of rights: (3) A patient has the right to consideration of privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.Plan of Correction: As per our letter to the Department of Health dated June 11, 2012, our facility is seeking accreditation as a Lass A ASF. Our accreditation Survey is scheduled for July 24, 2012.Object Of 29 2012.We are optimistic that we will be able to obtain accreditation, but in the event that we are not successful, we will pursue licensure as a Class B ASF. To that end, if the Class A accreditation process concludes unsuccessfully, we will pursue the alternate plan of compliance submitted by the Planned Parenthood health centers seeking	(X4) ID         SUMMARY STATEMENT OF DEFICIENCIES (EACH DI           PREFIX         MUST BE PRECEEDED BY FULL REGULATORY OF			G CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE	
the dates as appropriate. Accordingly, at that time and if necessary, PPNMP- Allentown – will confer with its architect and Division of Safety and Inspection to identify feasible alterations to its health center and seek any necessary exceptions.	553.12 (b)(3) 553.12 (b) The f patient's bill or rights: (3) privacy conce his own media consultation, a and treatment conducted dis	entation g are minimal provisions for t has the right to considerati program. Case discussion, ion idered confidential and sha	312	Plan of Correction: As per our letter to the Depa of Health dated June 11, 201 facility is seeking accreditati Class A ASF. Our accredita survey is scheduled for July 2012. We are optimistic that we wi to obtain accreditation, but in event that we are not success will pursue licensure as a Cla ASF. To that end, if the Cla accreditation process conclu- unsuccessfully, we will purs alternate plan of compliance submitted by the Planned Parenthood health centers se licensure as Class B ASF, ac the dates as appropriate. Accordingly, at that time and necessary, PPNMP- Allentor confer with its architect and of Safety and Inspection to its feasible alterations to its hea center and seek any necessar	2, our ion as a ation 24, ill be able n the sful, we ass B ss A des ue the ekking djusting d if wn – will Division dentify lth	Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012	

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET			
STATE LICENSE NUMBER: 00218701							
(X4) ID PREFIX TAG	) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D FIX MUST BE PRECEEDED BY FULL REGULATORY (			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE #	OULD BE	(X5) COMPLETE DATE
S 312D	Continued from page 17			S 312D			
	Based on observation a was determined the fac privacy in the facility's Findings include: Observation on May 3 post-operative recovery chairs. Further observa- curtains or privacy cur reclining chairs to prov post-operative recovery Interview with EMP1 of approximately 3:15 PM cubicle curtains or priv six reclining chairs to p the post-operative recovery Cross reference 571.1 Chapter 571 - Co	cility failed to ensure recovery area. 1, 2012, of the facility y area revealed six re ation revealed no cul tains between these yide patient privacy of y and care. on May 31, 2012, at A confirmed there we vacy curtains betwee provide patient priva	e patient ty's eclining bicle six during the ere no n these cy during				

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Pennsylvania Dep

S 312D

S 552B

epartment of Health			_			
			IA (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
WN	DNE -	29 NORTH 91	TH STREET			
INSE NUMBER: 00218701 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 (X5) CORRECTIVE ACTION SHOULD BE COMPLI CROSS-REFERENCED TO THE APPROPRIATE DATE		
Continued from page 18			S 312D			
555.22 (b) Surgical Services - Preoperative Care		S 552B	Plan of Correction:		Completion Date:	
<ul> <li>(b) A written statement indicating informed consent, obtained by the practitioner, and signed by the patient, or responsible person, for the performance of the specific procedures shall be procured and made part of patient's clinical record. It shall contain a statement which evidences</li> </ul>				dated June 11, 2012, our fac seeking accreditation as a CI ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regula June 19, 2012, and the surve	ility is ass A vey is The tion is y took	07/21/2012 Status: APPROVED Date: 06/26/2012
	DF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN E NUMBER: 00218701 SUMMARY STATEMENT MUST BE PRECEEDI IDENTI Continued from page 18 555.22 (b) Surgical Service 555.22 Pre-operative Care (b) A written statemen obtained by the practitioner responsible person, for the p procedures shall be procure clinical record. It shall cont	.         DF DEFICIENCIES AND RECTION (POC)         (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER         (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER         VIDER OR SUPPLIER: PARENTHOOD KEYSTONE - WN         E NUMBER:       00218701         SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)         Continued from page 18         555.22 (b) Surgical Services - Preoperative Care         (b) A written statement indicating informed co obtained by the practitioner, and signed by the patie responsible person, for the performance of the speci procedures shall be procured and made part of patie clinical record. It shall contain a statement which ex	.       .         DF DEFICIENCIES AND RECTION (POC)       (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         VIDER OR SUPPLIER: PARENTHOOD KEYSTONE - WN       STREET ADDRESS, 29 NORTH 97 ALLENTOWN         E NUMBER: 00218701       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued from page 18       555.22 (b) Surgical Services - Preoperative Care         555.22 Pre-operative Care       (b) A written statement indicating informed consent, obtained by the practitioner, and signed by the patient, or responsible person, for the performance of the specific procedures shall be procured and made part of patient's	Y DEFICIENCIES AND RECTION (POC)       (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTI A. BLDG: B. WING:         YIDER OR SUPPLIER: PARENTHOOD KEYSTONE - WN       STREET ADDRESS, CITY, STATE, Z 29 NORTH 9TH STREET ALLENTOWN, PA 18101         E NUMBER:       00218701         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued from page 18       S 312D         555.22 (b) Surgical Services - Preoperative Care       S 552B         (b) A written statement indicating informed consent, obtained by the practitioner, and signed by the patient, or responsible person, for the performance of the specific procedures shall be procured and made part of patient's clinical record. It shall contain a statement which evidences	OF DEFICIENCIES AND RECTION (POC)       (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION: A. BLDG:00	FOR DEFICIENCIES AND RECTION (POC)       (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:       (X3) DATE SURV COMPLETED: 06/08/2012         VIDER OR SUPPLIER: PARENTHOOD KEYSTONE - WN       STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101       (D) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID SSTATE       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE         Continued from page 18       S 312D       S 5522       Plan of Correction: As per our letter to Joanne Salsgiver dated June 11, 2012, our facility is seeking accreditation as a Class A ASF. Our accreditation as a class A aschall be procured and made part of patient's clinical record. It shall contain a statement which evidences       S 12D

PPNMP-Allentown has taken the

- The CIIC for in-clinic abortion has

- Monthly audits of the charts by various staff will ensure compliance - Chart review findings are discussed at the RQM committee meetings and forwarded to the Governing Body by

following steps to ensure

been changed by the RQM Coordinator to add documentation that the physician obtains informed

the VP Medical Services

compliance.

consent.

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any alternative treatments discussed with the patient. It shall also identify any practitioner who shall participate in

This REGULATION is not met as evidenced by:

the surgery.

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTI A. BLDG: B. WING:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/08/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, 29 NORTH 9T ALLENTOWN	H STREET			
STATE LICENSE NUMBER: 00218701							
(X4) ID PREFIX TAG	MUST BE PRECEEDI	<sup>C</sup> OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
S 552B	Continued from page 19			S 552B			
	Continued from page 19Based on review of facility documents and interview (EMP), it was determined the fac to ensure the informed consent for the perfect of a specific procedure is obtained by the practitioner and signed by the patient or resparty.Findings include:Interview with EMP2 on June 1, 2012, at approximately 9:20AM confirmed the infor consent for the performance of a specific prive was not obtained by the practitioner and sig the patient or responsible party. Further into with EMP2 revealed the facility's non-med assistants obtained the consent for the performance of the surgical procedure.		rmed rocedure gned by erview ical				

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Pennsylvania Department of Health

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET			
STATE LICENS	SE NUMBER: <b>00218701</b>						
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S 552B	Continued from page 20			S 552B			
S 554A				S 554A			

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Pennsylvania Depa	artment of Health			-i			
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:       (X3) DATE SURV         A. BLDG:00       COMPLETED:         B. WING:       06/08/2012			VEY
ALLENTOW	ARENTHOOD KEYSTO 'N	DNE -	STREET ADDRESS 29 NORTH 9' ALLENTOW	TH STREET	ſ		
STATE LICENSE N (X4) ID PREFIX TAG	CENSE NUMBER: 00218701 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
5: 5: b di m p p te co b j a	Continued from page 21 55.24 (a) Surgical Services 55.24 Postoperative Care (a) The findings and te e accurately and completel ictated immediately after p hedical staff member who p hysician assistant or certifi erformed part of the operat completely recorded and the y the medical staff member part of the patient's medic his REGULATION is not	echniques of an operation y written or rocedure by the practiti performed the operation ed registered nurse prac- tion, the findings and shall be accurately and e report shall be counter r. This description shall cal record.	oner 1. If a ctitioner rsigned	S 554A	<ul> <li>Plan of Correction:</li> <li>As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on May 31 &amp; June 1, 2 PPNMP-Allentown has take following steps to ensure compliance.</li> <li>The Surgical and Medicati Abortion Operative Notes for several places to write post operative reports on various components of the procedure # cc of lidocain, cervix dilated mm cannula used, post evacu curettage done, estimated blooss, other medications admited blooss, other medications admited the statemediate of the statemediate of the statemediate of the statemediate of the chart various staff will ensure committee the RQM commitee of the statemediate of</li></ul>	ility is lass A vey is The tion is by took 2012. In the ion form has a e -e.g. ed to $\#, \#$ uation ford inistered is by appliance	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET	[		
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 554A	Continued from page 22			S 554A			
					Services - Failure to follow this policy result in re-training and/or disciplinary action by Medic Services Administration		

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STATEMENT OF DEFICIENCIES AND (X1) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/08/2012					
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	CITY, STATE, Z	IP CODE:					
	PARENTHOOD KEYSTO	DNE -	29 NORTH 9TH STREET							
ALLENTO			ALLENTOW							
ALLENIO				, 171 1010	1					
STATE LICENSE NUMBER: 00218701					i		<b>I</b>			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	<sup>°</sup> OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
S 554A	Continued from page 23	ntinued from page 23		S 554A						
	Based on review of fac	cility documents and	staff							
	interview (EMP), it wa		•							
	to ensure the post oper									
	written or dictated imn		ocedure							
	by the operating practi	tioner.								
	Findings include:									
	Interview with EMP2	on June 1, 2012, at								
	approximately 9:30AM	I confirmed the oper	rating							
	practitioner does not co	omplete a written or	dictated							
	post operative immedia	ately after completin	g the							
	procedure.									

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STATEMENT OF DEFICIENCIES AND       (XI) PROVIDER/SUPPLIER/C         PLAN OF CORRECTION (POC)       IDENTIFICATION NUMBER:         NAME OF PROVIDER OR SUPPLIER:       IDENTIFICATION NUMBER:         PLANNED PARENTHOOD KEYSTONE -       ALLENTOWN         STATE LICENSE NUMBER:       00218701         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF DEFICIENCIES)		STREET ADDRESS, 29 NORTH 9T ALLENTOWN FICIENCY	A. BLDG:00         CC           B. WING:         0           CITY, STATE, ZIP CODE:         0           H STREET         N, PA 18101           ID         PROVIDER'S PLAN OF CORRECTION				
TAG	MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)		K LSC	PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A		DATE
S 5559	<ul> <li>555.33 (d)(1) Anesthesia Policies and Procedures</li> <li>555.33 Anesthesia policies and procedures</li> <li>(d) Anesthesia procedures shall provide at least the following: <ul> <li>(1) A patient requiring anesthesia shall have a pre-anesthesia evaluation by a practitioner, with appropriate documentation of pertinent information regarding the choice of anesthesia.</li> </ul> </li> <li>This REGULATION is not met as evidenced by:</li> </ul>		ve a	S 5559	<ul> <li>Plan of Correction:</li> <li>As per our letter to the Department of Health dated June 11, 2012, our facility is seeking accreditation as a Class A ASF. Our accreditation survey is scheduled for July 24, 2012. The effective date for this regulation is June 19, 2012, and the survey took place on May 31 &amp; June 1, 2012. PPNMP-Allentown has taken the following steps to ensure compliance.</li> <li>PPNMP – Allentown provides only local anesthesia no sedation.</li> <li>VP of Medical Services will request</li> </ul>		Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: • PARENTHOOD KEYSTO • WN	DNE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET	ſ		
STATE LICENS	se number: <b>00218701</b>						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE #	OULD BE	(X5) COMPLETE DATE
S 5559	Continued from page 25			S 5559			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR LS IDENTIFYING INFORMATION)		cility failed sia prior to blicy and ion the y a nesthesia. lity does of a prior to nterview ioners do n any				

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		l í	IPLE CONSTRUCTION:	(X3) DATE SUR COMPLETED:	VEY
				B. WING:		06/08/2012	
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST( OWN	DNE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101				
STATE LICENSE NUMBER: 00218701         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEP PREFIX         MUST BE PRECEEDED BY FULL REGULATORY OF TAG       IDENTIFYING INFORMATION)			ID PREFIX TAG	The tublic of conduction (Energy		(X5) COMPLETE DATE	
8 5559	Continued from page 26			S 5559			
8 5910	910 559.1 Nursing Department 559.1 Nursing Department			S 5910	As per our letter to the Depa	rtment	Completion Date:
					of Health dated June 11, 2012, our facility is seeking accreditation as a		<b>07/21/2012</b> Status:
	The ASF shall have an under the supervision of a r	n organized nursing depa egistered nurse who has			Class A ASF. Our accredita survey is scheduled for July	24,	APPROVE Date:
	responsibility and accounta	bility for the Nursing Se	vice. 2012. The effective date for this regulation is June 19, 2012, and the		and the	06/29/2012	
	This REGULATION is not	met as evidenced by:			survey took place on June 7 2012. PPABC-Warminster		
					the following steps to ensure compliance.	2	
					- PPNMP-Allentown reques exception from this requiren		
					-559.1 -to permit the organiz	zed	
					nursing department to be un supervision of the Medical I	Director	
					- By letter from Department dated April 19, 2012, the De		
					granted this exception - The Human Resource dep	partment	
					will ensure that the facilities organizational chart will be		
					to indicate that the Medical I is the Director of Nursing by	Director	
					is the Director of Nursing by	/	

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	F						
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: <b>06/08/2012</b>	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	H STREET			
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
S 5910	Continued from page 27			S 5910			
	Based on review of fac interview (EMP), it wa to have a Director of N and accountable to the facility. Findings include: Review on May 31, 20 organizational chart re Director of Nursing (D Interview with EMP2 of the facility does not ha there was no registered accountable for the Nu	s determined the fac fursing who was resp person in charge of 12, of the facility's vealed no position fo ON). on June 1, 2012, con ve a position for a D nurse responsible a	firmed ON, and				
S 6124				S 6124			

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STATEMEN	STATEMENT OF DEFICIENCIES AND       (XI) PROVIDER/SUPPLIEF         PLAN OF CORRECTION (POC)       IDENTIFICATION NUMBER			A. BLDG:	(X2) MULTIPLE CONSTRUCTION:       (X3) DAT         A. BLDG:      0				
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST OWN	 ONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101						
STATE LICE	NSE NUMBER: 00218701								
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY C			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE		
S 6124	Continued from page 28			S 6124					
	<ul> <li>561.11 Pharmaceutical Facilities - Principle</li> <li>561.11 Principle</li> <li>The ASF shall provide equipment and supplies for the pharmaceutical service to implement its professional and administrative functions and to ensure patient safety through the proper storage and dispensing of drugs.</li> <li>Facilities shall be provided for the storage, safeguarding, preparation, and dispensing of drugs.</li> <li>This REGULATION is not met as evidenced by:</li> </ul>		ıl and		As per our letter to Joanne Salsgiver dated June 11, 2012, our facility is seeking accreditation as a Class A ASF. Our accreditation survey is scheduled for July 24, 2012. The effective date for this regulation is June 19, 2012, and the survey took place on May 31 & June 1, 2012. PPNMP-Allentown has taken the following steps to ensure compliance.		Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012		
					<ul> <li>The RQM coordinator has a policy (including a log) for medication storage which in the storing of refrigerated me and biological and monitorir what to do if the refrigerator out of range</li> <li>This will be reviewed with Center Managers on 07/06/1</li> <li>Center Managers will discuss their staff and all staff will h reviewed and signed off by 0</li> <li>Refrigerator thermostats has purchased by our facilities m which alert staff if the refrig- went "out of range" during the</li> </ul>	cludes edication ag and goes facility 2 ss with ave 07/21/12 we been nanager erator			

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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			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET			
STATE LICENSE NUMBER: 00218701							
STATE LICENSE NUMBER:     00218701       (X4) ID     SUMMARY STATEMENT OF DEFICIENCIES (EACH D       PREFIX     MUST BE PRECEEDED BY FULL REGULATORY (       TAG     IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) Complete Date
S 6124	Continued from page 29			S 6124			
					weekend. - Non-compliance will result re-training and/or disciplinar actions by Medical Service Administration Note: All medications have been m a separate location and refrig properly labeled.	y noved to	

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
NAME OF PROV	NAME OF PROVIDER OR SUPPLIER:			CITY, STATE, Z	TIP CODE:		
PLANNED	PARENTHOOD KEYSTC	DNE -	29 NORTH 9T	H STREET			
ALLENTOWN		ALLENTOWN	N, PA 1810	1			
STATE LICENSE NUMBER: 00218701							
(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 CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6124	Continued from page 30			S 6124			
	Based on review of fac	•					
	and staff interview (EN	MP), it was determin	ed the				
	facility failed to ensure	e medications were s	tored				
	according to acceptable	e standards of praction	ce and				
	failed to ensure the ten	nperature was mainta	ained for				
	refrigerated medication	ns and biologicals.					
	Findings include:						
	1) On May 31, 2012, th						
	facility's policy and pro						
	storage for review. No	policies or procedur	es for				
	medication storage wer	re provided during th	ne two				
	day survey.						
	Observation on May 3	1, 2012, of the facili	ty's				
	laboratory work room	located in the hallwa	ıy				
	adjacent to the reception	on area revealed a co	untertop				
	refrigerator labeled "Biohazard." Further o		1				
revealed the contents in the refrigerator ind							
	bottle of flu vaccine and one box of test co						
	(used to perform tests t						
	functioning properly) f	or the testing of anti	bodies.				

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN		STREET ADDRESS, 29 NORTH 97 ALLENTOW	TH STREET	ſ			
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	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 6124	Continued from page 31 Interview with EMP1 of medications and test co same refrigerator in the 2) On May 31, 2012, th facility's policy and pro- refrigerated medication or procedures for storin and biologicals was pro- survey. Observation on May 3 laboratory work room reception area revealed labeled "Biohazard". If biologicals and medica There was a log sheet of the refrigerator Monda was unable to provide refrigerator temperatur on Sunday.	ontrols were stored in e laboratory work ro- he survey team reque ocedures for storing ns and biologicals. In ng refrigerated medie ovided during the tw 1, 2012, of the facility in the hallway adjaced a countertop refrige Further observation re- tion stored in the ref recording the temper y thru Saturday. The documentation the re was adequately mathematical stored in the reference of the stored in the reference of the stored in the reference of the stored in the recording the temper y thru Saturday. The documentation the	n the om. ested the No policy cations to day ty's ent to the erator revealed frigerator. rature of e facility aintained	S 6124			

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET	ר		
STATE LICENS	e number: <b>00218701</b>						
(X4) ID     SUMMARY STATEMENT OF DEFICIENCIES (EACH D)       PREFIX     MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6124	Continued from page 32			S 6124			
	the refrigerator temperature was not monitored everyday of the week and the facility was not abl to ensure the proper storage temperatures for refrigerated medication and biologicals.						
S 6126				S 6126			

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			COMPLETED		(X3) DATE SUR COMPLETED: 06/08/2012	r.			
PLANNE	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101						
STATE LICE	NSE NUMBER: <b>00218701</b>									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG			(X5) Complete Date			
S 6126	Continued from page 33			S 6126						
	<ul> <li>561.13 Storage</li> <li>561.13 Storage</li> <li>The area in the ASF where drugs are stored sh periodically checked by a responsible pharmacist of practitioner and proper logs maintained.</li> <li>This REGULATION is not met as evidenced by:</li> </ul>				As per our letter to the Department of Health ated June 11, 2012, our facility is seeking accreditation as a Class A ASF. Our accreditation survey is scheduled for July 24, 2012. The effective date for this regulation is June 19, 2012, and the survey took place on May 31 & June 1, 2012. PPNMP-Allentown has taken the following steps to ensure compliance.		Completion Date: <b>07/21/2012</b> Status: <b>APPROVED</b> Date: <b>06/29/2012</b>			
				<ul> <li>A revised policy and log w developed by our Associate I Director. It will be presented reviewed with the Center Ma on 6/28/12. The facility staff review and sign off with com by 07/21/12</li> <li>The checking of medication will be added to the CRNPs checklist and will take effect 07/14/12 after all staff have b trained on the new policy</li> <li>PPNMP Governing Body w informed of this deficiency a corrective action at its meeting</li> </ul>	Medical d and anagers f will npletion n storage weekly c on been vill be und any					

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PLAN OF COF	OF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER: PARENTHOOD KEYST(	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING: RESS, CITY, STATE, ZIP CODE: LUCTUR STDEET			ΞΥ
ALLENTO			ALLENTOW				
1	e number: <b>00218701</b>				<b>F</b>		
(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 CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6126	Continued from page 34			S 6126			
				07/21/12 - Failure to comply with this will result in re-training and/ disciplinary action by Medic Services Administration	/or		

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOW	TH STREET			
STATE LICENS	se number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6126	Continued from page 35			S 6126			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued from page 35         Based on observation and staff interview (EMP), it was determined the facility failed to ensure medication storage areas were periodically checked by a pharmacist or responsible practitioner and proper logs maintained.         Findings include:         On May 31, 2012, the survey team requested the facility's policy and procedures for checking medication storage by a pharmacist or responsible practitioner. No policy and procedures were provided for checking medication storage by a pharmacist or responsible practitioner during the two day survey.         Interview with EMP1 on May 31, 2012, at approximately 3:00 PM confirmed a pharmacist or responsible practitioner did not periodically check the areas where medications were stored. Further interview with EMP1 confirmed the facility did not have a policy or procedure for checking medication storage by a pharmacist or responsible practitioner		checked and ed the eg onsible e by a ng the nacist or y check further y did not edication				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN		STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET	[			
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	(X4) ID     SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX       MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6126	Continued from page 36			S 6126			
	or maintaining docume responsible practitione medications.		rmacist or				
S 6142				S 6142			

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-	Department of Health	(XI) PROVIDER/SUPPLIER/C	CLIA	(X2) MULTI	IPLE CONSTRUCTION:	(X3) DATE SUR	VEY		
	ORRECTION (POC)	IDENTIFICATION NUMBER	:		A. BLDG: <u>00</u>		COMPLETED:		
				B. WING:		06/08/2012			
PLANNE	ROVIDER OR SUPPLIER: ED PARENTHOOD KEYST	ONE -	29 NORTH 9	TREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET					
ALLENT	ſOWN		ALLENTOW	N, PA 1810	1				
	INSE NUMBER: 00218701			1	i		1		
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
5 6142	Continued from page 37			S 6142					
	561.25 Distressed drugs, de	evices and cosmetics					Completion		
					As per our letter to the Depa		Date:		
	561.25 Distressed drugs, d			of Health dated June 11, 201 facility is seeking accreditati		07/21/2012 Status:			
	Drugs, devices and cosmet	ics which are outdated, v	isibly		Class A ASF. Our accredita		APPROVED		
	deteriorated, unlabeled or i	nadequately labeled, reca	alled,		survey is scheduled for July		Date:		
	discontinued or obsolete sh	•	censed		2012. The effective date for		06/29/2012		
	pharmacist or responsible p disposed of in compliance		wealth		regulation is June 19, 2012, a survey took place on May 31				
	and Federal regulations.	with applicable common	Iweann		1, 2012. PPNMP-Allentown				
					taken the following steps to	ensure			
	This REGULATION is not	t met as evidenced by:			compliance. - All opened medications and	d			
					chemicals have been labeled				
					"opened" date				
					- A pharmacy policy including	-			
					procedures for opening, labe discarding and shelf life of	ling,			
					medications and biologicals	will be			
					developed by Medical Servio				
					Administration.	6 11.			
					- This will be reviewed with Center Managers on 07/06/1	-			
					- Center Managers will discus				
					their staff and all staff will h	ave			
					reviewed and signed off by (				
					* A monthly audit will be do the recovery room CRNP	one by			
					* Non-compliance will be a	ddressed			
					at the quarterly RQM meetin				

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	OF DEFICIENCIES AND	(XI) PROVIDER/SUPPLIER/C		(X2) MULTI	PLE CONSTRUCTION:	(X3) DATE SURVE	EY
PLAN OF COR	RECTION (POC)	IDENTIFICATION NUMBER	•		<u>00</u>	COMPLETED: 06/08/2012	
PLANNED	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			L , city, state, z TH STREET N, PA 1810			
STATE LICENS	se number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
S 6142	Continued from page 38			S 6142			
					* Failire to comply with this will result in re-traning and/o diciplinary action		
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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOW	TH STREET	ſ		
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6142	Continued from page 39			S 6142			
	Based on observation a was determined the fac medications and biolog opened and discarded of Findings include: On May 31, 2012, the facility's pharmacy pol labeling opened medic policy or procedure for and biologicals was pro- survey. Tour of the facility on 10:00 AM and 12:00 P opened medication via "Exam Room 1" conta- vial with a dropper dis- water used for preparin- was no further informa- the day it was opened of	cility failed to ensure gicals were labeled w when expired. survey team requested licy and procedures f ations and biological r labeling opened me ovided during the tw May 31, 2012, betwe PM revealed the follo ls and biologicals: ined one opened, dan penser labeled "salin ng microscope slides ation on the bottle, in	ed the For ls. No edications to day een owing tk brown ne" (salt ). There dicating				

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTI A. BLDG: _ B. WING: _	PLE CONSTRUCTION: _00	(X3) DATE SURVEY COMPLETED: 06/08/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, 29 NORTH 9T ALLENTOWN	'H STREE1	ſ		
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OL FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE #	OULD BE	(X5) COMPLETE DATE
S 6142	Continued from page 40			S 6142			
	observation revealed a approximately 12" long The can was labeled bi approximately six inch no identification of the waste can and no date of "Exam Room 2" contain vial with a dropper disp was no further informat the day it was opened of observation revealed we in the vial. The "Lab" contained of plastic bottle of saline f dated. There were two labeled saline that were one bottle of trichlorad treat genital warts) open dated. The "Storage Room" lo	g by 10" wide by 32' ohazard and was fill es of a clear fluid. T contents in the red b of expiration. ined one opened, dan penser labeled "salin tion on the bottle ind or the discard date. I white and black debri that was opened and brown dropper bott e opened and not dat cetic acid cauterant (	" tall. ed with here was piohazard ck brown e." There dicating Further s floating s) clear not les ed, and used to and not				

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 06/08/2012				
	DVIDER OR SUPPLIER: D PARENTHOOD KEYST( OWN	DNE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101							
STATE LICEN	SE NUMBER: <b>00218701</b>									
(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 CORR CORRECTIVE ACTION S CROSS-REFERENCED TO THI	HOULD BE	(X5) COMPLETE DATE			
S 6142	Continued from page 41			S 6142						
	station contained one h enzymatic pre-soak that and not dated. "Exam Room 3" contat labeled "75% silver nit nitrate, expiration date partially used, and not Interview with EMP3 of the brown bottles of sat microscope slides, were the solution should be there was no way to de had been in the dropper revealed the brown droc larger bottle of saline sat also confirmed the sali disinfected between pat trichloracetic acid caut multiple patients by di applicator into the vial	at was opened, partia ined three canisters of trate and 25% potass December 2014, op dated. On May 31, 2012, co line, used to prepare re not labeled with the discarded. EMP3 co etermine how long the r vial. Further interv opper vials were fille stored in the "Lab." If ne dropper bottles w ttients. EMP3 confin erant bottle was used pping an unsterile co	ally used, of swabs ium ened, nfirmed ne date nfirmed ne saline iew d from a EMP3 vere not rmed the d for otton tip							

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET	ſ		
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	X4) ID         SUMMARY STATEMENT OF DEFICIENCIES (EACH D           REFIX         MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6142	Continued from page 42			S 6142			
	stated "It is nowhere near the patient." Interview with EMP1 on May 31, 2012, confirmed the facility did not have a policy and procedure for the expiration of medication and biologicals after opened. EMP1 also confirmed the facility was not aware there was a "time limit" on the bottle of enzymatic cleaner after it was opened. Further interview confirmed the red biohazard waste can was filled with an enzymatic cleaner. Speculums used for vaginal exams were placed in the fluid after use, for cleaning at the end of the day. EMP1 stated "I did not know there was expiration for the enzyme cleaner."						
S 6350				S 6350			

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	ROVIDER OR SUPPLIER: 2 <b>D PARENTHOOD KEYST</b> 2 <b>OWN</b>	ONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101						
STATE LICE	NSE NUMBER: 00218701								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)			G PROVIDER'S PLAN OF CORR CORRECTIVE ACTION S CROSS-REFERENCED TO TH	HOULD BE	(X5) COMPLETE DATE			
5 6350	Continued from page 43		S 6350						
	Continued from page 43 563.5 Storage of Medical Records 563.5 Storage of Medical Records Medical records shall be stored to provide protection from loss, damage or unauthorized access. This REGULATION is not met as evidenced by:		ection	As per our letter to the Dep of Health dated June 11, 20 facility is seeking accredita Class A ASF. Our accred survey is scheduled for Jul 2012. We are optimistic that we we to obtain accreditation, but event that we are not succe will pursue licensure as a O ASF. To that end, if the C accreditation process concl unsuccessfully, we will pur alternate plan of compliand submitted by the Planned Parenthood health centers a licensure as Class B ASF, it the dates as appropriate. Accordingly, at that time a necessary, PPNMP- Allent confer with its architect an of Safety and Inspection to feasible alterations to its he center and seek necessary exceptions. The effective date for this to is June 19, 2012, and the su	12, our tition as a fitation y 24, will be able in the ssful, we class B lass A udes rsue the seeking adjusting nd if own – will d Division identify ealth	Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012			

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTC WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET	- -		
STATE LICENSE NUMBER: 00218701							
(X4) ID     SUMMARY STATEMENT OF DEFICIENCIES (EACH D)       PREFIX     MUST BE PRECEEDED BY FULL REGULATORY ( TAG       IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6350	Continued from page 44			S 6350			
					<ul> <li>PPNMP-Allentown has take following steps to ensure compliance.</li> <li>A roofing contractor has b hired to determine leaks</li> <li>Any purged charts will be s storage (at appropriate time) reduce amount of stored charts</li> </ul>	een sent for to	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012				
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	CITY, STATE, 2	ZIP CODE:					
	PARENTHOOD KEYSTO	DNE -	29 NORTH 9TH STREET							
ALLENTO			ALLENTOW	N, PA 1810	1					
				,						
STATE LICENS	e number: <b>00218701</b>				1					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE				
S 6350	Continued from page 45			S 6350						
	Based on review of fac	vility documents obs	servation							
	and staff interview (EM	-								
	facility failed to ensure									
	in a manner to provide									
	fire damage.									
	ine damage.									
	Findings include:									
	Review on May 1, 201	2. of the facility's "F	Record							
	Retention" policy, last									
	revealed "Policy: To en	•	-							
	documents are retained									
	"	a weed and good appro-								
	Observation on May 3	1, 2012, of the facili	ty's							
	medical record room re		5							
	shelving racks containing	•								
	e	e	xes of							
	patient medical records	S.								
	Observation on May 3	1 2012 of the facili	ty'o							
	2		5							
	storage room revealed	-								
	containing 34 cardboar	rd boxes of patient m	nedical							
	records.									

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,				
	PARENTHOOD KEYSTC	DNE -	29 NORTH 91				
ALLENTO	<b>WN</b>		ALLENTOW	N, PA 1810	1		
STATE LICENS	e number: <b>00218701</b>						
(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 6350	Continued from page 46			S 6350			
	Observation on May 3 storage room revealed brown areas of discolo were located over the a were stored in cardboa Interview with EMP1 of approximately 12:00 P stored patient medical on wood racks and the protected from possible interview confirmed th from water damage.	several ceiling tiles ration. These ceiling area were medical re rd boxes. on May 31, 2012, at M confirmed the fac records in cardboard se medical records w e fire damage. Furth	with s tiles cords cords cility l boxes vere not er				
S 6390				S 6390			

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Pennsylvania De	epartment of Health				_					
	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/08/2012				
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101							
STATE LICENS	e number: <b>00218701</b>									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE			
S 6390	Continued from page 47			S 6390						
	<ul> <li>563.9 Confidentiality of Me</li> <li>563.9 Confidentiality of me</li> <li>Records shall be treate</li> <li>authorized personnel</li> <li>shall have access to the record</li> <li>of</li> <li>the patient shall be presente</li> <li>original record</li> <li>as authority for release of me</li> <li>ASF.</li> <li>This REGULATION is not</li> </ul>	edical records d as confidential. Only ords. The written authori d and then maintained in nedical information outsi	n the		As per our letter to Joanne S dated June 11, 2012, our faci seeking accreditation as a CI ASF. Our accreditation sur- scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the surve place on May 31 & June 1, 2 PPNMP-Allentown has taken following steps to ensure compliance. - Patient Confidentially poli been edited to include the for situations: Charts left unattended Visible computers/computer Logging out of computer wh leaving station Contents of bulletin boards - This policy will be present Medical Services Administra to the Center Manager 07/12/12 - Center Managers will infor staff by 07/19/12 - Medical Services Administra	ility is ass A vey is The tion is y took 2012. n the cy has llowing screens en red by ation ers on rm their	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:	DLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞŶ
	VIDER OR SUPPLIER: PARENTHOOD KEYST( WN	DNE -	STREET ADDRESS, 29 NORTH 91 ALLENTOW	TH STREET			
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT 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 /	(X5) COMPLETE DATE	
S 6390	Continued from page 48			S 6390			
					will do unannounced "walk- ensure confidentiality of path - Failure to comply with this will result in re-training and disciplinary action by Medic Services Administration	ients. policy /or	

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	DF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C RECTION (POC) IDENTIFICATION NUMBER:			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	CITY, STATE, Z	IP CODE:		
	PARENTHOOD KEYSTC	DNE -	29 NORTH 9T				
ALLENTO	WN		ALLENTOWN	N, PA 1810	1		
	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	<sup>°</sup> OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
S 6390	0       Continued from page 49         0       Based on review of facility documents, or and staff interview (EMP), it was determ facility failed to ensure the security of compatient information on a computer and facility failed to ensure the security of compatient information on a computer and facility f			S 6390			
			ervation				
		•					
	· · · · · · · · · · · · · · · · · · ·	· · ·					
	•	•					
	ensure the security of confidential patient files for 17 of 17 patient medical files.						
	Findings include:						
	Review on May 31, 20	12, of the facility's "	Planned				
	Parenthood of Northea	st and Mid-Penn					
	confidentially Policy,"	no review date, reve	ealed				
	"Planned Parenthood o	of Northeast and Mid	-Penn				
	(PPNMP) services are	strictly confidential.	"				
	1) Observation on May		-				
	nurses' station revealed	the nurses' station v	was				
	unattended by facility	staff. There were 17	patient				
	medical records on the	desk in full view. T	There was				
	an open computer scree	en with a blank med	ical				
	record. Further observ	ation revealed OTH	1 sitting				
	near the nurses' station						

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				1	1		
	OF DEFICIENCIES AND RECTION (POC)	STONE -       2         MENT OF DEFICIENCIES (EACH DEFICEEDED BY FULL REGULATORY OR I         EEDED BY FULL REGULATORY OR I         ENTIFYING INFORMATION)         0         P1 on May 31, 2012, at         5 AM confirmed the pass		(X2) MULT	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΞY
				A. BLDG: B. WING:		06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTC	DNE -	STREET ADDRESS, 29 NORTH 9T				
ALLENTO	WN		ALLENTOWN	N, PA 1810	1		
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO		(X5) COMPLETE
TAG			K LBC		CROSS-REFERENCED TO THE A		DATE
S 6390	Continued from page 50			S 6390			
				0 0000			
	Interview with FMP1	on May 31, 2012, at					
	approximately 11:00 AM confirmed the station was unattended by facility staff.		rses'				
	17 patient medical reco	ords on the desk in fu	ull view;				
	and the computer screen was open. Furth						
	interview with EMP1 r	evealed confidential	patient				
			as a				
	patient; OTH1 was left						
	•		nd view				
	confidential patient inf	ormation.					
	2) Observation on Max	$\sqrt{31}$ 2012 of the fac	cility's				
			-				
			•				
	password clearly writte						
	Interview with EMP1 of	on May 31, 2012, at					
	approximately 11:05 A	M confirmed the pa	ssword				
	written on the 4 x 4 pie						
	bulletin board next to t	he computer was the	e				

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	LIA	(X2) MULTIPLE CONSTRUCTION:       (X3) DATE SUR COMPLETED:         A. BLDG:      00			VEY	
PLANNE ALLENT		TONE -	29 NORTH 9	S, CITY, STATE, Z TH STREET VN, PA 18101		1		
STATE LICE (X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DEI DED BY FULL REGULATORY OF TIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	(X5) COMPLETE DATE		
S 6390	•	•		S 6390				
S 6710	password to enter the computer at the nurses station which contained confidential patient information. 567.3 (a) Policies and Procedures (a) Only authorized persons, who are properly a shall be allowed int he surgical area. This REGULATION is not met as evidenced by:		attired,	S 6710	As per our letter to the Dep of Health dated June 11, 20 facility is seeking accredita Class A ASF. Our accredit survey is scheduled for July 2012. The effective date fo regulation is June 19, 2012, survey took place on May 3 1, 2012. PPNMP-Allentow taken the following steps to compliance. - The Infection Control poli updated to ensure that only authorized persons with the attire are in the procedure re * The Center Manager of the will be responsible for enfo policy * Staff who do not comply policy will face disciplinary by Medical Services Admir	12, our tion as a tation 724, r this and the 1 & June n has r ensure to will be proper poms he facility rcing the with the 7 actions	Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012	

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	1						
	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET	- -		
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI			ID PREFIX TAG		OULD BE	(X5) COMPLETE DATE
S 6710	Continued from page 52	CROSS-REFERENCED TO THE AF CROSS-REFERENCED TO THE AF S 6710 S 6710 S 6710 Insure Infection Control policies Suthorized persons and the					
	and interview with stat the facility failed to en	f (EMP), it was dete sure Infection Contro- thorized persons and gical area. 12, of the facility po- idated, revealed no p with the proper attir 2012, with EMP1 co Control" policies ar itablished for authori	ermined ol policies d the licy provision e in the nfirmed nd ized				

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:       (X3) DATE SURV COMPLETED:         A. BLDG:00			VEY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST( OWN	DNE -	STREET ADDRESS 29 NORTH 97 ALLENTOW	TH STREET	- -		
STATE LICEN	ISE NUMBER: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT 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 6715	567.3 (b) (5) Policies and P 567.3 Policies and procedu (b) Current written po definite and valid infection control shall the following: (5) Housekeeping This REGULATION is not	rres olicies and procedures to include,but not be limit		S 6715	As per our letter to the Depa of Health dated June 11, 201 facility is seeking accreditati Class A ASF. Our accredita survey is scheduled for July 2012. The effective date for regulation is June 19, 2012, survey took place on May 31 1, 2012. PPNMP-Allentowr taken the following steps to compliance. - The Risk & Quality Manag Coordinator will revise the in control manual to include ten cleaning procedure rooms be patients. - This policy will be present Medical Services Administra to the Center Manage 07/12/12 - Center Managers will info staff and staff will sign off of policy by 07/21/12 * Unannounced spot checkss performed by Medical Servi Adminstration to ensure staff following policy * Failure to comply with this will result in re-training and/ disciplinary action by Medical Services Management	2, our ion as a ation 24, this and the 1 & June has ensure gement infection rminal etween ed by ation ers on rm their on the s will be ces f are s policy /or	Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (X) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED:   NAME OF PROVIDER OR SUPPLIER: STATE ADDRESS, CITY, STATE, ZIP CODE: 0608/2012   PLANNED PARENTHOOD KEYSTONE - ALLENTOW STREET ADDRESS, CITY, STATE, ZIP CODE: 0708/2012   STATE LICENSE NUMBER: 0218701 0218701   (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY IDENTIFYING INFORMATION) ID PREFIX TAG   S 6715 Continued from page 54 S   S 6715 Based on review of facility policy and procedures S		
PLANNED PARENTHOOD KEYSTONE - ALLENTOWN29 NORTH 9T REET ALLENTOWN, PA 1810STATE LICENSER0(X4) ID PREFIX TAGSUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY STATEMENT OF DEFICIENCY IDENTIFYING INFORMATION)ID PREFIX PREFIX S 6715S 6715Continued from page 54S 6715	ſ	
ALLENTOW       ALLENTOW, PA 1810         STATE LICENSER 00218701         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY)       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE         S 6715       Continued from page 54       S 6715	A. BLDG:00 A. BLDG:00 B. WING: Y, STATE, ZIP CODE: STREET PA 18101 ID EFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	
STATE LICENSE NUMBER: 00218701         (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       ID         S 6715       Continued from page 54       S 6715       S 6715       S 6715		
STATE LICENSE NUMBER: 00218701         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE         S 6715       Continued from page 54       S 6715		
PREFIX TAG       MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE         S 6715       Continued from page 54       S 6715       S 6715		
	COMPLETE	
Based on review of facility policy and procedures		
and interview with staff (EMP), it was determined the facility failed to ensure Infection Control policies were established for terminally cleaning the procedure room between patientsFindings include:Review on May 31, 2012, of the facility policy "Infection Control," undated, revealed no provision for terminal cleaning procedure rooms between patients.Observation on May 31, 2012, of examination room 4 (facility references as procedure room 4) revealed a clear glass storage cylinder that contained large-tipped cotton swabs sitting on the countertop. Further observation revealed a white dusty film on the bottom of this container and a spot of a red substance on the bottom inside of the glass container.Interview on May 31, 2012, with EMP1 confirmed		

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	DF DEFICIENCIES AND RECTION (POC)			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER:		STREET ADDRESS,		COMPLETED: 06/08/2012		
ALLENTO	PARENTHOOD KEYST(	JNE -	29 NORTH 91 ALLENTOWN				
	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	ED BY FULL REGULATORY O		ID PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	COMPLETE
S 6715	Continued from page 55	KEYSTONE -     2       A     A       I     A		S 6715			
	spot of a red substance glass container and ide Further interview with did not have a terminal procedure. EMP1 con performed in the room splatter of blood and b	on the bottom insidentified it as dried bloc EMP1 confirmed th I cleaning policy and firmed the procedure created the potentia ody fluids. EMP1 also	e of the ood. e facility l es l for the so				
S 6721				S 6721			

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: <u>00</u> COMPL			8) DATE SURVEY MPLETED: // <b>08/2012</b>	
	ROVIDER OR SUPPLIER: 2D PARENTHOOD KEYST( 3'OWN	ONE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	'H STREET	- -			
STATE LICEI (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 CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
5 6721	definite and valid infection control shall the following:	res olicies and procedures to l include,but not be limit n status requirements		S 6721	As per our letter to the Depa of Health dated June 11, 201 facility is seeking accreditati Class A ASF. Our accredita survey is scheduled for July 2012. The effective date for regulation is June 19, 2012, a survey took place on May 31 1, 2012. PPNMP-Allentown taken the following steps to a compliance. - The Human Resource Mar perform an audit of facility s 07/13/12 - All deficiencies will be cor 07/21/12 * The Human Resource dep will perform quarterly audits personel records * Any discrepancies will be presented at the RQM comm and corrective actions will be determined by the committee	2, our on as a ation 24, this and the & June has ensure mager will taff by rected by artment on	Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012	

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	ſ OF DEFICIENCIES AND NRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	OVIDER OR SUPPLIER: D PARENTHOOD KEYSTO OWN	DNE -	STREET ADDRESS, CI 29 NORTH 9TH ALLENTOWN,	I STREET			
STATE LICEN	ISE NUMBER: 00218701						
(X4) ID PREFIX TAG	MUST BE PRECEED	r 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
6721	Continued from page 57	S	6721				
	<ul> <li>Based on review of perpolicies and interview determined the facility policy and maintain here personnel files reviewed PF5, and PF6).</li> <li>Findings include:</li> <li>A review on June 1, 20</li> <li>"Section 3 Employment Personnel Records, Box 2009" revealed "The Here Department maintains employment records for Documents containing information are kept in Department and are referent ployee's authorizati by law. [They] cooper local governmental records reployee's legal rights</li> </ul>	with staff (EMP), it failed to follow esta ealth status files on 6 ed (PF1, PF2, PF3, F D12, of the facility point and Staffing, 3.13, pard approved revision IR (Human Resource a personnel file of or each employee an employee's media in a separate file in th leased only with an on, unless otherwise rates with federal, sta quests to investigate tigation does not vio	was ablished of 6 PF4, olicy ons-June es) ical e HR allowed ate, and an late an				

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTC WN	DNE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	'H STREET	ſ		
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OL FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
S 6721	Continued from page 58			S 6721		COMPLETED: 06/08/2012 CORRECTION (EACH (X5) ION SHOULD BE (X5)	
\$ 6737	furnishes proper identi authority to investigate A request was made fo June 1, 2012, at approx requested were for curr facility (PF1, PF2, PF3 Interview on June 1, 20 approximately 09:30 A policy was not followe not maintained for PF1 PF6.	r employee health fi timately 9:30 AM. T rent staff working in PF4, PF5, and PF6 D12, with EMP4 at M confirmed the fac d and health status f	les on The files the 5). cility iles were	S 6727			
56/3/				S 6737			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) IDENTIFICATION NUME NAME OF PROVIDER OR SUPPLIER:			A. BLDG:	(X2) MULTIPLE CONSTRUCTION: (X A. BLDG: <u>00</u> B. WING: 00		
	PARENTHOOD KEYSTO	DNE - 2	STREET ADDRESS, CITY, STATE, Z 29 NORTH 9TH STREET ALLENTOWN, PA 1810	[		
TATE LICENS (X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DEFI ED BY FULL REGULATORY OR I FYING INFORMATION)		PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
5737	Continued from page 59 567.23 Clean Linen 567.23 Clean Linen Clean linen shall be av emergency needs of the ASF. Clean linen shall b minimize contamination from surface contact or airb This REGULATION is not	oorne deposits.	and S 6737	<ul> <li>Plan of Correction:</li> <li>As per our letter to Joanne Sa dated June 11, 2012, our faci seeking accreditation as a Cla ASF. Our accreditation surv scheduled for July 24, 2012.</li> <li>effective date for this regulat June 19, 2012, and the survey place on May 31 &amp; June 1, 2 PPNMP-Allentown has taker following steps to ensure compliance.</li> <li>Medical Services Administ in the process of asking for b a company to provide us with professionally laundered scrublankets thus eliminating the for using the washer &amp; dryer - Company informs us that th week "turn on" date from dat contract</li> <li>All drape sheets and chuck have been placed in cabinets from any chance of " fluid sp</li> </ul>	lity is ass A vey is The ion is y took 2012. In the tration is ids for thes and need here is 6 e of pads away	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
	WIDER OR SUPPLIER: ) PARENTHOOD KEYSTO )WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET	ſ		
STATE LICENSE NUMBER: 00218701			1				
(X4) ID PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6737	Continued from page 60		S 6737				
	Based on observation a was determined the fac	clean					
	scrubs in a manner to r surface contact and fai	iled to store clean dis	sposable				
	linen in a manner to m procedures in the facili		•				
	Findings include:						
	1) Observation on May staff bathroom revealed dryer. Further observa four sets of staff scrubs Interview with EMP1 in considered clean.	ed a stackable washer ation revealed approx s on top of the washe	r and ximately er.				
	Interview with EMP1 on May 31, 2012, at approximately 11:05 AM revealed facility the soiled linens and scrubs from the proce rooms to the staff bathroom, separate the so linens and scrubs, and place the soiled line scrubs in the washer.						

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	H STREET			
STATE LICENSE NUMBER: 00218701							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE #	OULD BE	(X5) COMPLETE DATE	
S 6737	Continued from page 61		S 6737				
	The facility was not ab the washer lid was clea to minimize contamina the clean scrubs follow soiled linens and scrub 2) Observation on May three and four revealed open metal cart with th middle shelf and the bo disposable drapes and 1 drapes were used to co pillow for patient use. Interview with EMP1 of approximately 1:45 PM remained in the rooms procedures and had the blood and body fluid sp	aned and sanitized in ation from surface co- ving the laundering of s. 7 3, 2012, of Exam R l each room contained aree shelves. Located ottom shelf were whi blue disposable drap ver the procedure tal on May 31, 2012, at <i>I</i> confirmed the meta- during the surgical e potential to be expo	a manner ontact to of the Rooms ed an I on the ite wes. The ble and al carts				
S 6738				S 6738			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER				A       (X2) MULTIPLE CONSTRUCTION:       (X3) DATE SURV         A. BLDG:      00			VEY	
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST OWN	ONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101					
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEED	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
6738	Continued from page 62 567.24 Soiled Linen 567.24 Soiled Linen Soiled linen shall be of microbial dissemination into the envi- kept segregated from clean linen. Soiled lin identified and separately bagged. Pre subsequent processing of soiled linen f microbial dissemination and infection This REGULATION is no	nen from isolation areas s ecautions shall be taken in from isolation areas to pro n.	all be hall be 1 the	S 6738	As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a C ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regula June 19, 2012, and the surve place on May 31 & June 1, 2 PPNMP-Allentown has take following steps to ensure compliance. - Medical Services Adminis in the process of asking for 1 a company to provide us wit professionally laundered scr blankets thus eliminating the for using the washer & drye - Company informs us that t week "turn on" date from da contract - Until the company is on b soiled linens are placed in th container. After laundered th placed in the "clean" contain	ility is lass A vey is The tion is ey took 2012. In the tration is bids for th ubs and e need r here is 6 te of oard all ne "dirty" ney are	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012	

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/08/2012	EY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET			
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE #	OULD BE	(X5) COMPLETE DATE	
S 6738	Continued from page 63			S 6738			
	MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued from page 63         Based on observation and staff interview (EMI was determined the facility failed to store soile separate from the clean linen storage and failed ensure soiled linen was washed at a temperatur prevent microbial dissemination.         Findings include:         1) Observation on May 31, 2012, of the facility staff bathroom revealed a stackable washer and dryer. Further observation revealed scrubs on of the washer and a storage closet containing linterview with EMP1 revealed that scrubs on the washer and the linens in the storage closet considered clean.         Interview with EMP1 on May 31, 2012, at approximately 11:00 AM revealed facility staff bathroom, separate the soiled linens and scrubs, and place the soiled linens and scrubs if washer. Further interview confirmed the clean and scrubs were stored in the staff bathroom wereemose store stored in the staff bathroom were stored in		soiled linen ailed to rature to cility's and on top ng linens. on top of oset were staff bring to the nd bs in the lean linen				

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STATEMENT OF DE PLAN OF CORRECT		(XI) PROVIDER/SUPPLIER/C			DIF CONSTRUCTION		
		IDENTIFICATION NUMBER:	LIA		00	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
NAME OF PROVIDER PLANNED PAI ALLENTOWN	RENTHOOD KEYSTO	NE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET	[		
STATE LICENSE NUMBER: 00218701							
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S 6738 Cor	ontinued from page 64			S 6738			
the 2) por sta wa the at v Int apj on wa and set con ten if t	OWN ALLENTOW						

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	AME OF PROVIDER OR SUPPLIER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012		
	D PARENTHOOD KEYST	DNE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101					
STATE LICEN (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 SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE	
\$ 6743	567.33 (c) Waste Disposal 567.33 Waste disposal (c) Pathological, bacte gynecological and contamin shall be disposed of by a method ap Environmental Resources under 25 Pa. Coo waste management) and in compliance with loca This REGULATION is not	nated waste and similar r proved by the Departme de Chapter 75 (relating t al ordinance.	ent of	S 6743	As per our letter to Joanne S dated June 11, 2012, our fact seeking accreditation as a Cl ASF. Our accreditation sur- scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on May 31 & June 1, 2 PPNMP-Allentown has take following steps to ensure compliance. - Center Manager now check sharps containers daily - All biohazard trash contain be lined with red biohazard to -(ordered 06/21/12) - Medical Services Adminis will re-train staff on the infec control policy by 07/06/12 - Included in this training wi - sharps containers -use of red-biohazard bags & contents -disposing of contents of PO	ility is ass A vey is The tion is y took 2012. n the ers will bags tration ction Il be:	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: ) PARENTHOOD KEYSTO )WN	DNE -	STREET ADDRESS, 29 NORTH 91 ALLENTOWN	TH STREET			
STATE LICENSE NUMBER: 00218701							
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE	
S 6743	Continued from page 66		S 6743				
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)		ed the nes for al waste olicy sed June entainers -proof if abeled bel, /4 full. I of this nd iscarded ed, I material ucts or ing POC				

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	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET			
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	FIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6743	Continued from page 67		S 6743				
	Regulated Medical Wa located throughout the employees and as close Waste containers are n routinely replaced and Waste Disposal Metho Category/location; Pat Fluids/Patient Care Ar disposable medical sup e.g. empty I.V. (intrave disposable towels, gow masks, non-bloody dre cotton tipped applicate bags, Disposal Method Body fluids (blood, va covered, stoppered, bra Bag/Container; Red ba treatment Substance with human blood or c Bag/Container; red bag treatment. Category/Lo	as of ource. overed, ill ody ds and patient, ng, oves, spatulas, lear bstance; ightly ers, l; off-site aturated an blood. ; Off-site l: Surgical of					

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG: B. WING:		(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTC WN	)NE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET	ſ		
STATE LICENSE NUMBER: 00218701							
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6743	Continued from page 68			S 6743			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOW	TH STREET	ſ		
STATE LICENSE NUMBER: 00218701							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE	
S 6743	Continued from page 69			S 6743			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/08/2012	
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STATE LICENSE NUMBER: 00218701							
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S 6743	TOWN ALLE ENSE NUMBER: 00218701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC		ed "Do terial. hould be cility's acle d with a hite waste ined with EMP1 ned with	S 6743			

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012				
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	CITY, STATE, Z	LIP CODE:					
PLANNED	PARENTHOOD KEYSTO	DNE -	29 NORTH 9TH STREET							
ALLENTO	WN		ALLENTOW	N, PA 1810	1					
STATE LICENS	STATE LICENSE NUMBER: 00218701									
(X4) ID PREFIX TAG	FIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
S 6743	Continued from page 71			S 6743						
	long by 24" wide and a	approximately 48" hi	igh.							
	These were lined with	red plastic medical v	waste							
	bags. There were no ti	ightly fitting lids on	the waste							
	containers.									
	<ul> <li>Interview with EMP1 on May 31, 2012, at approximately 12:00 PM confirmed the two cardboard medical waste containers, with approximate dimensions of 24" long by 24" and approximately 48" high, lined with red medical waste bags. EMP1 confirmed there no tightly fitting lids on the waste container interview with EMP1 confirmed the vestibut carpeted area, was used as a fire exit and for deliveries.</li> <li>6) Observation on May 31, 2012, of the facility solid area revealed a two basin sink.</li> <li>Interview with EMP1 on May 31, 2012, rev the facility had no provision for the disposal</li> </ul>									
	bloody body fluid was the facility had approv	te. EMP1 was uncer	tain if							

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/08/2012				
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101							
STATE LICENS	e number: <b>00218701</b>									
(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 CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE			
S 6743	Continued from page 72			S 6743						
	Environmental Resour body fluid waste dowr Further interview with the bloody liquid from	the sink in the soile EMP1 confirmed "v	d area. ve pour							
S 6747				S 6747						

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: <u>00</u> COMPLETE		(X3) DATE SUR COMPLETED: 06/08/2012	):	
	OVIDER OR SUPPLIER: D PARENTHOOD KEYSTO OWN	ONE -	STREET ADDRESS 29 NORTH 9 ALLENTOW	TH STREET	ſ			
STATE LICE	NSE NUMBER: <b>00218701</b>							
(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 CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
5 6747	Continued from page 73			S 6747				
	567.43 Ventilation System The ventilation system shal in accordance with the writ ensure that a properly cond minimum filtration, humidi is provided in critical areas recovery suites under Chapter 571 (relating to co This REGULATION is not	ten maintenance schedul itioned air supply meetir ity and temperature requi such as the surgical and nstruction standards).	le to ng irements		<ul> <li>Plan of Correction:</li> <li>As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012.</li> <li>effective date for this regular June 19, 2012, and the surver place on May 31 &amp; June 1, 2 PPNMP-Allentown has take following steps to ensure compliance.</li> <li>Temperature &amp; humidity m for procedure rooms and rec room will be purchased by o purchasing department by 00 - A policy will be developed Medical Services</li> <li>Administration/RQM regard monitoring of temperature an humidity levels in the proceed rooms and recorrooms and recorrooms and recovery room.</li> <li>Center Managers and staff trained by Training Manager/Medical Services administration on how to use monitor by 07/13/12</li> <li>A log will be developed by</li> </ul>	ility is lass A vey is The tion is ey took 2012. In the nonitors overy bur 6/29/12 I by ling the nd dures f will be e this	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012	

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOW	TH STREET	- -		
STATE LICENSE NUMBER: 00218701							
STATE LICENSE NUMBER:     00210701       (X4) ID     SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX       MUST BE PRECEEDED BY FULL REGULATORY ( TAG     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 74			S 6747			
					RQM coordinator to docume temperature and humidity le - The use of the log will be p the training - Regular audits will be done Medical Service administrat ensure policy is being follow temperature and humidity ar	vels part of e by ion to ved and	

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET	ſ		
STATE LICENSE NUMBER: 00218701							
(X4) ID PREFIX TAG	(X4) ID         SUMMARY STATEMENT OF DEFICIENCIES (EACH D           PREFIX         MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 75		S 6747				
	Based on observation a was determined the fact temperature and humic by the facility to perfor- recovery area. Findings include: The survey team reque humidity documentation where the facility to per- recovery area. Interview with EMP1 of approximately 3:40 PM not monitor or maintain and humidity levels in recovery room in order meeting proper temper	sted the temperature on for rooms three and erformed procedures on May 31. 2012, at A confirmed the faci n a record of the tem rooms three and fou	e and hd four and the lity did hperature r or the as were				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)       (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER         NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN       -         STATE LICENSE NUMBER:       00218701         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX         MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)		STREET ADDRESS, 29 NORTH 91 ALLENTOWN FICIENCY	A. BLDG: B. WING: CITY, STATE, Z		OULD BE	EY (X5) COMPLETE DATE	
S 6900	569.1 CHAPTER 569 - FIR 569.1 Principle The ASF shall have an disaster program under the direction and supe qualified to implement the program. This REGULATION is not	organized fire, safety a	nd	S 6900	<ul> <li>Plan of Correction:</li> <li>As per our letter to the Depa of Health dated June 11, 201 facility is seeking accreditati Class A ASF. Our accredita survey is scheduled for July 2012. The effective date for regulation is June 19, 2012, a survey took place on May 31 1, 2012. PPNMP-Allentown taken the following steps to a compliance.</li> <li>569.1 requires an ASF to ha "organized fire, safety, and d program under the direction supervision of 1 or more per qualified to implement the program was moved into a large stora room</li> </ul>	2, our on as a ation 24, this and the 4 & June has ensure ave an lisaster and sons rogram" ical room	Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 06/08/2012	
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	CITY, STATE, Z	LIP CODE:		
PLANNED	PLANNED PARENTHOOD KEYSTONE -			'H STREET			
ALLENTOWN			ALLENTOWN	N, PA 1810	1		
STATE LICENSE NUMBER: 00218701							
(X4) ID PREFIX		OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH		(X5) COMPLETE
TAG		FYING INFORMATION)			CROSS-REFERENCED TO THE		DATE
G (000	Continued from page 77						
S 6900	Continued from page 77			S 6900			
	Based on observation a	and staff interview (I	EMP) it				
	was determined that th	· · · · · · · · · · · · · · · · · · ·					
	building was protected	•					
	• •						
	sprinkler system and fa						
	and flammable liquids	in a manner to preve	ent				
	potential fire.						
	Findings include:						
	i mungo morado.						
	1) Observation on May	y 31, 2012, of the fac	cility's				
	hallways, examination		-				
	mechanical room, nurs						
	revealed no evidence o						
	Teveated no evidence of	a water sprinkler s	ystem.				
	Interview with EMD1	and EMD? on June 1	2012				
	Interview with EMP1 a						
	at approximately 1:30						
	does not have a water s	1 5 1	rotect				
	the facility from the sp						
	2) Observation on May 31, 2012, of the fa						
	mechanical room revealed electrical power		-				
	water heater, boxes of toilet paper and tissu		-				
			-				
	and partially used cans	or paint and cleaning	g				

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION: 	(X3) DATE SURVEY COMPLETED: 06/08/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN		STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET				
STATE LICENSE NUMBER: 00218701							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OL FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6900	Continued from page 78			S 6900			
	supplies. Interview with EMP1 on May 31, 2012, confirmed the mechanical room contained the electrical power panels, water heater, boxes of toilet paper and tissues, open and partially used cans of paint and cleaning supplies.						
S 6905				S 6905			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET			
STATE LICENSE NUMBER: 00218701							
(X4) ID PREFIX TAG	ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D IX MUST BE PRECEEDED BY FULL REGULATORY (			ID PREFIX TAG			(X5) COMPLETE DATE
S 6905	Continued from page 79			S 6905			
	Continued from page 79 569.12 Fire Warning and Safety Systems 569.12 Fire Warning and Safety Systems An ASF shall have an automatic and manually activated fire alarm system installed to transmit an alarm automatically to the fire department by the most direct and reliable method approved by local ordinances. This REGULATION is not met as evidenced by:		re		As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the surve place on May 31 & June 1, 2 PPNMP-Allentown has take following steps to ensure compliance. - A fire and safety training is scheduled for July 2 & 3 wit outside consultant - Staff will sign off on the tra and it will be kept in their per file - Ongoing, this training will to the RQM work plan and p on an annual basis	ility is ass A vey is The tion is y took 2012. n the h an aining ersonnel be added	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET	[		
STATE LICENS	SE NUMBER: <b>00218701</b>						
(X4) ID PREFIX TAG	(X4) ID         SUMMARY STATEMENT OF DEFICIENCIES (EACH D           PREFIX         MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6905	Continued from page 80		S 6905				
	Based on observation a was determined the fac were adequately traine alarm. Findings include: Observation on June 1 no manual fire alarm s facility to transmit an a department. Interview with EMP1 a at approximately 2:00 not have manual fire a the facility to transmit fire department. An additional interview 2012, at approximately facility has two manual confirmed the facility s	cility failed to ensure d regarding the man , 2012, of the facility ystems [pull stations alarm automatically t and EMP2 on June 1 PM confirmed the fa larm systems [pull st an alarm automatica w with EMP2 on Jun / 2:15 PM revealed t l fire alarm systems. staff did not know th	e staff ual fire v revealed ] in the to the fire , 2012, ucility did ations] in lly to the e 8, he EMP2 e location				

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Pennsylvania De	epartment of Health			_						
	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: <u>00</u>		(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY			
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101							
STATE LICENSE NUMBER: 00218701										
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	CTION (EACH OULD BE APPROPRIATE	(X5) COMPLETE DATE					
S 6905 S 6907	Continued from page 81 transmitted the alarm to 569.14 Internal Disaster and 569.14 Internal Disaster an The ASF shall have ar incorporating evacuation procedures and to records and the records of those patients being evac made available to personnel and evacuation di throughout the ASF. This REGULATION is not	d Fire Plans d Fire Plans n internal disaster and fir the safety of both closed uated. These plans shall fagrams shall be posted	re plan	S 6905	Plan of Correction: As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regulat June 19, 2012, and the surve place on May 31 & June 1, 2 PPNMP-Allentown has take following steps to ensure compliance. - The evacuation plan for ch be added to the fire and safet	ility is lass A vey is The tion is by took 2012. n the narts will	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012			
					by 07/21/12 - PPNMP-Allentown will be switching to an electronic he records system in January 20	ealth				

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/08/2012	
	VIDER OR SUPPLIER: ) PARENTHOOD KEYSTO )WN	DNE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET	ſ		
STATE LICENS	SE NUMBER: <b>00218701</b>		1				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	T OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6907	Continued from page 82		S 6907				
	Based on review of fac interview (EMP), it wa to ensure facility interr incorporated evacuatio of both closed medical those patients being ev Findings include: Review on June 1, 201 disaster and fire safety documentation the faci procedures for the safe records and the records evacuated. Interview with EMP1 a at approximately 2:15 internal disaster and fin documentation the faci procedures for the safe records and the records evacuated.	cility failed plan e safety ords of ternal acuation edical eing 1, 2012, acility's t contain acuation edical					

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	STATEMENT OF DEFICIENCIES AND       (XI) PROVIDER/SUPPLIER         PLAN OF CORRECTION (POC)       IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION:       (X3) DATE SURVE COMPLETED:         A. BLDG:00       06/08/2012		ΞŶ	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN		DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOW	TH STREET	ſ		
STATE LICENSE NUMBER: 00218701							
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S 6907	Continued from page 83			S 6907			
S 6915				S 6915			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		LIA (X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST( OWN	DNE -	STREET ADDRESS 29 NORTH 9 ALLENTOW	TH STREET			
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
5 6915	Continued from page 84			S 6915			
	569.31 SAFETY PRECAUTIONS - Emergency Power 569.31 Emergency Power The emergency electric power source and associated equipment shall be regularly inspected, tested and maintained in accordance with current NFPA Standards. A written record shall be maintained of inspection, performance, exercising period and repairs of emergency power equipment.		ciated ance ned of		Plan of Correction: As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on May 31 & June 1, 2 PPNMP-Allentown has take following steps to ensure compliance.	ility is lass A vey is The tion is ey took 2012.	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012
	This REGULATION is not	met as evidenced by:			<ul> <li>Section 569.31 does not reader emergency electric power so rather only that any power so the ASF have one, be regulatinspected, tested and maintation.</li> <li>An emergency plan for lack power has been written by M Services Administration.</li> <li>In the event of a power loss have manual suction to complete the source of the sou</li></ul>	ource; ource if rly ined. k of Medical s, we	

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procedures in process

patients

- We have adequate battery lighting to complete any procedure in process and to safely evacuate all

- This will be shared with Center

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 97 ALLENTOW	TH STREET			
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	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 6915	Continued from page 85			S 6915			
	Based on observation a was determined that th emergency electric pow loose power during a p Findings include: Observation on June 1, did not have an emerge should the facility loos Interview with EMP1 a at approximately 2:30 i not have an emergency the facility loose powe	e facility failed to have source should the rocedure. , 2012, revealed the ency electric power set e power during a protect of the factor of t	facility facility source ocedure. , 2012, acility did ce should		Managers on 07/12/12 - All staff will be signed off policy by 07/21/12	on this	

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	ſ OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SUR COMPLETED: 06/08/2012	VEY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYSTO OWN	DNE -	STREET ADDRESS 29 NORTH 97 ALLENTOW	TH STREET	- -		
STATE LICEN	NSE NUMBER: 00218701						
(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 CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6916	<ul> <li>569.32 Fire Inspection</li> <li>569.32 Fire Inspection</li> <li>The ASF shall request local fire department.</li> <li>This REGULATION is not</li> </ul>	an annual inspection by met as evidenced by:	rits	S 6916	<ul> <li>Plan of Correction:</li> <li>As per our letter to Joanne S dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 24, 2012. effective date for this regular June 19, 2012, and the surve place on May 31 &amp; June 1, 2 PPNMP-Allentown has take following steps to ensure compliance.</li> <li>The Center Manager requer phone) a visit by the fire dep - The Fire Department came health center and did an anni inspection on May 30, 2012</li> <li>Phone requests for the rep ignored</li> <li>A request letter for an annu inspection and report was se 06/21/12</li> <li>The RQM Coordinator will step to our fire and safety po 07/21</li> </ul>	ility is ass A vey is The tion is y took 2012. n the ested (by eartment. to the ual ort were hal nt on n was I add this	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	CITY, STATE, Z	LIP CODE:		
	PARENTHOOD KEYSTC	DNE -	29 NORTH 91				
ALLENTO			ALLENTOW				
				,			
	E NUMBER: 00218701		FICIENCY	ID	· · · · · · · · · · · · · · · · · · ·		(115)
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S 6916	Continued from page 87			S 6916			
	Based on review of facili interview (EMP), it was to request an annual insp department. Finding include: Review on June 1, 2012, disaster and fire plans re- facility requested an annu- fire department. Interview with EMP1 an approximately 2:00 PM of request an annual inspect department. Further inter the facility did not have a request for an annual insp department.	determined the facility ection by the local fire of the facility's intern vealed no documentat ual inspection by the l d EMP2 on June 1, 20 confirmed the facility tion by the local fire erview with EMP2 rev a policy to address the	y failed e al ion the ocal 012, at did not ealed				
S 6919				S 6919			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	00	(X3) DATE SURV COMPLETED: 06/08/2012	ΈY
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ALLENTO	OWN		ALLENTOW	N, PA 1810	1		
STATE LICENS	e number: <b>00218701</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 CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE #	OULD BE	(X5) COMPLETE DATE
S 6919	Continued from page 88			S 6919			
	<ol> <li>Doorway, co properly lighted and free of         <ol> <li>Doors into pa</li> <li>Exit doors m</li> <li>Exit doors m</li> </ol> </li> <li>while patients are in the AS         <ol> <li>Doors openir</li> <li>Wastebaskets</li> <li>Shades and drapes shall be r                 <ol> <li>Call bells in r</li> <li>closet shall be easily access</li> </ol> </li> </ol></li></ol>	eautions recautions shall be met: rridors and stairwells sh obstructions. atient rooms may not be ay not be locked from th F. ng to shafts shall be equi d positive latches. s, cubicle curtains, wind endered flame retardant the shower, tub room or ible to patients. nmable agents may be p	locked. ne inside ipped ow water		As per our letter to the Depa of Health dated June 11, 201 facility is seeking accreditati Class A ASF. Our accredita survey is scheduled for July 2012. PPNMP-Allentown has taken following steps to ensure compliance. - Patients are not left alone a procedure. - Patients are occasionally le before the procedure and the be instructed to use the phon case of emergency - A sticker will be put on the saying "emergency – dial ## - Toilet rooms in the recover will have call bells	2, our on as a attion 24, n the after the ft alone y will e in phone ##"	Completion Date: 07/21/2012 Status: APPROVED Date: 06/29/2012
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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION: 	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET			
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
S 6919	Continued from page 89			S 6919			
	Based on observation an was determined the facil were installed in two of to by the facility to perform rooms utilized by patient Findings include: Observation on May 31, examination room three utilized by patients revea to utilize to summon faci Interview with EMP1 on approximately 2:30 PM of examination room three utilized by patients did n to utilize to summon faci	ity failed to ensure cal two examination room a procedures) and in to ts. 2012, of the facility's and four and in toilet r tiled no call bells for pa ility staff if help is req May 31, 2012, at confirmed the facility's and four and in toilet r ot have call bells for p	l bells s (used ilet rooms atients uired. s rooms patients				
S 7100				S 7100			

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TAGIDENTIFYING INFORMATION)CROSS-REFERENCED TO THE APPROPRIATEDATES 7100Continued from page 90S 7100S 7100Completion571.1 CHAPTER 571 - Construction StandardsAs per our letter to the Department of Health dated June 11, 2012, our facility is seeking accreditation as aCompletion Date: 07/21/2012 Status:	ennsylvania D	epartment of Health						
PLANNED PARENTHOOD KEYSTONE - ALLENTOWN       29 NORTH 9TH STREET ALLENTOWN, PA 18101         STATE LICENSE NUMBER 00218701       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OF LSC IDENTIFYING INFORMATION)       D       PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE       (X5) COMPLET OPRETIX         \$ 7100       Continued from page 90       \$ 71.1 CHAPTER 571 - Construction Standards       \$ 71.0       S 7100       As per our letter to the Department of Health dated June 11, 2012, our facility is seeking accreditation as a Class A ASF. Our accreditation survey is scheduled for July 24, 2012.       Completion Date: 06/29/2012         Status: Appliched by the American Institute of Architects/Academy of Architecture for Health including those guidelines for specified types of surgical procedures as listed in appendix A. Where renovation or replacement work is performed within an existing facility, all new work or additions shall comply with the requirements for new construction.       We are optimistic that we will be able to obtain accreditation process concludes unsuccessfully, we will pursue the alternate plan of compliance       We will pursue the alternate plan of compliance			• /		COMPLETED: A. BLDG: <u>00</u>			VEY
(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) COMPLETI DATE         \$ 7100       Continued from page 90       \$ 7110       S 7100       S 7100         571.1 CHAPTER 571 - Construction Standards       \$ 7100       As per our letter to the Department of Health dated June 11, 2012, our facility is seeking accreditation as a Class A ASF. Our accreditation survey is scheduled for July 24, 2012.       Or 201/2012         Achietes/Academy of Architecture for Health including those guidelines for specified types of surgical procedures as listed in appendix A. Where renovation or replacement work is performed within an existing facility, all new work or additions shall comply with the requirements for new construction.       We are optimistic that end, if the Class A accreditation process concludes unsuccessfully, we will pursue the alternate plan of compliance       Weill pursue the alternate plan of compliance	PLANNEI	PARENTHOOD KEYSTO	DNE -	29 NORTH 91	TH STREET	ſ	L	
571.1 CHAPTER 571 - Construction StandardsCompletion Date:571.1 Minimum StandardsAs per our letter to the Department of Health dated June 11, 2012, our facility is seeking accreditation as a Class A ASF. Our accreditation survey is scheduled for July 24, 2012.O7/21/2012 Status:ASF construction of the "Guidelines for Design and Construction of Hospital and Health Care Facilities," as published by the American Institute of Architects/Academy of Architecture for Health including those guidelines established for various outpatient facilities. In the alternative, a facility shall meet the construction guidelines for specified types of surgical procedures as listed in appendix A. Where renovation or replacement work is performed within an existing facility, all new work or additions shall comply with the requirements for new construction.We are optimistic that we will pursue the alternate plan of compliance	(X4) ID PREFIX	SUMMARY STATEMENT MUST BE PRECEED	ED BY FULL REGULATORY O			CORRECTIVE ACTION SH	OULD BE	COMPLETE
This REGULATION is not met as evidenced by:       Parenthood health centers seeking         licensure as Class B ASF, adjusting       the dates as appropriate.         Accordingly, at that time and if       necessary, PPNMP- Allentown – will	3 7100	571.1 CHAPTER 571 - Con 571.1 Minimum Standards ASF construction shall latest edition of the "Guidel Construction of Hospital an published by the American Architects/Academy of Arc those guidelines established facilities. In the alternative, construction guidelines for procedures as listed in apper replacement work is perform new work or additions shall for new construction.	l be in accordance with ines for Design and d Health Care Facilities Institute of hitecture for Health incl l for various outpatient a facility shall meet the specified types of surgio ndix A. Where renovati ned within an existing f	s," as luding cal on or facility, all	S 7100	of Health dated June 11, 201 facility is seeking accreditat Class A ASF. Our accredit survey is scheduled for July 2012. We are optimistic that we w to obtain accreditation, but i event that we are not success will pursue licensure as a Cl ASF. To that end, if the Cla accreditation process conclu unsuccessfully, we will purs alternate plan of compliance submitted by the Planned Parenthood health centers se licensure as Class B ASF, ac the dates as appropriate. Accordingly, at that time and	12, our ion as a ation 24, ill be able n the sful, we ass B ass A ides sue the eveking djusting d if	Date: 07/21/2012 Status: APPROVED Date:

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feasible alterations to its health center and seek exceptions to the construction requirements of 28 PA. Code section 571.1 where necessary.

PPNMP-Allentown has taken the

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: • PARENTHOOD KEYSTO • WN	DNE -	STREET ADDRESS, 29 NORTH 91 ALLENTOW	TH STREET	[		
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	<sup>°</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 7100	Continued from page 91			S 7100			
					following steps to ensure compliance. - Toilet rooms will have bre door jambs	akaway	

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 06/08/2012	EY
PLANNED		DNE -	STREET ADDRESS, 29 NORTH 9T ALLENTOWN	H STREET	]		
STATE LICENS	LANNED PARENTHOOD KEYSTONE - LLENTOWN TATE LICENSE NUMBER: 00218701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY TAG IDENTIFYING INFORMATION)						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 92			S 7100			
	"Guidelines for Design	a and Construction of ties," observation an as determined that the ction standards for c post-operative area, of fluid waste, and p open out-ward. lelines for Design an cal and Health Care F d "3.8-3.4.2.2 Cubic sions for privacy dur all be provided." 1, 2012, of the facility y area revealed six re ation revealed no cul tains between these s vide patient privacy of	f Hospital d staff e facility urtains or the atient d facilities, le ing ty's eclining bicle six				

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/08/2012	ΞY
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO WN	DNE -	STREET ADDRESS, 29 NORTH 91 ALLENTOWN	TH STREET			
STATE LICENS	e number: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 93 Interview with EMP1 of approximately 3:15 PM cubicle curtains or priv six reclining chairs to p the post-operative reco 2. Review of the Guide Construction of Hospit Edition 2010," revealed Storage/Workroom A s including provisions for be provided." Interview with EMP1 a revealed the facility ha of fluid waste. Further confirmed the facility of sink drain. 3) Review of the Guide Construction of Hospit Edition 2010," revealed	A confirmed there we vacy curtains betwee provide patient priva- overy and care. elines for Design and cal and Health Care F d "3.8-3.6.10 Soiled soiled handling/stora or disposal of fluid w and EMP2 on June 1 d no provision for the interview with EMI disposes fluid waste elines for Design and cal and Health Care F	n these cy during Facilities, ge area, raste, shall , 2012, ne disposal P1 down the	S 7100			

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/08/2012	ΞY
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	CITY, STATE, Z	ZIP CODE:		
	PARENTHOOD KEYSTC	DNE -	29 NORTH 91				
ALLENTO			ALLENTOW				
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	E NUMBER: 00218701		FIGUENOV	ID	· · · · · · · · · · · · · · · · · · ·		(115)
(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 CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 94			S 7100			
	doors for patient use sh equipped with hardwar the outside in emergen Observation on May 3 utilized by patients rev toilet room. Interview with EMP1 of approximately 1:00 PM doors utilized by patien and not out-ward as red Cross reference 553.12(b)(3) Implement 567.33(c) Waste Dispon	the that permits access cies." 1, 2012, of the toilet realed the doors oper on May 31, 2012, at A confirmed the toile that open into the toil quired.	s from rooms n into the et room				
S 7102				S 7102			

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION: 	(X3) DATE SUR COMPLETED: 06/08/2012	VEY
	OVIDER OR SUPPLIER: D PARENTHOOD KEYST( OWN	DNE -	STREET ADDRESS 29 NORTH 97 ALLENTOW	TH STREET	[		
STATE LICE	NSE NUMBER: <b>00218701</b>						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED	I OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
5 7102	Continued from page 95			S 7102			
	The following provision HHS requirements cited in standards); (b) Adequate sto meet the needs of the facility	<ul> <li>571.2 (b) Modifications</li> <li>571.2 Modifications to HHS requirements</li> <li>The following provisions modify and supplementh HHS requirements cited in 572.2 (relating to minimure)</li> </ul>			As per our letter to Joanne Sa dated June 11, 2012, our faci seeking accreditation as a CI ASF. Our accreditation surves scheduled for July 24, 2012. We are optimistic that we wit to obtain accreditation, but in event that we are not success will pursue licensure as a Cla ASF. To that end, if the Class accreditation process conclude unsuccessfully, we will pursu- alternate plan of compliance submitted by the Planned Parenthood health centers see licensure as Class B ASF, ad the dates as appropriate. Accordingly, at that time and necessary, PPNMP- Allentow confer with its architect and of Safety and Inspection to its feasible alterations to its heat center and seek any necessar exceptions. The effective date for this re- is June 19, 2012, and the sur- place on June 7 & 8, 2012. PPNMP-Allentown has taken	ility is ass A vey is ill be able n the sful, we ass B ss A des ue the eking ljusting d if wn – will Division dentify lth Y gulation vey took	Completion Date: 07/21/2012 Status: APPROVED Date: 06/26/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101					
STATE LICENSE NUMBER: 00218701								
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
S 7102	Continued from page 96		S 7102					
					following steps to ensure compliance. - The colposcope has been m a storage area - The ultrasounds are kept in on non-abortion days - On abortion days, the ultra- are distributed to room 1 for ultra-sound and room 3 and 4 needed during procedures	room 4 -sounds		

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Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN			29 NORTH 9T	REET ADDRESS, CITY, STATE, ZIP CODE: NORTH 9TH STREET LLENTOWN, PA 18101					
STATE LICENSE NUMBER: 00218701									
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE				
S 7102	Continued from page 97			S 7102					
	Continued from page 97 Based on review of the current edition of the "Guidelines for Design and Construction of H Care Facilities," observation and staff intervie (EMP), it was determined the facility failed to there was adequate storage space for equipmen used to perform surgery and diagnostic imagin Findings include: Review on May 31, 2012, of the "Guidelines f Design and Construction of Health Care Facili 2010 edition" revealed "3.8-3.6.9 Clean stora a clean storage area, including space for prepa instruments and supplies for surgery shall be provided." Observation on May 31, 2012, of the facility's storage alcove revealed a piece of equipment located adjacent to Room 4 and covered with a dust cover. Interview with EMP1 revealed thi piece of equipment was a colposcopy (a mach used to illuminate and magnify the view of the and the tissues of the vagina and vulva) machi		of Health rview d to ensure oment aging. es for acilities, storage - reparing be ty's ent ith a l this achine f the cervix						

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/08/2012			
	VIDER OR SUPPLIER:		STREET ADDRESS, CITY, STATE, ZIP CODE:					
PLANNED PARENTHOOD KEYSTONE -			29 NORTH 9TH STREET					
ALLENTOWN			ALLENTOWN, PA 18101					
STATE LICENSE NUMBER: 00218701								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 7102	Continued from page 98 Observation on May 31, 2012, of the facility's examination room four revealed three ultrasound machines. Interview with EMP1 on May 31, 2012, confirmed there were no clean storage areas available for the colposcopy machine and the ultrasound machines.		sound nfirmed for the	S 7102				

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# **Certified End Page**

### PLANNED PARENTHOOD KEYSTONE - ALLENTOWN STATE LICENSE NUMBER: 00218701 SURVEY EXIT DATE: 06/08/2012

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

Anna Marie Sossong U Deputy Secretary For Quality Assurance

li N. Airla

Eli N. Avila, MD, JD, MPH, FCLM Secretary of Health



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY