STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-3910	A. BLDG: 00 B. WING:	04/25/2019

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PLANNED PARENTHOOD KEYSTONE - ALLENTOWN STATE LICENSE NUMBER: **00218701**	**29 NORTH 9TH STREET ALLENTOWN, PA 18101**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
M 0000	INITIAL COMMENT This report is the result of an Annual Registration survey conducted on April 25, 2019, at Planned Parenthood Keystone - Allentown (PPKey - Allentown). It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.	M 0000		
M 0001		M 0001		

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

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M 0001	Continued from page 1 29.33(1) Requirements for Abortion Each medical facility shall have readily available equipment and drugs necessary for resuscitation. If local anesthesia is utilized to perform an abortion in a medical facility during the first trimester, then the following equipment shall be ready to use for resuscitative purposes: (i) Suction Source (ii) Oxygen Source (iii) Assorted size oral airways and endotracheal tubes (iv) Laryngoscope (v) Bag and mask and bag and endotracheal tube attachments for assisted ventilation (vi) Intravenous fluids including blood volume expanders (vii) Intravenous catheters and cut-down instrument tray (viii) Emergency drugs for shock and metabolic imbalance (ix) An individual to monitor respiratory rate, blood pressure and heart rate. This REGULATION is not met as evidenced by:	M 0001	The corrective actions for this deficiency were performed by the Center Manager on the day of inspection, 4/25/2019 as the facility had the equipment on site. To monitor, the Center Manager will audit the cutdown down tray by the end of each calendar month to ensure all required equipment is contained in the tray. The results of the audit will be documented and the Center Manager will report any deviations to the Director of Risk and Quality Management.	Completion Date: **04/25/2019** Status: **APPROVED** Date: **06/04/2019**

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M 0001	Continued from page 2 Based on observation and staff interview (EMP), it was determined the facility failed to ensure all required equipment was contained in the facility's cut-down instrument tray in each procedure room. Findings include: A request was made of EMP2 on April 25, 2019, for the facility's policy, procedure or guideline for staff to follow regarding ensuring each cut-down instrument tray contained the required equipment. None was provided. Review on April 25, 2019, of the facility's "Emergency Kit and Equipment Checklist" form, effective May 29, 2018, revealed "... Other Supplies - All AB Sites ... one cut-down tray (includes two disposable scalpels and two sterile hemostats) - tray is sealed and hemostat pack has not been compromised ..." Observation on April 25, 2019, of the facility's procedure room three revealed a red box. EMP2	M 0001		

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M 0001	Continued from page 3 identified the red box as the facility's cut-down instrument tray. Further observation of the contents of the red box revealed the cut-down instrument tray did not contain two sterile hemostats (an instrument used to compress or treat bleeding vessels). Interview with EMP2 on April 25, 2019, at the time of the observation confirmed the contents of the red box cut-down instrument tray did not contain two sterile hemostats. Observation on April 25, 2019, of the facility's procedure room 4 revealed a red box. EMP2 identified the red box was the facility's cut-down instrument tray. Further observation of the contents of the red box revealed the cut-down instrument tray did not contain two sterile hemostats or two disposable scalpels (a small and extremely sharp bladed instrument used to make an incision). Interview with EMP2 on April 25, 2019, at the time of the observation confirmed the contents of the red	M 0001		

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M 0001	Continued from page 4 box cut-down instrument tray did not contain two sterile hemostats or two disposable scalpels.	M 0001		

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S 0000	INITIAL COMMENT This report is the result of an Annual Registration survey conducted on April 25, 2019, at Planned Parenthood Keystone - Allentown (PPKey - Allentown). It was determined 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.	S 0000		
S 0119		S 0119		

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

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S 0119	Continued from page 1 551.31 (a) (1) Application/Authorization to Operate an ASF APPLICATION AND AUTHORIZATION TO OPERATE AN AMBULATORY SURGICAL FACILITY 551.31 Licensure (a) A Class A ASF shall meet the following criteria: (1) No license shall be required for the operation of a Class A ASF, however, such a facility shall be accredited by the Accreditation Association for Ambulatory Health Care, the Joint Commission on the Accreditation of Health Care Organizations, the American Association for the Accreditation of Ambulatory Surgical Facilities or another nationally recognized accrediting agency acknowledged by the Medicare program in order to be identified as providing ambulatory surgery. This REGULATION is not met as evidenced by:	S 0119	The corrective actions for this deficiency were performed by the Center Manager on the day of inspection. The cleaning solution was moved to its own storage cabinet and the noted food was disposed. To monitor, the Center Manager will conduct an audit by the end of each calendar month to ensure proper storage of these items is in compliance with Planned Parenthood Keystone policies and procedures. The results of the audits will be documented and any deviations will be reported to the Director of Risk and Quality Management.	Completion Date: **04/25/2019** Status: **APPROVED** Date: **06/04/2019**

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S 0119	Continued from page 2 Based on observation and staff interview (EMP), it was determined the facility failed to meet the minimum Medicare standard 416.51 (b) Standard: Infection control program for compliance, that is established by the facility's accrediting organization by failing to ensure chemicals used to clean instruments were not stored with patient supplies and medications and the facility failed to ensure food was not stored in a facility identified dirty area. Findings include: 1) A request was made of EMP2 on April 25, 2019, for the facility's policy, procedure or guideline for staff to follow regarding storage of chemicals used to clean instruments and the storage of patient supplies and medications. None was provided. Observation on April 25, 2019, of the facility's storage closet revealed two 4-liter bottles of [Name of cleaning solution] on the top shelf. EMP2 revealed this cleaning solution is used to clean the ultrasound transvaginal probe. On the second shelf	S 0119		

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S 0119	Continued from page 3 from the top there were 18 boxes of Levonorgestrel and Ethinyl (a birth control medication). On the third from the top there were four boxes of Tylenol Extra Strength, nine boxes of Misoprostol (a medication used form abortion) 200 milligrams (mg), 16 boxes of Doxycycline Monicagate (a medication used form abortion) 100 mg and six boxes of Zofran (a medication to control nausea) 4 mg. On the fourth shelf contained four stacks of suction tubing. Interview with EMP2 on April 25, 2019, confirmed the facility's storage closet with the two 4-liter bottles of [Name of cleaning solution] on the top shelf and this cleaning solution is used to clean the ultrasound transvaginal probe; the 18 boxes of Levonorgestrel and Ethinyl on the second shelf from the top; the four boxes of Tylenol Extra Strength, the nine boxes of Misoprostol, the 16 boxes of Doxycycline Monicagate and the six boxes of Zofran on the third from the top and the four stacks of suction tubing on the fourth shelf. Interview with EMP2 on April 25, 2019, at	S 0119		

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S 0119	Continued from page 4 approximately 11:25 AM confirmed the cleaning solutions should not be stored in an area where patient medications and supplies are stored. 2) Observation on April 25, 2019, of the facility identified dirty area revealed two lollipops and a package of crackers in the top drawer next to bio-hazard bags and a tourniquet (a band used to limit blood flow when drawing blood). EMP2 revealed this dirty area is used for drawing blood and performing urine pregnancy testing. Interview with EMP2 on April 25, 2019, at the time of the observation confirmed the two lollipops and package of crackers in the top drawer next to bio-hazard bags and a tourniquet. EMP2 confirmed the lollipops and crackers are not to be stored in this dirty area.	S 0119		

Certified End Page

PLANNED PARENTHOOD KEYSTONE - ALLENTOWN

STATE LICENSE NUMBER: 00218701

SURVEY EXIT DATE: 04/25/2019

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

Susan Coble
Deputy Secretary for Quality Assurance

Rachel L. Levine, MD
Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY