

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 03/05/2021	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - ALLENTOWN STATE LICENSE NUMBER: 00218701		STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
M 0007	<p>29.33(7) Requirements for Abortion</p> <p>Rho (D) - - immune globin (human) shall be administered to each Rh-negative patient at the time of any abortion, unless contraindicated. Evidence of compliance with this paragraph shall appear in the medical record of the patient. If for any reason the patient refuses the administration of Rh immune globulin when recommended, this refusal shall be noted in the clinical record of the patient.</p> <p>This REGULATION is not met as evidenced by:</p>	M 0007	<p>The Center Manager reviewed proper patient flow of RH negative patients with all appropriate staff and documented the meeting on 3.4.2021.</p> <p>The new Center Manager manager was trained on how to run RH reports periodically throughout the service day to check that all RH negative patients have been administered Rho (D).3.4.2021</p> <p>Monthly audits will be conducted to ensure compliance by the RQM Manager and the first one will be completed on 4.1.2021 and will continue until 6.1.2021 or until full compliance is achieved</p>	<p>Completion Date: 04/01/2021 Status: APPROVED Date: 03/29/2021</p>

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M 0007	<p>Continued from page 2</p> <p>Based on review of facility policies and procedures, medical records (MR) and staff interview (EMP), it was determined the facility failed to follow the its own established policy to ensure Rhesus (Rh) Immunoglobulin was administered to two of two Rh-negative patients medical records (MR1 and MR2).</p> <p>Findings include:</p> <p>Review on March 5, 2021, of the facility's "Rh Policy," effective August 07, 2019, revealed "Policy: Rh Immunoglobulin shall be administered to each Rh-negative patient at the time of any abortion, unless contradicted or patient refuses. Responsibility: Providers, APCs, Center Managers and MCAs providing patient care are collectively responsible for following the procedures listed below to ensure all Rh-negative patients receive Rh Immunoglobulin.</p> <p>Review of MR1 and MR2 on March 5, 2021, revealed the patient of MR1 was admitted on</p>	M 0007		

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M 0007	Continued from page 3 February 27, 2021, and patient of MR2 was admitted on February 20, 2021, both for a medication abortion. The facility tested the patients' blood and determined the patients were Rh-negative (a blood group that lacks the Rh antigen in the red blood cell). There was no documentation in MR1 and MR2 indicating either patient had previous Rh typing performed, that RhoGam (a medication used to prevent antibodies from forming and to avoid complications with future pregnancies) was prescribed for the patients, or the patients refused the administration of RhoGam. Interview with EMP1 on March 5, 2021, at 10:40 AM, confirmed the patients in MR1 and MR2 were RH negative and did not receive RhoGam as required per policy	M 0007		



Certified End Page

PLANNED PARENTHOOD KEYSTONE - ALLENTOWN

STATE LICENSE NUMBER: 00218701

SURVEY EXIT DATE: 03/05/2021

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

Handwritten signature of Susan Coble in cursive.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Alison V. Beam in cursive.

Alison V. Beam
Acting Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY