

Pennsylvania Department of Health

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: 05/06/2021
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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 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
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M 0000	INITIAL COMMENT	M 0000		
M 0006	<p>This report is the result of an Annual Registration survey conducted on May 6, 2021 , at Planned Parenthood Keystone- 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.</p>	M 0006		

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

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M 0006	Continued from page 1 29.33(6) Requirements for Abortion Prior to the performance of an abortion, the attending physician shall insure that the patient has had tests for hemoglobin or hematocrit, blood group and RH type, and urine protein and sugar. All of the foregoing laboratory results shall be entered into the medical record of the patient. This REGULATION is not met as evidenced by:	M 0006	Center Manager will conduct a retraining for documenting RH status in patient charts with laboratory staff. This will be completed by 6.15.2021 Center Manager will run a report each service day to ensure all patients have had RH testing documented or written notification of their RH status noted in their chart until 7.30.2021. Any findings will be reported to RQM Manager. An effectiveness check of this corrective action will be assessed via an audit conducted by the RQM Manager on 7.30.2021	Completion Date: 06/30/2021 Status: APPROVED Date: 07/20/2021

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M 0006	<p>Continued from page 2</p> <p>Based on the review of policy, medical records (MR), and interview with staff (EMP), it was determined the facility failed to ensure that all patients had blood drawn for Rh type for one (1) of fifteen (15) medical records (MR9) and failed to have results of Rh type in the medical record for one (1) of fifteen (15) medical records. (MR9).</p> <p>Findings include:</p> <p>Review on May 6, 2021, of facility "Rh policy" effective August 7, 2019, revealed, "Rh typing must (a blood group that lacks the Rh antigen in the red blood cell) be performed on all patients who have an ultrasound, unless reliable written documentation of Rh type is available."</p> <p>Review of MR9 on May 6, 2021, revealed the patient had an abortion procedure on September 29, 2020. Further review revealed there was no documented evidence that the blood was drawn for Rh type or documented evidence that patient had previous Rh typing performed. Further review</p>	M 0006		

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M 0006	Continued from page 3 revealed there was no documented evidence that RhoGam (a medication used to prevent antibodies from forming and to avoid complications with future pregnancies) was prescribed for the patient, or the patient refused the administration of RhoGam. Interview with EMP1 on May 6, 2021, at 11:56 AM, confirmed "there was no documentation of Rh testing being complete in patient medical record [MR9]".	M 0006		

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Certified End Page

PLANNED PARENTHOOD KEYSTONE - ALLENTOWN

STATE LICENSE NUMBER: 00218701

SURVEY EXIT DATE: 05/06/2021

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