

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 11/18/2011
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING		STREET ADDRESS, CITY, STATE, ZIP CODE: 48 SOUTH FOURTH STREET READING, PA 19602		
STATE LICENSE NUMBER: 00228701				
(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 9999	Continued from page 1 Recommendation This REGULATION is not met as evidenced by:	M 9999	POC is optional and not required. This Plan of Correction is optional and Planned Parenthood of Northeast and Mid-Penn wants to assure the DOH that we strive to comply with all state regulations. ALL corrections were made within 24 hours of the facility tour. 1. a) The one oxygen tank was removed and disposed of according to regulations by a local oxygen supply company. b) The two fire extinguishers were taken to ATS Security for disposal. 2. Our medical equipment maintenance company came to the facility the same day to service and attach the proper label. 3. We purchased a temperature gauge for the freezer and placed a log on top of the freezer to document and monitor freezer temperatures.	Completion Date: 09/29/2011 Status: APPROVED Date: 12/08/2011

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M 9999	Continued from page 2 A tour of the facility on September 28, 2011, resulted in the following recommendations. Submission of a plan of correction is encouraged, but not required. Findings: Rest room - Three tanks were stored on the floor, one unsecured oxygen tank and two expired fire extinguishers. Procedure Rooms 1 & 2 - Each room had a vacuum aspirator which did not have a preventive maintenance label attached to indicate the expiration date. The freezer did not have a gauge to ensure proper temperatures were maintained. There was no log to document and monitor freezer temperatures.	M 9999		

Pennsylvania Department of Health

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M 9999	Continued from page 3	M 9999		



Certified End Page

PLANNED PARENTHOOD KEYSTONE - READING

STATE LICENSE NUMBER: 00228701

SURVEY EXIT DATE: 11/18/2011

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 Rachel L. Levine, MD in cursive.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY