	TEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER N OF CORRECTION (POC) IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2012		
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO	8-0607 ONE - READING	STREET ADDRESS, CITY, STATE, ZIP CODE: 48 SOUTH FOURTH STREET					
STATE LICENSE NUMBER: 00228701			READING, P.	A 19602				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 0000	This report is the result of an unannounced, on-site pre-licensure and occupancy survey conducted on June 6, 2012, at Planned Parenthood of NorthEast and Mid- Penn, Reading. 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, and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.		ent of atory Care parts A and esign and	S 0000				
S 0110				S 0110				
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLE	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607			<u></u>	06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICI MUST BE PRECEEDED BY FULL REGULATORY OR LS IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0110	Continued from page 1 551.21 (e)(1-3) Criteria for ambulatory surgery (e) In obtaining informed consent, the practitioner performing the surgery shall be responsible for disclosure of: (1) The risks, benefits and alternatives associated with the anesthesia which will be administered. (2) The risks, benefits and alternatives associated with the procedure which will be performed. (3) The comparative risks, benefits and alternatives associated with performing the procedure in the ambulatory surgical facility instead of in a hospital. This REGULATION is not met as evidenced by:		losure sociated sociated re in	S 0110	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our faci seeking accreditation as a Cl ASF. Our accreditation surv scheduled for July 25, 2012. effective date for this regulat June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken t following steps to ensure compliance. - Consent form (CIIC – In-C Abortion – Suction- VII-A-2 been revised by the Pennsylv affiliates - Revised consent form has be sent (06/14/12) to the Planne	CCARE ility is ass A vey is The tion is y took he linic a) has vania	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012
					Parenthood national governing for approval - Expect approval for form by 06/31/12 - Revised form will be given Center Managers on 07/02/12 * Center Managers will train staff and produce a sign off staff forward to HR by 07/09/12	ng body y out to 2 their	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0607		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/06/2012):	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYSTO E NUMBER: 00228701	ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE				
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0110	Continued from page 2			S 0110	- Center Managers, facility so Medical Services Administrat perform audits on 10 surgical abortion charts a month and a surgical abortion charts every month * Failure to adhere to this peresult in re-training or disciplaction by Medical Services Administration.	ation 1 20 more y other blicy will		

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE				
(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 CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0110	Based on review of me with staff (EMP), it was to ensure practitioners consent that included to comparative risks, beneassociated with performandulatory surgery fact hospital for six of six re (MR1, MR2, MR3, MI). Findings include: 1) A review on June 6, revealed the informed information regarding the comparative risks, associated with performandulatory surgery fact hospital. There was not MR1-MR6 showing the and alternatives associated of in a hospital.	as determined the fact documented information he disclosure of the efits, and alternative ming a procedure in cility (ASF) instead on the disclosure of MR1-MR6 consent did not control the physician's disclosure of the physician's disclosure in cility (ASF) instead of documentation in the comparative risks, atted with performing latory surgery facility facility facility (ASF) instead of the comparative risks, atted with performing latory surgery facility facility facility facility facility surgery facility facility facility surgery facility facili	cility failed ed s the of in a ewed ain osure of tives the of in a benefits, g a y (ASF)	S 0110			

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0607		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI			
(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 CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0110	2) An interview conducted on June 6, 2012, at 1:30 PM with EMP1 confirmed that the informed conse did not address the comparative risks, benefits, and alternatives associated with performing a procedur in the ambulatory surgery facility (ASF) instead of a hospital were disclosed to the patient.		ed consent efits, and rocedure	S 0110			
S 033V				S 033V			

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		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 8-0607		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
S 033V	Continued from page 5 553.3 (16) Govern Body Re 553.3 Governing Body respo	nsibilities include: t at least one medical when patients are present g basis certified in adva accessor. If a pediatric p ertification of the medical anced pediatric life supp	anced atient is	S 033V	Plan of Correction: As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 25, 2012. effective date for this regular June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - Policy has been drafted (06 by the VP for Medical Servit Human Resources Departmeter - It will be approved by the Governing Body on 08/08/12 The requirement for ACLS been included in new contract all abortion providers and/or staff who work in abortion for - Contracts will be signed by 07/01/12 - Contracts and credentialing approved by the Governing 10 08/08/12 - Human Resources will ensire	CARE ility is lass A vey is The tion is ty took the 6/11/12) ces and ent. 2. S has cts for medical pocations.	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING: 06/06/2012			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
(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 A	OULD BE	(X5) COMPLETE DATE
S 033V	Continued from page 6			S 033V	copy of the policy and a facs the contract will be in the fac ASF notebook		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING:		06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
S 033V	Based on interview wirdetermined the facility medical professional in were present was currecardiac life support. 1) A request was made for the written policy rat least one medical propatients were present wadvanced cardiac lifes. 2) An interview condup M with EMP1 confirmative a policy regarding one medical profession were present was currecardiac life support.	failed to ensure at least the facility when partitly certified in advertible to EMP1 on June 6 egarding the require of the facility certified in the facility generated on June 6, 2012 med that the facility generated in the facility when the facil	east one atients anced , 2012 ment that ility when d in provided. e., at 1:30 did not at at least en patients	S 033V				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING:	B. WING: 06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE				
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033V	Continued from page 8			S 033V			
S 3250				S 3250			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE				IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:		
		8-0607			00	06/06/2012	
PLANNED	Continued from page 9 553.25 (1-6) Discharge Criteria	ONE - READING OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION) eria	R LSC	B. WING: _ CITY, STATE, Z DURTH STI	MP CODE:	OTION (EACH OULD BE APPROPRIATE of C CARE ility is	Completion Date: 07/21/2012 Status: APPROVED
	A patient may only be discharged from an ASF if the following physical status criteria are met: (1) Vital signs. Blood pressure, heart rate, temperature and respiratory rate are within the normal range for the patient's age or at preoperative levels for that patient. (2) Activity. The patient has regained preoperative mobility without assistance or syncope, or function at his usual level considering limitations imposed by the surgical procedure. (3) Mental status. The patient is awake, alert or functions at his preoperative mental status. (4) Pain. The patient's pain can be effectively controlled with medication. (5) Bleeding. Bleeding is controlled and consistent with that expected from the surgical procedure. (6) Nausea/vomiting. Minimal nausea or vomiting is controlled and consistent with that expected from the surgical procedure. This REGULATION is not met as evidenced by:		rate, nal range t c, or nposed alert or ffectively edure. or vomiting		ASF. Our accreditation surscheduled for July 25, 2012. effective date for this regular June 19, 2012, and the surverplace on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - Form # 6-MR/AB was changed of the survey include nausea and vomiting charts reviewed by the survey were from before the form clarated and have signed off (06/02/12) on the form changen and have signed off (0	vey is The tion is y took the anged t, to the tyor thange I of the ge I by tor It in tion by	Date: 07/02/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING: 06/06/2012			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE				
(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 CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Based intervithe fa were medic MR4. Finding 1) A revea that the vomit 2) And PM we did not be seen to the seen that the control of the seen that the seen tha	riew with staff (Electility failed to energy evaluated prior to eal records review, MR5, and MR6) and mgs include: review on June 6, led that the MR described that the MR described interview conduction interview conduction to contain documents of contain documents.	2012, of MR1-MR6 id not contain docur ssessed for nausea a	red that vomiting Six R3,	S 3250			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0607		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(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 CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 3250	Continued from page 11			S 3250			
S 53E0				S 53E0			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607 B. WING: 06/06/2012					
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 53E0	Continued from page 12 555.3 (e) Requirements 555.3 Requirements for me (e) Reappraisal and revery member of the medical longer than every 2 years. This REGULATION is not	appointment shall be rec al staff at regular interva	quired of	S 53E0	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our fact seeking accreditation as a Cl ASF. Our accreditation surscheduled for July 25, 2012. effective date for this regulat June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - Policy has been drafted (06 by the VP for Medical Servich Human Resources Departmeter - It will be approved by the Governing Body on 08/08/12. The Human Resource department of the	CCARE ility is ass A vey is The tion is y took the i/11/12) ces and ent. 2 rtment es (before sicians and years Quality dinator an he	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING: 06/06/2012			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 53E0	Continued from page 13			S 53E0	Medical Services for re-apper of licensed staff every two years		

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING:		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STI			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 53E0	Based on review of creinterview with staff (Eithe facility failed to enterview and residue) certified Registered Newere reappraised and reintervals no longer that two credential files review or June 6, revealed that they were reappointed every two. 2) An interview conduct PM with EMP1 confirm not reappraised and reader that they were reappointed every two.	MP), it was determines were that physicians were Practitioners (Components of the eappointed at regular every two years for iewed (CF1 and CF2). 2012, of CF1 and Components of the end reappraised and years. Ceted on June 6, 2012 and that CF1 and Components of the end of th	ned that and (RNP) r r two of 2). CF2 I	S 53E0			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
						06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53E0	Continued from page 15			S 53E0			
S 53F0				S 53F0			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BLDG: _	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING: _		06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE				
(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 A	OULD BE	(X5) COMPLETE DATE		
S 53F0	Continued from page 16			S 53F0				
	555.3 (f) Requirements 555.3 Requirements for membership and privileges (f) The governing body shall request and consreports from the National Practitioner Data Bank or practitioner who requests privileges. This REGULATION is not met as evidenced by:		ider		As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our faci seeking accreditation as a Cl ASF. Our accreditation surscheduled for July 25, 2012. effective date for this regulat June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance.	C CARE ility is ass A vey is The tion is y took	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012	
					- Reports from the National Practitioner Data Bank are w obtained by our billing/crede staff and were placed in the physicians credential files or 06/06/12 - This was added to the Risk Quality Management work p the RQM coordinator to be cat initial hire and every two safter that by the Human Rese department/credentialing duric credentialing process - NPDB results will be reviet the Governing Body for any	entialing and and blan by checked years ource ring the wed with		

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
	8-0607					06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 53F0	Continued from page 17			S 53F0	or ongoing credentialling		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING: _		06/06/2012	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYSTO E NUMBER: 00228701	ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STI			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 53F0	Continued from page 18 Based on a review of continued interview with staff (Extremely facility failed to recommend for two of two credents (CF2). Findings include: 1) A review on June 6, revealed that there were National Practitioner Extremely facility and the secondary of t	MP), it was determinguest and consider restitioner Data Bank (all files reviewed (Call files	ned that eports NPDB) F1 and EF2 e sician 2, at 1:30 not ioner	S 53F0			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0607		A. BLDG: _ B. WING: _	PLE CONSTRUCTION: 00 IP CODE:	(X3) DATE SURVI COMPLETED: 06/06/2012	EY
PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			48 SOUTH FO READING, PA	URTH STE			
(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 53F0	Continued from page 19			S 53F0			
S 552C				S 552C			

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***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	BER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS. 48 SOUTH FOR READING, P.	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
	which have been approved by staff, shall be given to the parand shall include: (1) Applicated drink before surgery (2) Special patient (3) The require the ASF for a specific time of t	for preoperative proced by the medical atient or responsible per ble restrictions upon for preparations to be made uired proximity of the p following surgery if app erstanding that the patie spital in the event of me quirement that, upon dis- sected ation or general anessec e available to escort pat- ints who receive local or eal decision shall be made ents require a responsib	ures, son, od and by the atient to blicable. ont may dical charge of thesia, ient	S 552C	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our fac seeking accreditation as a CI ASF. Our accreditation sur scheduled for July 25, 2012. effective date for this regula June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - The survey appears to be in - Preoperative written instruct are given to each surgical ab patient at the state mandated information session (24 hour following forms: -1-R & C/AB -5-AB/INS 8 -19-CIIC/AB - There is an "in-clinic" cou checklist that staff check off patient receives the informat * The Center Manager will of that a copy of these forms ar into the facility ASF notebool 07/01/12	CARE ility is lass A vey is The tion is ty took the accorrect ctions portion r) on the seling when tion ensure ere put	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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		(XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER	(I) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI					
` '	SUMMARY STATEMENT OF DEFICIENCIES (EACH I MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
interview with the facility fai instructions to six of six med MR3, MR4, M Findings inclu 1) A review of revealed that to or a responsib pre-operative 2) An intervie PM with EMF evidence in M	view of restart (E) led to proper the patient ical reconders. In June 6, where was le persor instruction we conduct the confirmation of the person had the confirmation in the confirmation of the confirmation had the co	2012, of MR1-MR6 no evidence that the had received written had received written had been so that there was resident the patients or be traceived written	oned that perative erson for MR2, 6 e patients en 2, at 1:30	S 552C				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
8-0607 B. WING:			<u></u>	06/06/2012				
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 552C	Continued from page 22			S 552C				
S 554A				S 554A				

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PLAN OF CORRECTION (POC) IDE		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(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 554A	Continued from page 23 555.24 (a) Surgical Services - Postoperative Care 555.24 Postoperative Care (a) The findings and techniques of an operation be accurately and completely written or dictated immediately after procedure by the practition medical staff member who performed the operation. physician assistant or certified registered nurse practiperformed part of the operation, the findings and techniques of the procedure shall be accurately and completely recorded and the report shall be countersiby the medical staff member. This description shall be a part of the patient's medical record. This REGULATION is not met as evidenced by:		oner . If a stitioner	S 554A	As per our letter to Division of ACUTE & AMBULATORY CARE dated June 11, 2012, our facility is seeking accreditation as a Class A ASF. Our accreditation survey is scheduled for July 25, 2012. The effective date for this regulation is June 19, 2012, and the survey took place on June 6, 2012. PPNMP-Reading has taken the following steps to ensure compliance.		Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012
				- The survey appears to be r - Written post-op instruction 11-CIIC/AB- are given to al in the recovery room- - At the top section of the re- room form there is a box to a "given 11-CIIC/AB." This is that gives all of the post-op instructions. - The Center Manager will e that a copy of these forms ar into the facility ASF noteboo 07/01/12	s –Form l patients covery check s the form		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
(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 A	OULD BE	(X5) COMPLETE DATE	
S 554A	Continued from page 24			S 554A	* The DOH will be given a the written instructions and i illustrated where the docume is to show they were given to patient	t will be entation	

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
	8-0607			_		06/06/2012	
PLANNEI	OVIDER OR SUPPLIER: D PARENTHOOD KEYSTO SE NUMBER: 00228701	ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 554A	Continued from page 25			S 554A			
	Based on a review of n interview with staff (E the facility failed to proinstructions to the paties ix of six medical recommod MR3, MR4, MR5 and Findings include: 1) A review on June 6, revealed that there was or a responsible person post-operative instruction. 2) An interview conduction MR1-MR6 responsible person had post-operative instruction.	MP), it was determined by the provide written post-opent or responsible per reds reviewed (MR1, MR6) 2012, of MR1-MR6 and evidence that the had received written that there was not that the patients or received written	med that perative erson for MR2, de patients in 2, at 1:30 o				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0607		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/06/2012	EY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 554A	Continued from page 26			S 554A			
S 554D				S 554D			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		8-0607				06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554D	Continued from page 27 555.24 (d) Surgical Services 555.24 Postoperative Care (d) A medical professicardiac life support shall be on that day have been dischapatient receives general aneity sedation, an anesthetist spatient has been discharged This REGULATION is not	onal certified in advance present until patients op arged from the facility. I sthesia, regional anesthe hall remain present until from the facility.	perated If a esia or	S 554D	Plan of Correction: As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our face seeking accreditation as a Cl ASF. Our accreditation surscheduled for July 25, 2012, effective date for this regular June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - Policy has been drafted (06 by the VP for Medical Servic Human Resources Departmeter - It will be approved by the Governing Body 08/08/12. - The requirement for ACLS been included in new contract job descriptions to ensure the least one medical profession facility when patients are precurrently certified in ACLS - The Center Manager will e	CCARE ility is ass A vey is The tion is y took the 6/11/12) ces and ent. S has cts and at at al in the esent is	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYSTO SE NUMBER: 00228701	ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 554D	Continued from page 28			S 554D	that a copy of the policy and facsimile of the contract will facility ASF notebook		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607			<u></u>	06/06/2012	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYSTO E NUMBER: 00228701	ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554D	Based on interview with determined the facility one medical profession were present was curre cardiac life support. 1) A request was made for the written policy reat least one medical propatients were present was advanced cardiac life stable to provide a policy. 2) An interview conduct PM with EMP1 confirm have a policy regarding one medical profession were present was curre cardiac life support.	failed to ensure that all in the facility whently certified in advertible to EMP1 on June 6 segarding the require of the facility of the facility of the facility of the facility of the requirement that the facility of the requirement that all in the facility when	t at least en patients anced , 2012 ment that illity when ed in was not 2, at 1:30 did not at at least en patients	S 554D			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 8-0607		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/06/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 554D	Continued from page 30			S 554D			
S 554F				S 554F			

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PLAN OF CORRECTION (POC) IDENTIFICATION		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		IA (X2) MULTIPLE CONSTRUCT A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2012	
	VIDER OR SUPPLIER:	8-0607	STREET ADDRESS,	CITY, STATE, Z	IP CODE:	00/00/2012	
	PARENTHOOD KEYSTO E NUMBER: 00228701	ONE - READING	48 SOUTH FO READING, PA		(EE1		
(X4) ID PREFIX TAG	EFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554F	established for instructing p surgery, including written in shall include the following: (1) The symptoms with procedures performed (2) An explanation including directions for use (3) Limitations an patient, if necessary. (4) Specific phonomation or (5) Date for follow (6) Instructions or wounds	by the medical staff shatients in self-care after astructions which, at a mass of complications associated drug region of prescribed drug region and medications. It is a number to be used by the question arises. We up or return visit in the care of dressing and in dietary restrictions	all be ninimum iated gime, es of the	S 554F	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our faci seeking accreditation as a CI ASF. Our accreditation survey scheduled for July 25, 2012. effective date for this regulat June 19, 2012, and the survey place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - The survey appears to be maked to a survey appears to a survey appear	CCARE ility is ass A vey is The tion is y took he distaken bost-op AB-is covery covery s a box ." This he	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012
					facility ASF Hotebook		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING: 06/06/2012			
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYSTO SE NUMBER: 00228701	ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 554F	Based on a review of n interview with staff (E) the facility failed to proinstructions to the paties ix of six medical record MR3, MR4, MR5 and Findings include: 1) A review on June 6, revealed that there was or a responsible person post-operative instruction. 2) An interview conduction PM with EMP1 confirmed in MR1-MR6 responsible person had post-operative instruction.	MP), it was determined by the provide written post-opent or responsible per reds reviewed (MR1, MR6) 2012, of MR1-MR6 and evidence that the had received written that there was not that the patients or received written	ned that perative erson for MR2,	S 554F			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYSTO E NUMBER: 00228701	ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
(X4) ID PREFIX TAG	FIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554F	Continued from page 33			S 554F			
S 5910				S 5910			

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		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 8-0607		A (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS 48 SOUTH FO READING, P.	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5910	Continued from page 34 559.1 Nursing Department of SERVICES 559.1 Nursing Department The ASF shall have an under the supervision of a responsibility and accountal This REGULATION is not	organized nursing depa egistered nurse who has bility for the Nursing Se	rtment	S 5910	Plan of Correction: As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 25, 2012. effective date for this regular June 19, 2012, and the surverplace on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - PPNMP- Reading requester exception from this requirem -559.1 -to permit the organizations of the Medical Elements - By letter from Department dated April 19, 2012, the Degranted this exception - The Human Resource department to indicate that the facilities organizational chart will be to indicate that the Medical Elements - By Indicate that the Medical Elements - The Human Resource department of the Human Resource depa	CCARE ility is lass A vey is The tion is ty took the ed an nent ted der the Director of Health spartment artment updated Director	Completion Date: 07/21/2012 Status: APPROVED Date: 01/02/2013

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0607		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5910	Continued from page 35			S 5910	07/01/12		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	CITY, STATE, Z	SIP CODE:	000002012	
(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 CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
S 5910	Continued from page 36 Based on review of facinterview (EMP), it was to have a Director of N and accountable to the facility. Findings include: 1) A review on June 6, organizational chart reposition for a Director 2) An interview conduction PM with EMP1 confirmation position for a DON, and Nurse responsible and Service.	2012, of the facility wealed there was not of Nursing (DON). cted on June 6, 2012 med the facility did not there was no Regi	cility failed consible the the c's a c, at 1:30 not have a stered	S 5910			

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607		A. BLDG: _ B. WING: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/06/2012	EY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR L: IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5910	Continued from page 37			S 5910			
S 6126				S 6126			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-0607		1		06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE A 19602				
(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 A	OULD BE	(X5) COMPLETE DATE		
S 6126	Continued from page 38 561.13 Storage The area in the ASF wiperiodically checked by a repractitioner and proper logs This REGULATION is not	maintained.		S 6126	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our faci seeking accreditation as a Cl ASF. Our accreditation surscheduled for July 25, 2012. effective date for this regulat June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - A revised policy and log with developed by our Associate of Director. It will be presented reviewed with the Center Main on 6/28/12. The facility staff review and sign off with comby 07/21/12 - PPNMP Governing Body with informed of this deficiency a corrective action at its meeting 08/08/12 - Failure to comply with this will result in re-training and/disciplinary action by Medic Services Administration	CCARE ility is ass A vey is The tion is y took he rill be Medical d and anagers f will apletion vill be und any ng on policy or	Completion Date: 06/21/2012 Status: APPROVED Date: 07/02/2012	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING:		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STI			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6126	Based on interview with determined the facility the ASF where drugs we checked by a responsible and proper logs were in a request was made for the written policy rethe area in the ASF who periodically checked by practitioner and proper facility was not able to a policy regarding in the ASF where drug periodically checked by practitioner and proper facility was not able to a policy regarding in the ASF where drug periodically checked by practitioner and proper facility was not approper facility was not able to a policy regarding in the ASF where drug periodically checked by practitioner and proper facility was not approper facility was not able to a policy regarding in the ASF where drug periodically checked by practitioner and proper	ailed to ensure that were stored were persole pharmacist or pranaintained. to EMP1 on June 6 egarding the require ere drugs were stored a responsible pharmacist or pranaintained provide a policy. eted on June 6, 2012 med that the facility gethe requirement that is were stored were year responsible Pharmacist of the provide a policy.	the area in iodically actitioner 2012 ment that ad were macist or ed. The 4, at 1:30 did not at the area macist or	S 6126			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STI				
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6126	Continued from page 40			S 6126			
S 636C				S 636C			

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PLAN OF CORRECTION (POC) IDENT		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO		OULD BE	(X5) COMPLETE DATE
S 636C	Continued from page 41 563.6 (c) Preservation of M 563.6 Preservation of medi (c) If an ASF discontinknown to the Department where its recordstored in a facility offering retrieval set the closure date. Prior to destruction, pupermit former patients or their representation Public notice shall be in at least two form advertisement in a local newspaper of general of this REGULATION is not	cal records nues operation, it shall makes are stored. Records and revices for at least 5 years ablic notice shall be maked to claim their own makes, legal notice and displace inculation.	re to be s after de to records.	S 636C	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 25, 2012. effective date for this regular June 19, 2012, and the surver place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - The survey appears to have mistaken and the organization of an ASF of in the organization of an ASF of in the organization of mediate or the organization of the organization of the organization of mediate or the organization of the organiza	C CARE ility is lass A vey is The tion is by took the e been peration s that ical	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(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 CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
S 636C	Based on interview with determined that the fact a written policy regard medical records. Findings include: 1) A request was made for the written policy remedical records. The fact a policy. 2) An interview conduct PM with EMP1 confirm have a policy regarding records.	to EMP1 on June 6 egarding the preservation accility was not able to eted on June 6, 2012 med that the facility	there was of , 2012 vation of to provide 2, at 1:30 did not	S 636C			

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		8-0607		A. BLDG:00 B. WING: 06/06/2012			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI			
(X4) ID PREFIX TAG	MUST BE PRECEED!	ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6400			hat and nay be SF, and	S 6400	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our fac seeking accreditation as a Cl ASF. Our accreditation sur scheduled for July 25, 2012. effective date for this regular June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - The Risk and Quality Man coordinator wrote the new po 06/15/12 - The policy will be reviewe Medical Services Administra with Center Managers on 06 all facility staff will sign off 07/13/12 - The new policy will be app the Governing Body on 08/0 - Failure to comply with this will result in re-training and disciplinary action by Medic Services Administration	Y CARE ility is lass A vey is The tion is by took the agement olicy on d by ation 5/28 and by broved by 98/12 s policy /or	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BLDG: _		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING:		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI				
(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 CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6400	Continued from page 44			S 6400			
	Based on interview with staff (EMP) it was determined that the facility failed to ensure a written policy for ownership of medical rethat specified who had access to medical retunder what conditions records could be remfrom the ASF, and under what conditions mecord information could be released; that mecords were the property of the ASF, and to could not be removed from the premises excourt purposes. Findings include: 1) A request was made to EMP1 on June 6, for the written policy regarding the ownersh medical records. The facility was not able to provide a policy. 2) An interview conducted on June 6, 2012, PM with EMP1 confirmed that the facility of have a policy regarding the ownership of mecords.		there was records ecords, moved medical medical they accept for 4, 2012 hip of to 2, at 1:30 did not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STI				
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6400	Continued from page 45			S 6400			
S 6413				S 6413			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING:		06/06/2012	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYSTO E NUMBER: 00228701	ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6413	Continued from page 46 563.13 (a) Entries 563.13 Entires (a) Entries in the record authenticated by the person This REGULATION is not	making the entry.		S 6413	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our faci seeking accreditation as a Cl ASF. Our accreditation survive scheduled for July 25, 2012. effective date for this regulat June 19, 2012, and the survey place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - Consent form (CIIC – In-C Abortion – Suction- VII-A-2 been revised by the Pennsylva affiliates - Revised consent form has been to (06/14/12) to the Planner Parenthood national governing for approval - Expect approval by Planner Parenthood national governing for form by 06/31/12 - Revised form will be given staff on 07/02 with training by the Center Manager and a off sheet for all abortion staff	CCARE ility is ass A vey is The tion is y took the clinic ta) has vania been td ng body d ng body out to provided a sign	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
8-0607					06/06/2012		
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYSTO E NUMBER: 00228701	ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(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 A	OULD BE	(X5) COMPLETE DATE	
S 6413	Continued from page 47			S 6413	back to HR by 07/09/12 - Failure to comply with this will result in re-training or disciplinary action by Medic Services Administration		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
	8-0607		B. WING: _		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
PREFIX MUST BE PRECEEDED	DF DEFICIENCIES (EACH DE D BY FULL REGULATORY OF YING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Based on review of med interview with staff (EM facility failed to ensure a medical record was date person making the entrier records reviewed (MR1, and MR6). Findings include: 1) A review on June 6, 2 revealed that the physicial admission order set and each contain a separate part of the entriem of the entries of the	MP), it was determine that each entry in each, and authenticate es for six of six me, MR2, MR3, MR4 2012, of MR1-MR6 ian's pre-operative inter-operative not physician signature ted on June 6, 2012 and that the physician order set and MR1-MR6 did not	ned the ach d by the dical , MR5, e did not e. 2, at 1:30 an's	S 6413			

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PLAN OF COR	OF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER:	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0607		A. BLDG: _ B. WING: _	PLE CONSTRUCTION: 00 IP CODE:	(X3) DATE SURVI COMPLETED: 06/06/2012	EY
PLANNED	PARENTHOOD KEYSTO	ONE - READING	48 SOUTH FO READING, PA	OURTH STE			
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S 6413	Continued from page 49			S 6413			
S 6702				S 6702			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	ER: A. BLDG: _		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING: _		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN 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
S 6702	Continued from page 50			S 6702			
	Continued from page 50 567.2 (1) INFECTION CONTROL - Committee Responsibility 567.2 Committee responsibilities The quality assurance committee shall be responsible for: (1) The prevention, control and investigation of infection in the ASF and for assuring the effectiveness of current procedural techniques in all departments. This REGULATION is not met as evidenced by:		f		As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our faci seeking accreditation as a Cl ASF. Our accreditation surscheduled for July 25, 2012. effective date for this regulat June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - The Risk & Quality Manage committee is responsible for prevention, control and investigation of infection. All infection control issues discussed and listed separate the quarterly RQM meeting and the following steps to ensure compliance. - The Risk & Quality Manage committee is responsible for prevention, control and investigation of infection. All infection control issues discussed and listed separate the quarterly RQM meeting and the following steps to ensure control issues discussed and listed separate the quarterly RQM meeting and the following steps to ensure the quarterly RQM meeting and the following steps to ensure the quarterly RQM meeting and the following steps to ensure compliant issues relating to the following steps to ensure compliant issues and corrective actions at their near the following steps to ensure compliant issues and corrective actions at their near the following steps to ensure compliant issues and corrective actions at their near the following steps to ensure compliant issues and corrective actions at their near the following steps to ensure compliant issues and corrective actions at their near the following steps to ensure compliant issues and corrective actions at their near the following steps to ensure compliant issues and corrective actions at their near the following steps to ensure compliant issues and corrective actions at their near the following steps to ensure compliant issues and corrective actions at their near the following steps to ensure compliant issues and corrective actions at their near the following steps to ensure compliant issues and corrective actions at their near the following steps to ensure compliant issues and corrective actions at the followin	C CARE ility is ass A vey is The tion is y took the will be ely in minutes charts er the nator uting to tion are review d the	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYSTO E NUMBER: 00228701	ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
(X4) ID PREFIX TAG	FIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6702	Continued from page 51			S 6702	meeting		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		8-0607			00	06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6702	Continued from page 52 Based on interview with determined the facility was established for the investigation of infection facility (ASF) to assure procedural techniques. Findings include: 1) A request was made Infection Control Compacility was not able to 2) An interview conduct EMP1 confirmed there Infection Control meet	failed to ensure a corprevention, control on in the ambulatory end the effectiveness of in all departments. The on June 6, 2012, for mittee meeting minuprovide the meeting control on June 6, 2012 was no documentated.	ommittee and y surgery f r the ates. The g minutes. 2, with ion of	S 6702			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0607		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(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 A	OULD BE	(X5) COMPLETE DATE
S 6702	Continued from page 53			S 6702			
S 6703				S 6703			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BLDG:00 B. WING:		00	(X3) DATE SURV COMPLETED: 06/06/2012	EY			
PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6703	Continued from page 54 567.2 (2)(i) Committee resp The quality assurance comm (2) The designation of one f employee responsible for de infection control program ir (i) Written standards for AS This REGULATION is not	nittee shall be responsible full-time or one part-time eveloping and monitoring acluding, but not limited of sanitation and asepsis.	e g the to:	S 6703	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our face seeking accreditation as a Class. Our accreditation surscheduled for July 25, 2012. effective date for this regular June 19, 2012, and the surverplace on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - The survey appears to be manual in the facility that addrevention and control of informanual in the facility that addrevention and control of informanual in the policy by 07/21/12 - Staff will be re-trained by a outside consultant on all information in the survey of investigate infection by 07. Failure to comply with any policies will result in re-train and/or disciplinary action by Medical Services Administration.	C CARE ility is ass A vey is The tion is y took the mistaken fol dresses fection I add stigation an ection edures 7/21/12 of these ning the	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER				(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING: _		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STI				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6703	Based on interview with determined the facility written policies for the investigation of infection facility (ASF) to assure procedural techniques. Findings include: 1) A request was made facility's written policy and investigation of infection surgery facility (ASF), provide a policy. 2) An interview conduct EMP1 confirmed there prevention, control and the ambulatory surgery	failed to ensure ther prevention, control on in the ambulatory the effectiveness of in all departments. on June 6, 2012, for for the prevention, fection in the ambulatory feetion in the ambulatory feeting in the facility was no written policities and with the facility was no written policities investigation of infinite feeting	re was and v surgery f r the control atory of able to	S 6703			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-0607		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE
S 6703	Continued from page 56			S 6703			
S 6707				S 6707			

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: A. BLDG: _00		(X3) DATE SURVEY COMPLETED: 06/06/2012					
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6707	Continued from page 57 567.2 (2) (iv) Committee R The quality assurance comm (2) The designation of one femployee responsible for desinfection control program in (iv) Maintaining records of ASF among patients and peinfection and to identify epin This REGULATION is not	nittee shall be responsible full-time or one part-time eveloping and monitoring neluding, but not limited infections which original resonnel to trace the soundemic situations.	e g the to: te in the	S 6707	Plan of Correction: As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our face seeking accreditation as a Cl ASF. Our accreditation sur- scheduled for July 25, 2012. effective date for this regulat June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance A part-time employee will identified by Medical Service Administration as responsible developing and monitoring to infection control program by 07/21/12 - The employees job descrip be edited appropriately by 0° - The RQM Coordinator will an infection log by 07/21/12 - The RQM Coordinator will the infection log at the Center Manager call on 07/26/12 - Each Center Manager will that facility staff understand sign off on this log and forw	C CARE ility is ass A vey is The tion is y took the be es le for he tion will 7/21/12 I develop I present er ensure and	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYSTO E NUMBER: 00228701	ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
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S 6707	Continued from page 58			S 6707	that to HR/Training Manager - Failure to comply with any policies will result in re-train disciplinary action by Medic Services Administration	of these ing or	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:				(X3) DATE SURVI COMPLETED:	(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING:		06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		ONE - READING	STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STI				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
S 6707	Based on interview with determined the facility one full-time or one parfor developing and morprogram and maintaining originate in the ASF arto trace the source of interpidemic situations. Findings include: 1) A request was made facility's employee job member responsible for the infection control program and mainterview conducted. An interview conducted EMP1 confirmed there description for the staff developing and monitod program surgery facility.	failed to ensure that rt-time employee responsibly and pendercion and to ident and pendercion and pende	there was sponsible in control cons which ersonnel ify If the staff conitoring ity (ASF).	S 6707				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
8-0607					<u></u>	06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI			
(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 CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6707	facility's infection log. provide an infection co	2) A request was made on June 6, 2012, for the facility's infection log. The facility was not able to provide an infection control log. An interview conducted on June 6, 2012, with EMP1 confirmed there was no infection log.		S 6707			
S 6722				S 6722			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER				(X3) DATE SURVEY COMPLETED:	
		8-0607		1		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE 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
S 6722	definite and valid infection control shall the following:	olicies and procedures to include,but not be limite ontrol inservice education	ed to,	S 6722	Plan of Correction: As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our faci seeking accreditation as a Cl ASF. Our accreditation surv scheduled for July 25, 2012. effective date for this regulat June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken t following steps to ensure compliance. - Infection control training is the facilities new staff orient and should have been docum in the employee personnel fii - The HR department will do on all facility employees to d which staff are missing this t by 06/29/12 - Training will be done by M Services Administration and outside consultant for all staf deficient in this component t - An audit of new employee personnel files will be perfor the RQM coordinator/Trainin	CARE ility is ass A vey is The tion is y took he s part of ation hented les o an audit determine training Medical /or an ff by 07/08	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
8-0607				B. WING: _		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE				
(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 A	OULD BE	(X5) COMPLETE DATE	
S 6722	Continued from page 62			S 6722	Manager 3 months after each ensure completion of all train - All non-compliant issues we discussed at the RQM meeting forwarded to the Governing	ning. ill be ng and	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING: _		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 6722	Based on review of per interview with staff (E. the facility failed provi or education to three or reviewed (PF1, PF2, ar Findings include: 1) A review on June 6, reveal any documentate training or education. 2) An interview conduction in PF1-training or education.	MP), it was determined Infection Control of three personnel file and PF3). 2012, of PF1-PF3 faition of Infection Control of Infection	ned that I training es Tailed to trol 2, at 1:30	S 6722			

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STI			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY C			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747				S 6747			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 8-0607			A. BLDG: _00_		(X3) DATE SURVI COMPLETED: 06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701		STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE				
(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 6747	Continued from page 65 567.43 Ventilation System The ventilation system shall in accordance with the writt ensure that a properly condiminimum filtration, humidit is provided in critical areas recovery suites under Chapter 571 (relating to continue to the continue to	en maintenance schedul tioned air supply meetir ty and temperature requi such as the surgical and astruction standards).	e to ng irements	S 6747	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our face seeking accreditation as a Cl ASF. Our accreditation sur- scheduled for July 25, 2012. effective date for this regular June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - Temperature & humidity re for procedure rooms and rece room will be purchased by o purchasing department by 06 - A policy will be developed Medical Services Administration/RQM regard monitoring of temperature an humidity levels in the procec rooms and recovery room Center Managers and staff trained by Training Manager/Medical Services administration on how to use monitor by 0713/12 - A log will be developed by	C CARE ility is lass A vey is The tion is by took the monitors overy our 6/29/12 by ling the and dures will be	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607				06/06/2012	
PLANNED	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			CITY, STATE, Z DURTH STF A 19602			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
S 6747	Continued from page 66			S 6747	RQM coordinator to docume temperature and humidity lev - The use of the log will be p the training - Regular audits will be done Medical Service administrati ensure policy is being follow temperature and humidity are	vels eart of by ton to red and	

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NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701 SUMMARY STATEMENT OF DEFICIENCIES REACH DEFICIENCY AND MOST BE PRECEDED BY FULL REGULATIONS ON LSC PROVIDERS PLAN OF CORRECTION (EACH COMPLETE PARENT NAME OF THE APPROPRIATE COM	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701 Continued from page 67 S 6747	8-0607						06/06/2012	
PREFIX TAG MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S 6747 Continued from page 67 Based on interview with staff (EMP) it was determined that the facility failed to monitor the temperature and humidity levels in the procedure rooms and recovery area. Findings include: 1) A request was made to EMP1 on June 6, 2012 for the written policy regarding the monitoring of temperature and humidity levels in the procedure rooms and recovery area. The facility was not able to provide a policy. 2) An interview conducted on June 6, 2012, at 1:30 PM with EMP1 confirmed that the facility did not have a policy for the monitoring of temperature and humidity levels in the procedure rooms and recovery	PLANNED PARENTHOOD KEYSTONE - READING			48 SOUTH FO	OURTH STI			
Based on interview with staff (EMP) it was determined that the facility failed to monitor the temperature and humidity levels in the procedure rooms and recovery area. Findings include: 1) A request was made to EMP1 on June 6, 2012 for the written policy regarding the monitoring of temperature and humidity levels in the procedure rooms and recovery area. The facility was not able to provide a policy. 2) An interview conducted on June 6, 2012, at 1:30 PM with EMP1 confirmed that the facility did not have a policy for the monitoring of temperature and humidity levels in the procedure rooms and recovery	PREFIX	MUST BE PRECEEDE	ED BY FULL REGULATORY O			CORRECTIVE ACTION SH	OULD BE	COMPLETE
	S 6747	Based on interview with determined that the fact temperature and humic rooms and recovery are Findings include: 1) A request was made for the written policy remperature and humic rooms and recovery are to provide a policy. 2) An interview conductive PM with EMP1 confirmation apolicy for the manual to policy for the ma	ility failed to monitolity levels in the process. to EMP1 on June 6 egarding the monitolity levels in the process. The facility was exted on June 6, 2012 med that the facility conitoring of temper.	, 2012 ring of cedure not able 2, at 1:30 did not ature and	S 6747			

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PLAN OF CORRECTION (POC) B-0607 NAME OF PROVIDER OR SUPPLIER:					00	(X3) DATE SURVEY COMPLETED: 06/06/2012	
PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			READING, PA				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 68			S 6747			
S 6909				S 6909			

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		EY
		8-0607		1		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D			STREET ADDRESS 48 SOUTH FO READING, PA	OURTH STE		CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		R LSC	PREFIX TAG	CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE DATE
S 6909	Continued from page 69 569.21 (a) EVACUATION 569.21 Fire Drills (a) Fire, internal disastheld at least quarterly for ASF pers conditions. This REGULATION is not	ter and evacuation drills	shall be	S 6909	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our faci seeking accreditation as a Cl ASF. Our accreditation surv scheduled for July 25, 2012. effective date for this regulat June 19, 2012, and the surve place on June 6, 2012. PPNMP-Reading has taken t following steps to ensure compliance. - A fire drill was conducted of 06/04/12 - The fire drill policy will be and revised if necessary. An of fire/safety drills will be co quarterly by the Center Mana Medical Services Administra - Documentation of those dri be forwarded to the RQM coordinator and put on the ag for the RQM quarterly meetings ar reviewed with the Governing - Failure to adhere to the sch will result in disciplinary act the Center Manager	CCARE ility is ass A vey is The tion is y took the on reviewed a audit onducted ager or ation. ills will genda ings re g Body edule	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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			(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
8-0607						06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STI				
(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 CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6909	Continued from page 70 Based on review of facility documentation and interview with staff (EMP), it was determined the facility failed to ensure that quarterly fire drills were conducted. Findings include: 1) A review on June 6, 2012, of facility documents revealed no evidence that fire drills were conducted quarterly. 2) An interview conducted on June 6, 2012, 1:30 PM with EMP1 confirmed that the facility did not			S 6909				
	conduct quarterly fire drills.							
S 7100				S 7100				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING: _		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
	Continued from page 71 571.1 CHAPTER 571 - Con 571.1 Minimum Standards ASF construction shall latest edition of the "Guidel: Construction of Hospital and published by the American I Architects/Academy of Architects/Academy of Architects/Academy of Service as listed in appear and app	be in accordance with tines for Design and d Health Care Facilities, Institute of hitecture for Health inclifor various outpatient a facility shall meet the specified types of surgicindix A. Where renovationed within an existing facomply with the require	"," as uding al on or acility, all	S 7100	As per our letter to Division ACUTE & AMBULATORY dated June 11, 2012, our faci seeking accreditation as a Cl ASF. Our accreditation surscheduled for July 25, 2012. optimistic that we will be ab obtain accreditation, but in that we are not successful, we pursue licensure as a Class ETO that end, if the Class A accreditation process conclusursuccessfully, we will pursual ternate plan of compliance submitted by the Planned Parenthood health centers se licensure as Class B ASF, and the dates as appropriate. Accordingly, at that time and necessary, PPNMP- Reading confer with its architect and of Safety and Inspection to its feasible alterations to its heat center and seek exceptions to construction requirements of Code section 571.1 where necessary is June 19, 2012 and the survival of the sur	CCARE ility is ass A vey is We are le to the event re will BASF. des ue the eking ljusting diff g – will Division dentify lth o the C28 PA. excessary. gulation	Completion Date: 07/21/2012 Status: APPROVED Date: 07/02/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-0607			06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100				S 7100	place on June 6, 2012. PPNMP-Reading has taken to following steps to ensure compliance. - Temperature and humidity monitors will be installed in cabinets where the wrapped instruments are stored. - Toilet rooms will have bredoor jambs.	the wall sterile	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-0607		B. WING:		06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STE			
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 7100	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINITION) Continued from page 73 Based on review of the current edition of the Guidelines for Design and Construction of Hand Health Care Facilities, observation, and interview with staff (EMP), it was determine facility failed to ensure it was in compliance current construction guidelines. Findings include: 1) A review on June 6, 2012, of the current of the Guidelines for Design and Construction Hospital and Health Care Facilities revealed "3.8-3.4.2.2 Cubicle curtains or other provision privacy during post-operative care shall be provided" Observation on June 6, 2012, of the patient recovery room area revealed patient recovery for post-operative care. There were no cubic curtains for privacy for the recovery chairs. An interview conducted on June 6, 2012, at PM with EMP1 confirmed the post-operative.		Hospital d hed the ewith the ewith the edition ion of d disions for ery chairs picle	S 7100			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
8-0607				00	06/06/2012			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE		
S 7100			t edition tion of d thall be f the kroom. cally a contain quipment ical , revealed ea were	S 7100				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-0607			<u>uv</u>	06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI			
(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 CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
S 7100	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 75 3) A review on June 6, 2012, of the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities revealed "3.8-5.1.2.3 Storage for clean/sterile supplies (1) storage for packs, etc. shall include provisions for ventilation, humidity and temperature control" Observation on June 6, 2012, 12, of the clean and soiled work area revealed wrapped sterile supplies stored in a wall cabinet above the sink area and autoclave. There were no temperature, humidity or ventilation monitors observed in this area where the sterile wrapped packages were stored. An interview conducted on June 6, 2012, at 1:30 PM with EMP1 confirmed the sterile supplies were stored in wall cabinets and that there was no provision to monitor temperature, humidity or ventilation in the area where the sterile packages were kept.		tion of d les (1) ons for rol" an and supplies and midity or where the t 1:30 ies were so y or kages	S 7100			
	4) A review on June 6,	2012, of the current	edition				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
8-0607						06/06/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	(X5) COMPLETE DATE		
S 7100	Continued from page 76			s 7100			
	of the Guidelines for Design and Construction Hospital and Health Care Facilities revealed "3.8-7.2.2.2 Door openings (2) Toilet roo doors for patient use shall open outward or to equipped with hardware that permits access the outside in emergencies" Observation on June 6, 2012, of the patient restroom revealed the door opened inward. An interview conducted on June 6, 2012, at PM with EMP1 confirmed the patient restro door open inward. 5) A review on June 6, 2012, of the current of the Guidelines for Design and Construction Hospital and Health Care Facilities revealed "3.7-7.2.3.4 Ceilings: Ceiling finishes shall appropriate for the areas in which they are lead and shall be as follows:(2) Restricted area Ceilings in restricted areas such as operating shall be monolithic, scrubbable, and capable		t 1:30 coom t edition tion of ed: ll be located eas. (a) ng rooms				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:		
		8-0607		B. WING:		06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	OURTH STI				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE		
S 7100	MUST BE PRECEEDED BY FULL REGULATORY OR LSC		S 7100					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
8-0607			B. WING: _		06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, 48 SOUTH FO READING, PA	URTH STI			
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHORES FROM THE ACTION THE ACTION THE ACTION THE ACTION TO THE ACTION OF THE	OULD BE	(X5) COMPLETE DATE	
S 7100	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 78 procedure rooms were not hands free. An interview conducted on June 6, 2012, at 1:30 PM with EMP1 confirmed that there were no scrub sinks located outside of the procedure rooms and that the sinks in the room were not hands free. 7) A review on June , 2012, of the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities revealed" "3.8-7.2.3.2 Flooring (2) Vinyl composition tile or similar products shall not be permitted in these areas" Observation on June 6, 2012, of the procedure rooms revealed that the floors were tiles composite An interview conducted on June 6, 2012, at 1:30 PM with EMP1 confirmed that the floors were tile composite.		no scrub ns and ree. edition of n of d" tion tiles n these	S 7100			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-0607		:	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: 00228701			STREET ADDRESS, CITY, STATE, ZIP CODE: 48 SOUTH FOURTH STREET READING, PA 19602					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
S 7100	Continued from page 79			S 7100				

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Certified End Page

PLANNED PARENTHOOD KEYSTONE - READING

STATE LICENSE NUMBER: 00228701 SURVEY EXIT DATE: 06/06/2012

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

Susan Coble

Deputy Secretary for Quality Assurance

Susan Cople



Rachel L. Levine, MD

Secretary of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY