

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/30/2019
--	---	---	--

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 OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
--------------------	--	---------------	--	--------------------

M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an Annual Registration survey conducted on May 30, 2019, at Planned Parenthood Keystone - Reading. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.</p>	M 0000		
--------	--	--------	--	--

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

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/30/2019
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING		STREET ADDRESS, CITY, STATE, ZIP CODE: 48 SOUTH FOURTH STREET READING, PA 19602		
STATE LICENSE NUMBER: 00228701				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
S 0000	INITIAL COMMENT	S 0000		
S 0119	This report is the result of an Annual Registration survey conducted on May 30, 2019, at Planned Parenthood Keystone - Reading. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.	S 0119		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/30/2019
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING		STREET ADDRESS, CITY, STATE, ZIP CODE: 48 SOUTH FOURTH STREET READING, PA 19602		
STATE LICENSE NUMBER: 00228701				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
S 0119	Continued from page 1 551.31 (a) (1) Application/Authorization to Operate an ASF APPLICATION AND AUTHORIZATION TO OPERATE AN AMBULATORY SURGICAL FACILITY 551.31 Licensure (a) A Class A ASF shall meet the following criteria: (1) No license shall be required for the operation of a Class A ASF, however, such a facility shall be accredited by the Accreditation Association for Ambulatory Health Care, the Joint Commission on the Accreditation of Health Care Organizations, the American Association for the Accreditation of Ambulatory Surgical Facilities or another nationally recognized accrediting agency acknowledged by the Medicare program in order to be identified as providing ambulatory surgery. This REGULATION is not met as evidenced by:	S 0119	The Center Manager will conduct a staff meeting to review the policy and procedures for monitoring temperature and humidity in the designated areas by 6/30/2019. After which, the Center Manager will conduct audits by the last calendar day of each month to ensure proper documentation of monitoring has been completed according to policy. The monthly audit will be documented and any deviations from policy will be reported to the Risk and Quality Manager. _____ - The Human Resources Department will update current policies to include TB surveillance. This will be completed by 7/16/2019 at which time the Director of Risk and Quality will review to ensure completion of updates are in compliance with the regulations noted in these findings. Once the TB Surveillance program is implemented, The Director of Human	Completion Date: 07/16/2019 Status: APPROVED Date: 06/17/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/30/2019
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING		STREET ADDRESS, CITY, STATE, ZIP CODE: 48 SOUTH FOURTH STREET READING, PA 19602		
STATE LICENSE NUMBER: 00228701				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
S 0119	Continued from page 2	S 0119	Resources or designee will audit employee files after the first 90 days after implementation and files will be audited annually thereafter. Any deviations from the program will be reported to the Director of RQM for corrective action plan development. Any deviations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/30/2019
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING		STREET ADDRESS, CITY, STATE, ZIP CODE: 48 SOUTH FOURTH STREET READING, PA 19602		
STATE LICENSE NUMBER: 00228701				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
S 0119	Continued from page 3 Based on a review of facility policy, observation and interview with staff (EMP), it was determined that the facility failed to meet the minimum Medicare standard 416.44 (a)(1) Standard: Physical environment for compliance, that is established by the facility's accrediting organization by failing to monitor temperature and humidity levels within Procedure Room 1, Procedure Room 2, Post Procedure Room, and the Clean Lab to ensure the levels were within acceptable range. 416.44 (a)(1) Standard: Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area. A review of facility policy "Temperature and Humidity Monitoring" last reviewed January 2018 revealed "...1. The temperature and humidity will be checked in the procedure rooms, post-procedure room and clean lab once in the morning before procedures begin and once at the end of the day...2. The temperature	S 0119		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/30/2019
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING		STREET ADDRESS, CITY, STATE, ZIP CODE: 48 SOUTH FOURTH STREET READING, PA 19602		
STATE LICENSE NUMBER: 00228701				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
S 0119	Continued from page 4 and humidity will be logged on MED-1005F-Temperature and Humidity Log..." On May 30, 2019, an observation of the facility's "Temperature & Humidity Log" revealed that monitoring for Procedure Room 1 was incomplete from April 2018 - August 2018 and May 2019; monitoring for Procedure Room 2 was incomplete from April 2018 - August 2018; monitoring for Post-Procedure Room was incomplete from April 2018 - August 2018 and November 2018; and monitoring for the Clean Lab was incomplete from April 2018 - May 2019. An interview with EMP1 on May 30, 2019, at 1:50 PM, confirmed that facility staff failed to monitor temperature and humidity levels per facility policy. _____ _____ Based on observation and staff interview (EMP), it was determined the facility failed to meet the minimum Medicare standard 416.51 (b) Standard: Infection control program for compliance, that is established by the facility's accrediting organization by failing to establish a surveillance component for	S 0119		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/30/2019
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING		STREET ADDRESS, CITY, STATE, ZIP CODE: 48 SOUTH FOURTH STREET READING, PA 19602		
STATE LICENSE NUMBER: 00228701				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
S 0119	Continued from page 5 <i>Mycobacterium tuberculosis (M. tuberculosis)</i> that covers personnel working in the facility, as required under local, state, or federal public health authority. Tuberculosis is a state reportable disease. 416.51 (b) Standard: The facility must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevention program must include documentation that the facility has considered, selected, and implemented nationally recognized infection control guidelines. The CDC publication of Morbidity/Mortality Weekly Report dated December 30, 2005 outlines on pg. 10 "All HCWs (Health Care Workers) should receive baseline TB screening upon hire, using two-step TST (tuberculin skin test) or a single BAMT (blood assay for <i>M. tuberculosis</i>) to test for infection with <i>M. tuberculosis</i> ." An interview with EMP5 on May 30, 2019 at 2:45 PM, confirmed the facility does not have a policy which includes the surveillance of tuberculosis.	S 0119		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/30/2019
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 OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE	
S 0119	Continued from page 6	S 0119			



Certified End Page

PLANNED PARENTHOOD KEYSTONE - READING

STATE LICENSE NUMBER: 00228701

SURVEY EXIT DATE: 05/30/2019

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

Handwritten signature of Susan Coble in cursive.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in cursive.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY