Pennsylvania Department of Health

| | TEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: 8-6704 | | | IA (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u> | | (X3) DATE SURVEY COMPLETED: 09/29/2011 | |
|--------------------------|---|--|---|--|---|---|--------------------------|
| PLANNEI | WIDER OR SUPPLIER:) PARENTHOOD KEYST(SE NUMBER: 00198701 | DNE - YORK | STREET ADDRESS 728 SOUTH I YORK, PA 1 | BEAVER STI | | 1 | |
| (X4) ID PREFIX TAG | MUST BE PRECEED | F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE | IOULD BE | (X5) COMPLETE DATE |
| M 0000 | INITIAL COMMENT | | M 0000 | | | | |
| М 9999 | This report is the resul survey conducted on S Planned Parenthood of determined that the fac the requirements of the Health Regulations § 2 Subchapter D, Ambula in Hospitals and Clinic | September 29, 2011, f Central PA. It was cility was in complia e Pennsylvania Depa 28 Pa Code, Chapter atory Gynecological cs. | at the ince with artment of 29, Surgery | M 9999 | | | |
| LABORATORY | DIRECTOR'S OR PROVIDER/SUPPL | IER REPRESENTATIVE'S SIGN | IATURE | | TITLE: | (X6) DATE: | - |
| | | | | | | | |
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Pennsylvania Department of Health

| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-6704 | | : A. BLDG: | СОМН СОМН | | 3) DATE SURVEY MPLETED: 2/29/2011 | |
|---|--|---------------|--|--|--|---|
| | NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK | | STREET ADDRESS, CITY, STATE, 728 SOUTH BEAVER S YORK, PA 17401 | | | |
| STATE LICEN | SE NUMBER: 00198701 | | 10000 | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDED BY FULL REGULATORY OR LSC PREFIX TAG CORRECTIVE ACTION | | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| M 9999 | Continued from page 1 | | M 9999 | | | |
| | PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC TAG IDENTIFYING INFORMATION) | | | Exam Room 5: The three shelf plastic carts I supplies used during procedu They will be inspected prior after procedure days; all con will be clearly labeled with of and dates. Open containers w discarded after 30 days if no expiration date is noted. All syringes will be discarded af procedures are completed in accordance with PPCP polic unlabeled and expired suppli- discarded. Complete Date: 10/6/11 Exam Room 5: Continued Sterilized packages will be in prior to making them availat use and will not be used if th appear to be compromised o expired. All instruments hav re-sterilized. Complete Date: 10/6/11 Exam Room 5: Continued The surveyor arrived for the | ures. to and tainers contents vill be unused fter y. All ies are nspected ble for hey r ve been | Completion Date: 10/12/2011 Status: APPROVED Date: 10/12/2011 |

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Pennsylvania Department of Health

| - | Department of Health | 1 | | | | | |
|---|---|---|---|------------------|---|------------|--------------------------|
| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CL PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> | | (X3) DATE SURVEY COMPLETED: | | |
| | 8-6704 | | | B. WING: | | 09/29/2011 | |
| NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK | | STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET | | | | | |
| STATE LICEN | SE NUMBER: 00198701 | | YORK, PA 17 | 401 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OI IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| M 9999 | Continued from page 2 | | | M 9999 | | | |
| | | | | | inspection visit during a time clients were being seen. The Coordinator was called away her clinical responsibilities a not able to prepare the room normally does between patie Patients are offered the oppot to see and have a copy of the ultrasound image in accordan PA law, but are only given a their own information. Ultrasmonitors are turned off where staff is present. Complete Date: 10/6/11 Laboratory: Pass through windowsills wiprotected from blood drips a be cleaned after prodecures a complete. Complete date: 10/6/11 Laboratory: Continued All emergency boxes have b opened and inspected. Expire supplies are removed and replacements are ordered. Private and the staff is are ordered. Private and the staff is present. | een ed | |

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Pennsylvania Department of Health

| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-6704 | | | A. BLDG: | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: 09/29/2011 | | |
|---|--|------------|---|--|--|---|--|
| | OVIDER OR SUPPLIER: D PARENTHOOD KEYSTO | ONE - YORK | STREET ADDRESS, 728 SOUTH B YORK, PA 17 | EAVER ST | | | |
| STATE LICEN | SE NUMBER: 00198701 | | 10000 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEED IDENTI | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| A 9999 | Continued from page 3 | | | M 9999 | | | |
| | 9999 Continued from page 3 | | | | for monthly inspection of en boxes is being reviewed and Complete Date: 10/6/11 Laboratory: Continued We continue to look for a su remove the O2 sphere from the facility. Complete Date: 11/1/11 Recovery Room: All storage areas of the recover room (including supply and areas) will be inspected mone expiration dates and appropres storage. Cabinets and storage will be clearly labeled. Complete Date: 11/1/11 | revised. pplier to the very food thly for iated | |
| | | | | | Recovery Room: Continued | | |
| | | | | | All expired items have been discarded. Complete Date: 10/6/11 | | |
| | | | | | Recovery Room: Continued | | |
| | | | | | | | |

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Pennsylvania Department of Health

| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-6704 | | A. BLDG: _ | IPLE CONSTRUCTION: 00 | (X3) DATE SURVEY COMPLETED: 09/29/2011 | |
|--------------------------|--|---|---|------------|--|--|--|
| PLANNEI | WIDER OR SUPPLIER: PARENTHOOD KEYST(SE NUMBER: 00198701 | ONE - YORK | STREET ADDRESS, 728 SOUTH B YORK, PA 17 | EAVER ST | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | | | | (X5) COMPLETE DATE | | |
| М 9999 | Continued from page 4 | | | M 9999 | Applications have been subr for the two physicians witho current DEA licenses registe the facility, although they dc current DEA licenses. Valiu be dispensed by these physic the facility until licenses are We expect will take 4 - 6 we the date of application. Complete Date: 11/30/11 | out ered to b have m will not cians at current. | |

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Pennsylvania Department of Health

| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-6704 | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: | | (X3) DATE SURVEY COMPLETED: 09/29/2011 | | |
|--|--|--|---|------------------|---|---------|--------------------------|
| | OVIDER OR SUPPLIER: O PARENTHOOD KEYSTO | ONE - YORK | STREET ADDRESS, 728 SOUTH B YORK, PA 17 | EAVER ST | | | |
| STATE LICEN | se number: 00198701 | | 10000,174 17 | 401 | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEED | Γ OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE . | OULD BE | (X5) COMPLETE DATE |
| M 9999 | Continued from page 5 | | | M 9999 | | | |
| | Based on a tour of the 2011, it was determined Central PA failed to menvironment. Findings: A tour of Planned Parconducted on September the following were observed by the door a blue, plastic unlabeled, containing a On the second shelf of behind the door were the clear fluid, labeled as I Bicarbonate, dated September 2011, it was determined by the following were observed by | ed that Planned Parer aaintain a safe and sa renthood of Central I ber 29, 2011, during t served: three shelf plastic ca brown liquid was n the three shelf plast wo 10 cc syringes w Lidocaine 1% with S | nthood of nitary PA was the tour art behind ay bottle, toted. ic cart ith a todium | | | | |

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| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CL PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-6704 | | | A. BLDG: <u>0</u> | LE CONSTRUCTION: 0 | (X3) DATE SURVEY COMPLETED: 09/29/2011 | | |
|--|--|------------------------------|---|---|---|--------------------------|--|
| PLANNE | ROVIDER OR SUPPLIER: | ONE - YORK | STREET ADDRESS, 728 SOUTH B YORK, PA 17 | BEAVER STR | | | |
| STATE LICE | NSE NUMBER: 00198701 | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMEN MUST BE PRECEED IDENT | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE . | OULD BE | (X5) COMPLETE DATE | |
| vi 9999 | Continued from page 6 | Continued from page 6 | | | | | |
| | On the third shelf of the three shelf plastic of behind the door were three sterilized packs instruments that showed water or other mark integrity of the packaging, On the third shelf of the three shelf plastic of behind the door were expired gynecological ranging in size from 5 mm to 10 mm, expired January 2010, March 2010, and August 201 | | | | | | |
| | An ultrasound monito unattended by staff, w with patient informatio including, patient nam period, estimated date alphabetical listing of begins with the letter ' | isible menstrual as an | | | | | |
| | Laboratory: | | | | | | |
| | Room labeled "Lab", specimen pass through the procedure rooms. | n windows on either | side to | | | | |

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| | epartment of Health | + | | | | . | |
|--------------------------|---|--|--------------------------------|---|-------------------------|---|--|
| | STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-6704 | | | A. BLDG: | PLE CONSTRUCTION: 00 | (X3) DATE SURVEY COMPLETED: 09/29/2011 | |
| | DVIDER OR SUPPLIER: D PARENTHOOD KEYST | ONE - YORK | STREET ADDRESS, 728 SOUTH B | EAVER ST | | | |
| STATE LICEN | SE NUMBER: 00198701 | | YORK, PA 17 | 401 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMEN MUST BE PRECEED IDENT | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | IOULD BE | (X5) COMPLETE DATE | |
| M 9999 | Continued from page 7 | | | M 9999 | | | |
| | stains on the sills. | | | | | | |
| | Room labeled "Lab" th revealed an emergency Diphenhydramine HC expired August 2011, epinephrine 1: 100,000 unopened, multiple do A 50 ml vial labeled a single dose, marked op oxygen sphere in the b AED, was not anchore Recovery room: | ded mg/ml, vith ml, ary 2011. te 8.4%, 11. An o the | | | | | |
| | The Recovery Room s sealed plastic bags eac wrapped gynecologica four opened plastic ba gynecological procedu from 5 mm to 10 mm, 2010, and August 201 | vidually is, and wrapped g in size | | | | | |

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Pennsylvania Department of Health

| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-6704 | | | A. BLDG: <u>0</u> | LE CONSTRUCTION: 0 | (X3) DATE SURVEY COMPLETED: 09/29/2011 | | |
|--|---|------------|---|-----------------------|---|----------|--------------------------|
| PLANNE | OVIDER OR SUPPLIER: D PARENTHOOD KEYST NSE NUMBER: 00198701 | ONE - YORK | STREET ADDRESS 728 SOUTH F YORK, PA 1 | BEAVER STR | | · | |
| (X4) ID PREFIX TAG | TIX MUST BE PRECEEDED BY FULL REGULATORY OF | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SF CROSS-REFERENCED TO THE | IOULD BE | (X5) COMPLETE DATE |
| M 9999 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 8 The Recovery Room had a refrigerator marked "Medications Only" that contained five cans of soda. The cabinet above the Recovery Room refrigerator contained numerous outdated blood testing tubes. The same cabinet also contained packages of crackers. A review of medical records and interviews with staff revealed that each of the three physicians had dispensed Valium. Only one physician has a DEA registered to the address of the facility. Interview with staff revealed that the other two physicians have stopped dispensing Valium as of September 1, 2011. | | ns of soda. rigerator tubes. of s with ans had a DEA erview cians | M 9999 | | | |

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Certified End Page

PLANNED PARENTHOOD KEYSTONE - YORK STATE LICENSE NUMBER: 00198701 SURVEY EXIT DATE: 09/29/2011

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

Susan Cope

Susan Coble Deputy Secretary for Quality Assurance



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

Rachel L. Levine, MD Secretary of Health