

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/03/2018</b>
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NAME OF PROVIDER OR SUPPLIER: <b>PLANNED PARENTHOOD KEYSTONE - HARRISBURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1514 NORTH SECOND STREET HARRISBURG, PA 17102</b>
STATE LICENSE NUMBER: <b>3N8L8701</b>	

(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	INITIAL COMMENT	M 0000		

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

Pennsylvania Department of Health

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M 0000	Continued from page 1  This report is the result of an unannounced, special monitoring survey completed on April 3, 2018, at PPKEY-Harrisburg. It was determined the facility was not in substantial 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.	M 0000		

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M 0032		M 0032		

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M 0032	Continued from page 3  29.43(b) Facility Approval  All medical facilities except hospitals may become approved facilities upon submission of an application to the Department from a person authorized to represent such facility and, at the discretion of the Department, satisfactory completion of an on-site survey.  This REGULATION is not met as evidenced by:	M 0032	The expired supplies were quarantined and disposed of according to manufacturer's instructions the day of inspection.  Policy revisions to Medication Disposal Policy were made to include instructions on disposal of medical supplies. System-wide training for staff on these revisions was conducted on 5/2/2018.  The Director of Health Center Operations held a staff meeting, on 5/2/2018 to retrain staff on performing checks on supply expiry dates and documenting the monthly checks in the appropriate area on the "Daily Weekly Monthly Form".  An ongoing effectiveness check will be conducted monthly by the Director of Health Center Operations to ensure compliance to policy. A summary of the effectiveness check will be provided to the Director of Risk and Quality Management.	Completion Date: <b>05/02/2018</b> Status: <b>APPROVED</b> Date: <b>05/11/2018</b>

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M 0032	<p>Continued from page 4</p> <p>Based on review of policy, observation and interview with staff (EMP), it was determined that the facility failed to dispose of outdated supplies.</p> <p>Findings include:</p> <p>A review of facility policy, "Medication Disposal Policy," effective November 8, 2017, revealed, no additional policy or procedure listed specifically for the disposal of expired supplies.</p> <p>A tour of the facility on March 23, 2018, revealed the following expired supplies:</p> <p>(8) Synthetic Surgical Gloves Size 7 with an expiration date of 06/2017.  (1) Nanosonics Trophon Chemical Indicator with an expiration date on the box of 12/26/17.  (2) Boxes of Synthetic Gloves with an expiration date of 06/17.  (1) Box of Synthetic Gloves with an expiration date of 04/17.</p>	M 0032		

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M 0032	Continued from page 5  Interview on March 23, 2018, with EMP1 at approximately 10:30 AM confirmed the expired supplies.	M 0032		

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M 0032	Continued from page 6	M 0032		



# Certified End Page

**PLANNED PARENTHOOD KEYSTONE - HARRISBURG**

**STATE LICENSE NUMBER: 3N8L8701**

**SURVEY EXIT DATE: 04/03/2018**

**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 Nancy J. Lescavage in black ink.

*Nancy J. Lescavage*  
*Deputy Secretary for Quality Assurance*

Handwritten signature of Rachel L. Levine, MD in black ink.

*Rachel L. Levine, MD*  
*Secretary of Health*



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY