	PLAN OF CORRECTION (POC) (X1) PROVIDERSUPPLIERC (X2) PROVIDERSUPPLIERC (X3) PROVIDERSUPPLIERC (X4) PROVIDERSUPPLIERC (X5) PROVIDERSUPPLIERC (X6) PROVIDERSUPPLIERC (X7) PROVIDERSUPPLI			(A2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		COMPLETED: 09/13/2023			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - LANCASTER			902 MANOR	REET ADDRESS, CITY, STATE, ZIP CODE: 2 MANOR STREET ANCASTER, PA 17603					
(X4) ID PREFIX TAG	E NUMBER: 4MW78701 SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OAT					
M 0000	This report is the result of an annual registration survey conducted on September 13, 2023, at Planned Parenthood Keystone- Lancaster. It was determined the facility was not in compliance with the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.			M 0000					
M 0003				M 0003					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLE	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			

State Form TWJ311 IF CONTINUATION SHEET Page 1 of 6

Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 09/13/2023		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - LANCASTER STATE LICENSE NUMBER: 4MW78701			STREET ADDRESS, 902 MANOR S LANCASTER	STREET	Γ			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
M 0003	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 1 29.33(3) Requirements for Abortion Abortions shall be performed only by a physician who possesses the requisite professional skill and competence as determined and approved by the medical facility in accordance with appropriate procedures. This REGULATION is not met as evidenced by:		tence	M 0003	The updated DEA certificate 8.31.2026) was received on 9. A calendar alert system has but to alert credentialing staff obtain the updated DEA cert from Penn State Hershey on This was completed 10.5.202 Director of RQM. This alert reset once the new DEA cert obtained. The Director of RQM will see push notification to remind credentialing staff to obtain to certificate and will audit the ensure it has been obtained be due date set by the calendar. Once the updated DEA certificate and will be approximately 60 days prior expiration date. The alert system and oversig provided ensures compliance the contract and will prevent reoccurrence.	9.29.2023. been set f to difficate 7.6.2026. 23 by the will be difficate is send a sen	Completion Date: 10/07/2023 Status: APPROVED Date: 10/13/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 09/13/2023	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - LANCASTER STATE LICENSE NUMBER: 4MW78701			STREET ADDRESS, 902 MANOR S LANCASTER	STREET	IP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
M 0003	Based on a review of facility documents and interview with staff (EMP) it was determine the facility failed to have updated Certificatic Clinical Privileges forms for one of four phy credentialing files reviewed (CF3). Findings: Review of facility policy "Clinical Privileging effective September 1, 2023, revealed "Polic granting of clinical privileges is an integral component of an affiliate's Quality and Risk Management Program for ensuring compliant medical and personnel standards. It is the proby which an affiliate determines that only the health professionals who by state law, educate experience are qualified to perform a particular component of an affiliate determines that only the health professionals who by state law, educate experience are qualified to perform a particular clinical function are allowed to do so. The goof clinical privileges must be documented, a copy placed in the personnel file." Review of credentialing files on September revealed CF3 had no current Certification of		ing" icy: The k ance with process hose eation and cular granting and a	M 0003			

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Pennsylvania Department of Health

NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - LANCASTER STATE LICENSE NUMBER: 4MW78701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY ID PROVIDER'S PLAN OF CORRECTION (EACH (X5)			(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION: (X3) DATE SURVE COMPLETED: 00 09/13/2023		EY
	PLANNED PARENTHOOD KEYSTONE - LANCASTER			902 MANOR S	STREET			
	(X4) ID PREFIX	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O				CORRECTIVE ACTION SH	OULD BE	COMPLETE
M 0003 Continued from page 3 Privileges form. Interview with EMP 1 on September 13, 2023, EMP1 confirmed there was not a privileging form for CF3. Based on a review of facility documents and interview with staff (EMP) it was determined that the facility failed to ensure a Drug Enforcement Administration (DEA) registration eradicate is valid for one of four physician's credentialing files reviewed (CF2). Findings: On September 8, 2023, review of facility's "Physician Services Agreement" signed November 17, 2022, revealed "Penn State Health Milton Hershey Medical Center (HMC) HMC's	M 0003	Continued from page 3 Privileges form. Interview with EMP 1 on September 13, 20 EMP1 confirmed there was not a privilegin for CF3. Based on a review of facility documents an interview with staff (EMP) it was determine the facility failed to ensure a Drug Enforcer Administration (DEA) registration eradicate for one of four physician's credentialing file reviewed (CF2). Findings: On September 8, 2023, review of facility's "Physician Services Agreement" signed No		nd hed that ment te is valid es	M 0003			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 09/13/2023	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - LANCASTER STATE LICENSE NUMBER: 4MW78701			STREET ADDRESS, 902 MANOR S LANCASTER	STREET	IP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
M 0003	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICE MUST BE PRECEEDED BY FULL REGULATORY OR LS IDENTIFYING INFORMATION) Continued from page 4 Representations as to the Physician. The Serve rendered pursuant to this Agreement shall be performed by the Physician, who shall at all tan employee of or are otherwise engaged or retained by HMC. HMC represents that the Physician providing the Services pursuant to Agreement shall maintain the following during Term (hereinafter defined) of this Agreement valid Drug Enforcement Administration (DEA registration certificate;" Review of credentialing files on September 8 revealed CF2 had a DEA certification that was expired therefore there was not a valid Drug Enforcement Administration (DEA) registration certificate. Interview with EMP 1 on September 13, 2023 EMP1 confirmed there was not a valid Drug Enforcement Administration (DEA) registratic certificate in CF2.		be Il times be r e to this ring the ent: e. A DEA) r 8, 2023, was g ration	M 0003			

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 09/13/2023	EY			
	VIDER OR SUPPLIER: PARENTHOOD KEYSTO	ONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 902 MANOR STREET LANCASTER, PA 17603						
	SE NUMBER: 4MW78701		LANCASTER	,1A 17003					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SHOULD BE COMPI		(X5) COMPLETE DATE		
M 0003	Continued from page 5		м 0003						

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Certified End Page

PLANNED PARENTHOOD KEYSTONE - LANCASTER

STATE LICENSE NUMBER: 4MW78701 SURVEY EXIT DATE: 09/13/2023

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

Jeanne Parisi

Deputy Secretary for Quality Assurance

Debia L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY