

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>03/30/2023</b>
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NAME OF PROVIDER OR SUPPLIER: <b>PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1221 POWELL STREET NORRISTOWN, PA 19401</b>
STATE LICENSE NUMBER: <b>E8RT8701</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
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M 0000	INITIAL COMMENT	M 0000		
M 0003	<p>This report is the result of an Annual Registration survey conducted on March 30, 2023, at Planned Parenthood of Southeastern Pennsylvania. 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 0003		

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

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M 0003	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:	M 0003	Governing Board review and reappointment of all medical providers has been completed and all required documentation is on file. Appointments are up to date through December 2024.  To ensure internal systems are in place and working correctly, the Director of Patient Services, Chief Operating Officer (COO), and Director of Human Resources (HR) reviewed the Governing Board Policy and Provider Credentialing Procedure in April 2023 to confirm roles and responsibilities in the provider credentialing and Board appointment process. Human Resources will audit credential files monthly to ensure compliance and keep the credential files up to date. Working with COO, they will initiate the provider re-appointment process at least 30 days before due. The site manager has also added the re-appointment date and credential file review to their own calendar.  The COO completed training on	Completion Date: <b>06/30/2023</b> Status: <b>APPROVED</b> Date: <b>06/05/2023</b>

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M 0003	Continued from page 2	M 0003	Governing Board policy and procedures for the new Executive Assistant on April 25, 2023. Survey findings and plan of correction was reported to the CRQM Committee on May 23, 2023 by the Director of Patient Services and will be included in the CRQM report to the Governing Board at their next meeting in June 2023. The COO is responsible for ensuring facility compliance to the Governing Body Responsibilities policy.	

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M 0003	Continued from page 3  Based on a review of facility documents and interview with staff (EMP) it was determined that the facility failed to have the governing body approve and review the bi-yearly (two years) credentialing for two of two credential files reviewed. Findings: Review on March 30, 2023, of facility policy, Governing Body Responsibilities, revised October 19, 2018, revealed, "Board Appointments ...The board may grant clinical privileges to qualified, licensed practitioners in accordance with their training, experience and demonstrated competence and judgement based on the peer review policy approved by the board ...The board shall conduct a review, summarized on the record with appropriate documentation, of the qualifications of the applicant... Reappraisal and reappointment of every member of the medical staff will be done every 2 years..." On March 30, 2023, at approximately 1:30 PM, a	M 0003		

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M 0003	Continued from page 4  request was made to EMP1 for documented evidence the board reviewed the credentials for CF1 and CF2. None was provided. Interview with EMP1 at 2:34PM confirmed there was no documentation the board reviewed the credentials for CF1 and CF2.	M 0003		



# Certified End Page


**PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA**

**STATE LICENSE NUMBER: E8RT8701**

**SURVEY EXIT DATE: 03/30/2023**

**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

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



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY