STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-0607	A. BLDG: 00 B. WING:	04/11/2022

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PLANNED PARENTHOOD KEYSTONE - READING STATE LICENSE NUMBER: **00228701**	**1920 KUTZTOWN RD. SUITE H READING, PA 19604**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 This report is the result of an Annual Registration survey conducted on April 11, 2022, 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.	M 0000		
M 0006		M 0006		

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

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M 0006	Continued from page 1 29.33(6) Requirements for Abortion Prior to the performance of an abortion, the attending physician shall insure that the patient has had tests for hemoglobin or hematocrit, blood group and RH type, and urine protein and sugar. All of the foregoing laboratory results shall be entered into the medical record of the patient. This REGULATION is not met as evidenced by:	M 0006	The Center Manager will retrain lab staff on documenting in-house labs in the electronic heath record system. Minutes to this training will be documented and completed by 5.20.2022 Assistant RQM Manager will conduct monthly audits for the next three months to ensure documentation in the charts for in-house labs. Audits will be completed on 5.30.2022, 6.30.2022, 7.30.2022 to ensure effectiveness of the retraining.	Completion Date: **07/07/2022** Status: **APPROVED** Date: **05/11/2022**

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M 0006	Continued from page 2 Based on review of facility documents, medical records (MR), and staff interviews (EMP), it was determined the facility failed to ensure the completion and documentation of patient hemoglobin or hematocrit blood work for MR15 and MR19, urine protein and sugar screenings for MR2,and MR4. Findings: Review of facility policy on April 11, 2022, at approximately 12:00 PM titled *Abortion Regulations* with an effective date of July 16, 2019, revealed "Prior to an abortion, the patient must have tests for hemoglobin or hematocrit, Rh type and urine protein and sugar. All of the lab results must be entered in the patient's electronic medical record." Review of medical records on April 11, 2022, at approximately 10:30 AM revealed two of twenty four records, MR15 and MR19, failed to ensure hemoglobin or hematocrit were completed and documented. Same medical records review	M 0006		

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M 0006	Continued from page 3 revealed MR2 and MR4, failed to ensure the completion and documentation of urine protein and sugar screenings. Interview with EMP1 on April 11, 2022, at approximately 12:30 AM confirmed two medical records failed to show documentation for hemoglobin or hematocrit and two medical records failed to show documentation for urine protein and sugar screenings.	M 0006		

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S 0000	INITIAL COMMENT This report is the result of a State licensure survey conducted on April 11, 2022, 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 0000		
S 6713		S 6713		

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

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S 6713	Continued from page 1 567.3 (b)(3) Policies and Procedures 567.3 Policies and procedures (b) Current written policies and procedures to assure definite and valid infection control shall include,but not be limited to, the following: (3) Sterilization and disinfection, including suitable equipment for routine and rapid sterilization. This REGULATION is not met as evidenced by:	S 6713	Center Manager will conduct a retraining with staff who perform sterilization of instruments on how to document spore test results on the log. This retraining will be completed by 5.20.2022 The Center Manager will conduct effectiveness checks on the retraining by reviewing the log weekly for the next 3 months to ensure this practice is being documented according to policy.	Completion Date: **07/07/2022** Status: **APPROVED** Date: **05/11/2022**

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S 6713	Continued from page 2 Based on review of facility documents, tour of facility, and staff interviews (EMP), it was determined the facility failed to follow policy regarding weekly documentation for spore testing of autoclave #1. Findings: On April 11, 2022, review of facility policy title *"Autoclave-Sterilization And Log* with a revision date of January 6, 2020, revealed "Sterilization of Instruments: 1. With sterilization run of the autoclave the following columns should be filled out a. Date - The date of the run b. Time - Indicate the start time of the run Spore Test: 2. The first run of each week must be a spore test. This test is used to indicate whether to autoclave is contaminated with biologics that could contaminate instruments during the sterilization process. 3. Follow the manufacturer ' s directions on how to	S 6713		

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S 6713	Continued from page 3 properly run the spore test. a. After the spore test is run by placing the RESULTS and CONTROL vials in the autoclave. b. After the run, place vials in the incubator according to manufacturer ' s instructions c. Document the time the vials were placed in the incubator d. Document the time the vials were removed from the incubator e. Document the color of the Results vial - circle P for purple or Y for yellow f. Document the color of the Control vial - circle P for purple or Y for yellow g. If the test results in a failure, decontaminate the autoclave and re-run spore test. Document this action on the form h. Document staff initials Tour of facility on April 11, 2022, at approximately 12:30 PM revealed Autoclave #1 failed to show documentation for the chemical indicator, spore test	S 6713		

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S 6713	Continued from page 4 indicator, action taken if chemical indicator or spore test failed, and staff initials for the date of April 7, 2022. Interview with EMP1 on April 11, 2022, at approximately 1:00 PM confirmed required documentation was not documented for Autoclave #1 for the date of April 7, 2022.	S 6713		

Certified End Page

PLANNED PARENTHOOD KEYSTONE - READING

STATE LICENSE NUMBER: 00228701

SURVEY EXIT DATE: 04/11/2022

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 Coble
Deputy Secretary for Quality Assurance

K Klinepeter
Keara Klinepeter
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