

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0607	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/27/2023
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - READING		STREET ADDRESS, CITY, STATE, ZIP CODE: 1920 KUTZTOWN RD. SUITE H READING, PA 19604		
STATE LICENSE NUMBER: 00228701				
(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 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	New human resource software calendars have been activated to include a 6 week reminder prior to due date. This was completed on 4.28.2023. Clinical evaluations for the providers are scheduled on 6.9.2023. Effectiveness check of this plan will take place by Director of Risk and Quality Management by 6.12.2023 and any deviations will be reported to the Chief Operating Officer for further action.	Completion Date: 06/12/2023 Status: APPROVED Date: 06/08/2023

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M 0003	<p>Continued from page 2</p> <p>Based on a review of facility documents and interview with staff (EMP) it was determined that the facility failed to complete annual performance evaluations for four of four credentialing files reviewed.</p> <p>Review on April 27, 2023, at approximately 11:00 AM., of facility policy titled "Clinical Performance Evaluation & Peer Review Policy" with an effective date of July 1, 2014, revealed "Clinical Performance Evaluation - Conducting the clinical skills portion of an annual performance review should include an assessment of all appropriate performance factor areas and are conducted on or around the anniversary of the provider's hire date or job change date.</p> <ol style="list-style-type: none"> Components include, as applicable, direct observation; review of charts, complication logs, occurrence reports; peer-based review of clinical performance. Optional components include licensed provider's self-appraisal, efficiency/productivity analyses, or customer service surveys. 	M 0003		

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M 0003	<p>Continued from page 3</p> <ol style="list-style-type: none"> 2. When applicable, goals are set for skill enhancement or new skill development. 3. If applicable, develop and initiate an action plan for improvement for performance areas in which standards are not being met. 4. Completed documentation of the performance review must be maintained in the licensed practitioner personnel record." <p>On April 27, 2023, review of credentialing files revealed no evaluations for four of four credentialing files reviewed.</p> <p>On April 27, 2023, at approximately 12:00 PM, EMP1 confirmed annual performance evaluations were not completed for four of four credentialing files reviewed.</p>	M 0003		

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M 0003	Continued from page 4	M 0003			



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PLANNED PARENTHOOD KEYSTONE - READING

STATE LICENSE NUMBER: 00228701

SURVEY EXIT DATE: 04/27/2023

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