



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-0607</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>PLANNED PARENTHOOD KEYSTONE - READING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1920 KUTZTOWN RD. SUITE H READING, PA 19604</b>		
STATE LICENSE NUMBER: <b>00228701</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 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	The POC dates needed to be adjusted as a result of unforeseen circumstances in coordinating schedules for evaluations. This plan has been readjusted and is currently underway with evaluations scheduled to be completed by 8.4.2023.  On 8.7.2023, an audit of records will take place by the Director of RQM. Any non-compliance will be reported to the COO for further action.	Completion Date: <b>08/05/2023</b> Status: <b>APPROVED</b> Date: <b>07/11/2023</b>

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M 0003	Continued from page 2  Based on review of the facility's Plan of Correction (POC), facility policy, credentialing files (CF), and staff interview (EMP), it was determined that the facility did not follow their POC and failed to complete annual performance evaluations for three of four credentialing files reviewed (CF2, CF3, CF4).  Findings include: On June 21, 2023, a review of the facility POC revealed Clinical evaluations for the providers were scheduled on June 9, 2023, and effectiveness check of this plan will take place by Director of Risk and Quality Management on June 12, 2023 and any deviations will be reported to the Chief Operating Officer for further action.  Review 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	M 0003		

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M 0003	Continued from page 3  areas and are conducted on or around the anniversary of the provider's hire date or job change date.  1. 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.  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."  Review of credentialing files on June 21, 2023, for CF2 revealed an annual evaluation was not completed as outlined in the facility's POC. The POC indicated the facility would have the annual	M 0003		

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M 0003	<p>Continued from page 4</p> <p>evaluation completed by June 9, 2023. The last annual evaluation for CF2 was completed on November 5, 2021.</p> <p>Review of credentialing files on June 21, 2023, for CF3 revealed an annual evaluation was not completed as outlined in the facility's POC. The POC indicated the facility would have the annual evaluation completed by June 9, 2023. The last annual evaluation for CF3 was completed on June 9, 2022.</p> <p>Review of credentialing files on June 21, 2023, review of CF4 revealed an annual evaluation was not completed as outlined in the facility's POC. The POC indicated the facility would have the annual evaluation completed by June 9, 2023. CF4 was hired on July 12, 2021, and there were no evaluations found for this employee.</p> <p>Staff interview with EMP1 conducted on June 21, 2023, at approximately 12:00 PM., confirmed</p>	M 0003		

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M 0003	Continued from page 5  annual evaluations were not completed as stated above for CF2, CF3, CF4.	M 0003			



# Certified End Page


**PLANNED PARENTHOOD KEYSTONE - READING**

**STATE LICENSE NUMBER: 00228701**

**SURVEY EXIT DATE: 06/21/2023**

**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