	PLAN OF CORRECTION (POC) (X1) PROVIDERSUPPLIERC (X2) PROVIDERSUPPLIERC (X3) PROVIDERSUPPLIERC (X4) PROVIDERSUPPLIERC			A. BLDG: _	00	COMPLETED: 12/09/2020	Y	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER			STREET ADDRESS 610 LOUIS D WARMINST	RIVE SUITI	E 301			
STATE LICENS (X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
M 0000	This report is the result Special Monitoring sur 9, 2020, at Planned Par Warminster. It was denot in compliance with Pennsylvania Departme 28 Pa Code, Chapter 29 Ambulatory Gynecolog Clinics.	rvey conducted on Drenthood Keystone of termined that the factor the requirements of the requirements of the Health Regulary, Subchapter D, gical Surgery in Hos	December of cility was f the ations § spitals and	M 0000	TITLE:	(X6) DATE:		
LABORATORT	DIALETOKO OKTROVIDENSUFFLI	EK REI REGENTATIVE 3 SIQIN	ATTORE		HILE.	(AU) DATE:		

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: 12/09/2020			ΞY		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701			STREET ADDRESS, 610 LOUIS DI WARMINSTE	RIVE SUIT	E 301			
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
M 9999	Recommendation This REGULATION is not		M 9999	POC is optional and not requ	iired.	Completion Date: Status: APPROVED Date:		

State Form OCCG11 IF CONTINUATION SHEET Page 2 of 7

, ,		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 12/09/2020	TED:	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER ORIGINAL MEDICAL PROPERTY OF THE PROPE			STREET ADDRESS, 610 LOUIS DI WARMINSTI	RIVE SUIT	E 301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
M 9999	Based on review of policy and procedures, facility documents, interviews with staff (EMP), it was determined that the facility faile maintain accurate records of controlled drugs. Review on December 9, 2020, of facility policy, "Controlled Substances", dated July 2020, revealed "4.1.The Post Procedure Room licensed staff and an addition and signing the log".		was ed to of the re itional der or	M 9999				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: A. BLDG:00		EY
			B. WING: _		12/09/2020		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701			STREET ADDRESS, 610 LOUIS DI WARMINSTE	RIVE SUIT	E 301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIX MUST BE PRECEEDED BY FULL REGULATORY C			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
M 9999	Continued from page 3		М 9999				
	Review on December 9, 2020, or facility's Narcotic log for Diazer revealed it was last checked and documented with two professions signatures on September 25, 202 There was no documented evided that it was checked and signed be professionals since September 2, 2020. Interview with EMP1, on Decem 9, 2020, at 10:46 AM, confirmed "Diazepam is only checked after been used and we have not used [Diazepam] since the date in the		pam, l nal 20. ence by two 25, mber d r it has l it e log."				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURV. COMPLETED: A. BLDG:00 B. WING: 12/09/2020			ĒΥ	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701			STREET ADDRESS, 610 LOUIS DE WARMINSTE	RIVE SUIT	E 301			
(X4) ID PREFIX TAG	MUST BE PRECEEDE			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
M 9999	and procedures, and documents interview with staff (EMP), it we determined that the facility failed maintain a safe environment. Findings include: A review on December 9, 2020, facility policy "Emergency Supprevised March 2014, revealed, "Responsibilities: The Advance Practice Clinician is responsible checking the emergency supplied expiration dates and used supplied a monthly basis" Review on December 9, 2020, of facility's emergency crash cart 1 revealed the red emergency crash		of the og,	м 9999				

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***************************************		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 12/09/2020	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: 00188701			STREET ADDRESS, 610 LOUIS DE WARMINSTE	RIVE SUIT	E 301		
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
M 9999	in Procedure roo last checked in S Interview with E 2020, at approximate revealed "the numerous another licensed the red emergence before the first pare scheduled on confirmed the cracked since Se required by facility	MP1 on Decentage and the professional character and the more professional character and the procedure, procedure, procedure, procedure, procedure, and cart has not be ptember 2020	nber 9, M and neck ning edures P1 t been	м 9999			

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 12/09/2020	ΞY			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER			610 LOUIS DE	STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 301 WARMINSTER, PA 18974					
	E NUMBER: 00188701		WARMINSTE	AK,1 A 107					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
M 9999	Continued from page 6			м 9999					

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Certified End Page

PLANNED PARENTHOOD KEYSTONE - WARMINSTER

STATE LICENSE NUMBER: 00188701 SURVEY EXIT DATE: 12/09/2020

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 Rachel L. Levine, MD Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY