STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:  03/11/2021				
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 610 LOUIS DRIVE SUITE 301 WARMINSTER, PA 18974						
STATE LICENS	E NUMBER: <b>00188701</b>								
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)	R LSC PREFIX TAG CORRECTIVE ACTION		PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	SHOULD BE COMPLETE			
M 0000 M 3205	This report is the result of an Annual Registration survey conducted on March 11, 2021 at Planned Parenthood Keystone-Warminster. It was determined the facility was not in compliance wit the requirements of the Pennsylvania Department Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surger in Hospitals and Clinics.			M 0000					
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/11/2021	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WARMINSTER  STATE LICENSE NUMBER: 00188701			STREET ADDRESS, 610 LOUIS DI WARMINSTI	RIVE SUIT	E 301		
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
M 3205	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued from page 1  3205 Informed Consent  (a) General ruleNo abortion shall be performed or induced except with the voluntary and informed consent of the woman upon whom the abortion is to be performed or induced. Except in the case of a medical emergency, consent to an abortion is voluntary and informed if and only if:  (1) At least 24 hours prior to the abortion, the physician who is to perform the abortion or the referring physician has orally informed the woman of:  (i) The nature of the proposed procedure or treatment and of those risks and alternatives to the procedure or treatment that a reasonable patient would consider material to the decision of whether or not to undergo the abortion.  (ii) The probable gestational age of the unborn child at the time the abortion is to be performed.  (iii) The medical risks associated with carrying her child to term.  (2) At least 24 hours prior to the abortion, the physician who is to perform the abortion or the referring physician, or a qualified physician assistant, health care practitioner, technician or social worker to whom the responsibility has been delegated by either physician, has informed the pregnant woman that:  (i) The department publishes printed materials which describe the unborn child and list agencies which offer alternatives to abortion and that she has a right to review the printed materials and that a copy will be provided to her		nsent of ned or 7, and ician ician ent and material ortion. d at the child to ician ician, or ner, lity has e	M 3205	All applicable staff were retr 24-hour consents by the Cen Manager. Meeting minutes of documented on 4.8.2021 The RQM Manager will aud 24-hour consents monthly for next two months to ensure compliance to regulation. At be completed by 4.30.2021 at 5.31.2021	iter were lit or the udits will	Completion Date: 06/09/2021 Status: APPROVED Date: 04/14/2021

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## Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			A (X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 03/11/2021			
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M 3205	free of charge if she chooses to review it.  (ii) Medical assistance benefits may be available for prenatal care, childbirth and neonatal care, and that detailed information on the availability of such assi is contained in the printed materials published by the department.  (iii) The father of the unborn child is liable to assist support of her child, even in instances where he has offered to pay for the abortion. In the case of rape, information may be omitted.  (3) A copy of the printed materials has been provided the pregnant woman if she chooses to view these most of the pregnant woman certifies in writing, prior abortion, that the information required to be provided under paragraphs (1), (2) and (3) has been provided.  This REGULATION is not met as evidenced by:		more stance eet in the this led to aterials. to the ed	M 3205				

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## Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/11/2021		
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M 3205	Based on review of policy, medical records and staff interview (EMP), it was determine facility failed to ensure the required 24 hour informed consent was received prior to the termination of a pregnancy in one of sevente pediatric medical records reviewed (MR6).  Findings include:  Review on March 11, 2021 of facility police "Abortion Regulations", dated July 16, 2019 revealed "Parental consent: If a woman seek abortion is under 18 years of age, informed of both the pregnant woman and one of her por guardians must be obtained prior to the all Review on March 11, 2021, of MR6 revealed pediatric patient had an abortion on December 2020. Further review of MR6 revealed no documented evidence that the parent of the patient was provided or signed an informed prior to the abortion occuring.		cy 9, king an consent parents abortion."  ed this ber 30,	M 3205				

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## Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 03/11/2021	
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M 3205	Continued from page 4  Interview with EMP1, on March 11, 2021, at 11:15  AM confirmed there was no documented evidence that the parent of the pediatric patient in MR6 was provided or signed a parental consent prior to the abortion.		м 3205				

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# **Certified End Page**

### PLANNED PARENTHOOD KEYSTONE - WARMINSTER

STATE LICENSE NUMBER: 00188701 SURVEY EXIT DATE: 03/11/2021

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 Alison V. Beam Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY