

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/23/2023
--	--	---	--

NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WILKES BARRE	STREET ADDRESS, CITY, STATE, ZIP CODE: 101 NORTH MAIN STREET Suite 201 WILKES BARRE, PA 18701
STATE LICENSE NUMBER: 35BB8701	

(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 0000	INITIAL COMMENT	M 0000		
M 3205	<p>This report is the result of an Annual Registration survey conducted on October 23, 2023, at Planned Parenthood Keystone - Wilkes-Barre. 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.</p>	M 3205		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/23/2023	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WILKES BARRE STATE LICENSE NUMBER: 35BB8701		STREET ADDRESS, CITY, STATE, ZIP CODE: 101 NORTH MAIN STREET Suite 201 WILKES BARRE, PA 18701		
(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 3205	Continued from page 1 3205 Informed Consent 3205 Informed consent (a) General rule.--No 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	M 3205	On the same day of the survey, 10/23/2023 the RQM Manager conducted a retraining on the state materials and how to document its offering. Targeted audits will be completed by the RQM Manager monthly for the next 3 months. Audits will be completed by 11/30/2023, 12/31/2023 and 1/31/2024 A review of each month's audit will be conducted by the Director of RQM to ensure effectiveness of the plan.	Completion Date: 11/20/2023 Status: APPROVED Date: 11/22/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/23/2023	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WILKES BARRE STATE LICENSE NUMBER: 35BB8701		STREET ADDRESS, CITY, STATE, ZIP CODE: 101 NORTH MAIN STREET Suite 201 WILKES BARRE, PA 18701		
(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 3205	Continued from page 2 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 more detailed information on the availability of such assistance is contained in the printed materials published by the department. (iii) The father of the unborn child is liable to assist in the support of her child, even in instances where he has offered to pay for the abortion. In the case of rape, this information may be omitted. (3) A copy of the printed materials has been provided to the pregnant woman if she chooses to view these materials. (4) The pregnant woman certifies in writing, prior to the 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:	M 3205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/23/2023	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WILKES BARRE STATE LICENSE NUMBER: 35BB8701		STREET ADDRESS, CITY, STATE, ZIP CODE: 101 NORTH MAIN STREET Suite 201 WILKES BARRE, PA 18701		
(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 3205	<p>Continued from page 3</p> <p>Based on review of facility documents, medical records (MR) and staff interview (EMP), it was determined the facility failed to document that the mandated state materials required to be provided to the patient were provided for one of three applicable minor medical records reviewed.</p> <p>Findings include:</p> <p>Review on October 23, 2023, of the facility's "In-House 24-hour Consent Video" policy, last reviewed March 9, 2023, revealed "...Procedures: 7. The patient must be offered the state materials 8. Ensure ALL sections of the Proof of Compliance form are complete... a. Click the box to denote if the patient accepted or refused the state mandated materials ..."</p> <p>Review of MR3 on October 23, 2023, revealed this patient was a minor. This patient and parent reviewed and signed the informed consent for a medical abortion on May 2, 2023. Further review of the signed informed consent revealed no</p>	M 3205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/23/2023	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - WILKES BARRE STATE LICENSE NUMBER: 35BB8701		STREET ADDRESS, CITY, STATE, ZIP CODE: 101 NORTH MAIN STREET Suite 201 WILKES BARRE, PA 18701		
(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 3205	Continued from page 4 documentation facility staff offered the patient the required Department of Health materials or that the patient or the patients parent accepted or refused the state mandated materials. Interview with EMP1 on October 23, 2023, at the time of the medical record review confirmed the findings noted above for MR3.	M 3205		



Certified End Page


PLANNED PARENTHOOD KEYSTONE - WILKES BARRE

STATE LICENSE NUMBER: 35BB8701

SURVEY EXIT DATE: 10/23/2023

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