		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
8-6704			B. WING:		06/22/2023			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK			STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401					
STATE LICENSE NUMBER: 00198701								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
M 0000	This report is the result of an unannounced Special Monitoring survey conducted on June 22, 2023, at Planned Parenthood Keystone-York. 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.			M 0000				
W 0003				W 0003				
LABORATORY	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:		(X3) DATE SURVEY COMPLETED:	
8-6704		8-6704		A. BLDG:00 B. WING:		06/22/2023	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD KEYSTO E NUMBER: 00198701	ONE - YORK	STREET ADDRESS, 728 SOUTH B YORK, PA 17	EAVER ST			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	(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	A calendar was set up to remind reviewers when it is time to perform evaluations with an automatic reminder set up 6 weeks prior to the due date. This was completed just prior to the resurvey date. Evaluations are in process and will be completed by 8.5.2023 An audit will be completed to ensure this corrective action plan was effective by the Director of RQM. Any non-compliance will be reported to the COO for further action.		Completion Date: 08/05/2023 Status: APPROVED Date: 07/12/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:			
8-6704			B. WING: _		06/22/2023				
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK STATE LICENSE NUMBER: 00198701			STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE				
M 0003	Continued from page 2			M 0003					
	Based on a review of facility documents and interview with staff (EMP), it was determined the facility failed to complete annual performate evaluations for three of four credentialing files reviewed (CF1, CF3, CF4). Review on July 3, 2023, at approximately 12:2 PM, of facility policy titled "Clinical Performate Evaluation & Peer Review Policy" with an effect date of July 1, 2014, revealed in "Procedure Clinical Performance Evaluation - Conducting clinical skills portion of an annual performance evaluation is the responsibility of the Medical Director, or designee. The performance review should include an assessment of all appropriate performance factor areas and are conducted on around the anniversary of the provider's hire data job change date" Review of CF1 on June 22, 2023 revealed the Physician was hired in March 2016. The Performance Evaluation was last appraised on		ned that rmance files 12:20 rmance effective e ting the ance cal view riate d on or re date or						

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-6704		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/22/2023			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - YORK STATE LICENSE NUMBER: 00198701			STREET ADDRESS, CITY, STATE, ZIP CODE: 728 SOUTH BEAVER STREET YORK, PA 17401						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (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	November 2021. The Physician Performance Evaluation was not conducted on or around the anniversary of the provider's hire date. Review of CF3 on June 22, 2023 revealed the physician was hired in April 2019. The Performance Evaluation was last appraised on December 2021. The Physician Performance Evaluation was not conducted on or around the anniversary of the provider's hire date. Review of CF4 on June 22, 2023 revealed the physician was hired January 2022. There was no Physician Performance Evaluation on file for this Physician. Interview on June 22, 2023, at approximately 10:30 AM, EMP1 confirmed annual performance evaluations were not completed annually for three out of four credentialing files as stated above.		the the on ice I the the was no cor this	M 0003					

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Certified End Page

PLANNED PARENTHOOD KEYSTONE - YORK

STATE LICENSE NUMBER: 00198701 **SURVEY EXIT DATE: 06/22/2023**

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

Debra L. Bogen, MD, FAAP Deputy Secretary for Quality Assurance Acting Secretary of Health

Debra L. Bogu MD



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY