STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-5144	A. BLDG: 00 B. WING:	07/15/2011

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: **9HEG8701**	**2751 COMLY ROAD** **PHILADELPHIA, PA 19154**

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M 0000	INITIAL COMMENT This report is the result of an initial registration survey conducted on July 15, 2011, at the Planned Parenthood of Southeastern PA Comly Road - Philadelphia. It was determined that 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		
M 0006		M 0006		

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

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M 0006	Continued from page 1 29.33(6) Requirements for Abortion Prior to the performance of an abortion, the attending physician shall insure that the patient has had tests for hemoglobin or hematocrit, blood group and RH type, and urine protein and sugar. All of the foregoing laboratory results shall be entered into the medical record of the patient. This REGULATION is not met as evidenced by:	M 0006	As of August 18, 2011, our Policy has been changed to require all patients to give a urine sample when they check in for their abortion appointment. Prior to the performance of an abortion the urine sample will be tested for protein and sugar. The attending physician will insure that the patient has had all of the required laboratory tests prior to the performance of an abortion. All of the laboratory results will be entered into the medical record of the patient. The attending physician will refer to the patient's paperwork in the medical record to confirm that all required tests are done and recorded before performing the abortion. If all required tests are not done, the patient will not be seen for the abortion procedure that day. Laboratory records and patient charts will be audited in September 2011 by the center managers and/or RNs to insure that the laboratory policy is being followed. Additional audits will be scheduled as part of our regular RQM program. We are making this change to comply with	Completion Date: **08/19/2011** Status: **APPROVED** Date: **09/01/2011**

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M 0006	Continued from page 2	M 0006	PA regulations, though testing urine for glucose and protein when the patient has a negative history is not a national evidenced-based requirement.	

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M 0006	Continued from page 3 Based on a review of medical records (MR), and interview with staff (EMP), it was determined the facility failed to ensure that prior to the performance of an abortion, the attending physician insured that the patient has had tests for urine protein and sugar and entered the laboratory results in the medical record of the patient for 5 out of 29 medical records reviewed (MR1, MR2, MR3, MR4, and MR5). Findings include: A request was made to EMP1 on July 15, 2011, at approximately 1:00 PM for a policy in regards to prior to the performance of an abortion, the attending physician insured that the patient has had tests for urine protein and sugar and entered the laboratory results in the medical record of the patient. EMP1 confirmed that the facility did not have a policy in regards to the above. 1) A review of MR1, MR2, MR3, MR4, and MR5, revealed each medical record had an "...Abortion Lab Notes," dated May 28, 2011.	M 0006		

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M 0006	Continued from page 4 Further review revealed that the patients' urine protein and glucose was not checked off as being performed. An interview with EMP1 on May 28, 2011, at approximately 1:00 PM confirmed that MR1, MR2, MR3, MR4, and MR5, had no documentation that prior to the performance of an abortion, the attending physician insured that the patient has had tests for urine protein and sugar.	M 0006		
M 9999		M 9999		

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M 9999	Continued from page 5 No POC Required Recommendation This REGULATION is not met as evidenced by:	M 9999	1) All expired supplies were discarded, in front of the inspectors on July 15, 2011. 2) PPSP is no longer performing this test. After discussion with PPSP medical director, PPFA and an anesthesiologist, an email to all staff from the PPSP manager of clinical services, dated 7/19/11 was sent stating all centers must discontinue performing this test. The PPSP surgical lab form is currently being revised. 3) The darkened areas in the carpet in the staff breakroom will be removed in the near future. 4) In addition to the other locked cabinets in the recovery room, the cabinet that holds the individual paper bags containing one bottle of Tylenol with codeine for each patient will have a lock. Each time a bottle of Tylenol with codeine is removed from the cabinet, the cabinet will be opened and relocked.	Completion Date: **08/04/2011** Status: **APPROVED** Date: **09/02/2011**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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M 9999	Continued from page 6	M 9999	5) Effective with July 2011 PSRAS meeting minutes, recorded by the PPSP Manager of Clinical Services, PPSP will segregate the patient safety minutes from the other PPSP facility's.	

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M 9999	Continued from page 7 Based on an observation tour of the facility, a review of facility documents, and interview with staff (EMP), it was determined the facility failed to ensure a safe environment. Findings include: 1) An observation tour conducted on July 15, 2011, at approximately 10:30 AM of the Sedation / Operating Room two revealed the following expired products: 24 sterile tongue depressors that were marked expired May 2006, 13 Synevac vacuum curette's that were marked expired January 2011, and one container of Tech Med flexible caustic applicators, which was marked expired March 2011. An interview with EMP2 on July 15, 2011, at approximately 10:30 AM confirmed the above products were expired. 2) An observation tour conducted on July 15, 2011, at approximately 10:30 AM of a facility	M 9999		

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M 9999	Continued from page 8 patient exam room, revealed a syringe that contained Lidocaine, that was used to test a patient's sensitivity to the medication by placing a droplet of Lidocaine on the patient's skin. A request was made to EMP1 on July 15, 2011, at approximately 1:00 PM for a facility policy related to testing a patient's sensitivity to Lidocaine by placing a droplet of the medication on the patient's skin. An interview with EMP1 on July 15, 2011, at approximately 1:00 PM confirmed that the facility did not have a policy for the above mentioned practice. 3) An observation tour conducted on July 15, 2011, at approximately 11:00 AM of the facility's breakroom revealed multiple darkened areas of varies sizes on the breakroom carpet. An interview with EMP1 on July 15, 2011, at approximately 1:00 PM confirmed the breakroom carpet had multiple darkened areas. EMP1 confirmed that the carpet will be removed in the	M 9999		

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M 9999	Continued from page 9 near future. 4) An observation tour conducted on July 15, 2011, at approximately 11:30 AM of the facility's recovery room revealed an unlocked cabinet that contained multiple individual paper bags, which contained Tylenol with Codeine, that are given to patient's at discharge. An interview with EMP2 on July 15, 2011, at approximately 11:30 AM confirmed the individual paper bags, that contained Tylenol with Codeine, were kept in an unlocked cabinet. EMP2 stated the bags will be kept in a locked cabinet moving forward. 5) A review of the facility's Patient Safety Committee Minutes from the third quarter of 2010 to present revealed that the facility's Patient Safety Committee Minutes were combined with three other Planned Parenthood facilities. An interview with EMP2 on July 15, 2011, at	M 9999		

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M 9999	Continued from page 10 approximately 12:00 PM confirmed that the facility's Patient Safety Committee Minutes from the third quarter of 2010 to present were combined with three other Planned Parenthood facilities. EMP2 stated the facility will segregate the facility's Patient Safety minutes from the other Planned Parenthood's.	M 9999		

Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 07/15/2011

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

Christine C. Filipovich, MSN, RN

Christine C. Filipovich, MSN, RN
Deputy Secretary For Quality Assurance

Karen M. Murphy, PhD, RN

Karen M. Murphy, PhD, RN
Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

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