Missouri Department of Health and Senior Services
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Randall W. Williams, MD, FACOG
Director

Eric R. Greitens
Governor

December 21, 2017

Janice Thomas, Administrator *via email to*: < Janice.thomas@ppslr.org >
Reproductive Health Services of Planned Parenthood of the St. Louis Region
626 E. Battlefield
Springfield, MO 65807

Re: Reproductive Health Services of Planned Parenthood – Springfield facility inspection

Dear Ms. Thomas:

The Department of Health and Senior Services received an application for licensure of the Springfield Planned Parenthood location as an abortion facility. Bureau of Ambulatory Care staff conducted an onsite initial inspection of the facility on October 10th and 11th of this year, in order to determine compliance with applicable statutes and regulations in effect at the time of the inspection.

Listed below are items the survey indicated were not in compliance with current rules. Until a written response is provided describing how all items below have been addressed, including acceptable evidence of compliance, an abortion facility license cannot be issued. The facility was found to be out of compliance with the following:

19 CSR 30-30.050 Definitions and Procedures for Licensing Abortion Facilities
(1)(C) 3. The governing body, acting upon recommendations of the medical staff, shall approve or disapprove appointments. Written criteria shall be developed for privileges extended to each member of the staff. A formal mechanism shall be established for recommending to the governing body delineation of privileges, curtailment, suspension or revocation of privileges and appointments and reappointments to the medical staff.

-For three of three physicians (Staff AA, BB, CC) there was no recommendation by the medical staff or approval by the governing body for the physicians to be on the medical staff at this facility.
-The credentialing packets were incomplete and did not include:
**Information for Physician staff AA and BB did not include privileges requested and approved;*
**Physician staff BB did not have a BNDD/DEA registration; and*
**Physician staff CC had a date of 05/02/17 on a credentialing sheet but it was unclear if the privileges and approval were for this facility.*
-The meeting minutes provided, dated 01/06/2016, did not include names of physicians or identification of this facility for the section where it mentioned approval of attending physicians.

19 CSR 30-30.060(1)(B)13 A personnel record shall be maintained on each employee and shall include documentation of each employee's orientation, health status, education and training, as well as verification of current licenses for physicians, registered nurses (RNs) and licensed practical nurses (LPNs).

- No criminal background check on three of six employee files reviewed.

19 CSR 30-30.060(1)(B)8 The facility shall establish a program for identifying and preventing infections and for maintaining a safe environment. Infectious and pathological wastes shall be segregated from other wastes at the point of generation and shall be placed in distinctive, clearly marked, leak-proof containers or plastic bags appropriate for the characteristics of the infectious wastes. Containers for infectious waste shall be

identified with the universal biological hazard symbol. All packaging shall maintain its integrity during storage and transport.

- Medication prep/storage area was located in the lab area and at risk for cross-contamination;
- Pressed-board clipboard at registration desk with un-cleanable surface;
- Expired urine test strips;
- No recent infection control training for two of six employee files reviewed;
- Examination table in the ultrasound exam room had rust along the front edge of the table. There was damage to the wood at the base of the table and missing laminate on the front of the table, exposing pressed wood. All of these items created un-cleanable surfaces, posing an infection control risk; and
- Examination room #4 had a high level chemical disinfectant in an instrument soaking container located next to the hand washing sink. Used vaginal ultrasound probes were cleaned in the hand washing sink and decontaminated with a high level disinfectant in the examination room. The facility failed to place the probe in a leak-proof container or plastic bag and transport it to the soiled utility room to be cleaned and decontaminated.
- There were no smoke detectors in the training room, laboratory, store room and three offices.
- The facility failed to stock the glucometer control testing solutions used to verify the glucometer is functioning properly before use.

19 CSR 30-30.060(3)(L) Emergency drugs, oxygen and intravenous fluids shall be available in the procedure room to stabilize the patient's condition when necessary. A manual breathing bag, suction machine and endotracheal equipment shall be located in the clinical area for immediate access.

- No suction machine; and
- No endotracheal equipment.

19 CSR 30-30.060(3)(C) A medical history shall be obtained and a health assessment including a pelvic examination shall be performed. There must be confirmation of pregnancy by clinical evidence and laboratory tests. The findings shall be used in determining the duration of gestation, identifying preexisting medical or other complications, and detecting any factors which could influence the choice of the procedure, anesthesia or preoperative and postoperative management. If the physician determines gestation is beyond the first trimester, an ultrasound examination shall be performed and results shall be recorded in the patient's chart.

- The facility failed to have policies and procedures in place that addressed pelvic examinations for medication abortions.

Note: In addition to the above items, since the date of the onsite visit, the department promulgated emergency rule ***19 CSR 30-30.061, Complication Plans for Certain Drug and Chemically Induced Abortions via Abortion Facilities***. This emergency rule was effective 11/3/17. To date, your facility has not submitted a proposed Complication Plan. Since the facility's plan is to perform only medication abortions for the time being, until your facility becomes compliant with that rule, the facility cannot be licensed as an abortion facility.

Please respond in writing, providing documentation that each of these items has been fully addressed and corrected. If you have further questions, contact our office at 573-751-6083 or via email at BAC@health.mo.gov . Only upon successful completion of the revisit process can an abortion facility license be issued.

Sincerely,

John Langston

John Langston, Administrator
Bureau of Ambulatory Care
Missouri Department of Health & Senior Services