Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-3910		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 04/01/2014	
PPKEY - A	VIDER OR SUPPLIER: ALLENTOWN SE NUMBER: 00218701	<u>.</u>	STREET ADDRES 29 NORTH 9 ALLENTOW		,	1	
(X4) ID PREFIX TAG	BE PRECEEDED BY FUI	F DEFICIENCIES (EACH DEFIC LL REGULATORY OR LSC IDE INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
M 0000	INITIAL COMMENT			M 0000			
М 0032	This report is the resul survey conducted on F Planned Parenthood of - Allentown Health Ce the facility was not in with the requirements Department of Health Chapter 29, Subchapte Gynecological Surgery	February 27, 2014, at f Northeast and Mid- enter. It was determi substantial complian of the Pennsylvania Regulations §28 Pa er D, Ambulatory y in Hospitals and Cl	the Penn ned ice Code, linics.	M 0032			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	IATURE		TITLE:	(X6) DATE:	
State Form		EJJ711				IF CONTINUATI	ON SHEET Page 1 of 16

IF CONTINUATION SHEET Page 1 of 16

Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. IDENTIFICATION (POC) 8-3910			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 04/01/2014	
PPKEY - A	vider or supplier: ALLENTOWN 35e number: 00218701		STREET ADDRESS 29 NORTH 97 ALLENTOW	TH STREET	ſ		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC BE PRECEEDED BY FULL REGULATORY OR LSC IDER INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
M 0032	Continued from page 1 29.43(b) Facility Approval All medical facilities excep approved facilities upon su the Department from a per facility and, at the discretion satisfactory completion of This REGULATION is no	pt hospitals may become abmission of an application son authorized to represe on of the Department, an on-site survey.	on to	M 0032	The Patient Safety Officer an Associate Medical Director of Planned Parenthood Keystor (PPKey) have always carefu reviewed the Patient Safety Authority definitions of seric event and incident reports, a previously determined that the did not constitute a serious e an incident. This was based review of the patient safety of system, indicating that an in- needs to have ALL of the fo- components: involved the co- care of a patient in a medical (yes), compromised patient s (no), resulted in an unanticip- injury that required additiona- care services (no). Abnormal bleeding after a su abortion is not unusual nor is unanticipated. It has been P- policy to report on incidents have compromised patient sa- resulted in an unanticipated if (e.g. perforated uterus or hemorrhaging requiring a ble transfusion). In response to a recent	of ne Ily Dus nd had his event vent or upon a reporting cident Ilowing linical I facility safety bated al health argical s it PKey that afety or injury	Completion Date: 04/10/2014 Status: APPROVE D Date: 05/08/2014

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-3910		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/01/2014	
PPKEY - A	VIDER OR SUPPLIER: ALLENTOWN SE NUMBER: 00218701		STREET ADDRESS, 29 NORTH 9T ALLENTOWN	TH STREET	[		
(X4) ID PREFIX TAG	SUMMARY STATEMENT O BE PRECEEDED BY FUI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE <i>i</i> DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
M 0032	Continued from page 2			M 0032	communication from official Department of Health , Plant Parenthood Keystone will m current practice to include re- on any ambulance transfer a serious event. This will begin 04/10/14 The Center Manager or Regi Manager of the facility will 1 responsible to report any am transfer , in addition to any o action that may compromise safety to the Patient Safety O and/or the Associate Medica Director. The Patient Safety Officer an Associate Medical Director review the case and submit a to the Patient Safety Authori time frame required. A Plan of Correction will be determined and communicat PPKey medical facility invo The Plan of Correction will a discussed at the Abortion Ce Managers' regular conference and be added to the agenda the Patient Safety Committe the Risk and Quality Manage	ned odify its porting as a ional be bulance other patient Officer and will a report ity in the eved to the olved. also be enter ce call of both e and	

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IF CONTINUATION SHEET Page 3 of 16

Pennsylvania Department of Health

PLAN OF CO NAME OF PRO <b>PPKEY -</b> A	STATEMENT OF DEFICIENCIES AND       (XI) PROVIDER/SUPPLIE         PLAN OF CORRECTION (POC)       IDENTIFICATION NUMB         8-3910       8-3910         NAME OF PROVIDER OR SUPPLIER:       PPKEY - ALLENTOWN         STATE LICENSE NUMBER:       00218701						EY
STATE LICEN (X4) ID PREFIX TAG	SUMMARY STATEMENT O	F DEFICIENCIES (EACH DEFIC LL REGULATORY OR LSC IDE INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
M 0032	Continued from page 3			M 0032	committee meetings. Those committee agenda results ar shared at the affiliate's Boar Directors meetings. This will be monitored by th Regional Managers. Failure to file events as spec will result in disciplinary act Findings re storage of charts 1) Lids were immediately on the box containing file fo while the surveyors were on 2) The file folder boxes w moved by 4/18/14 to another location which is secure from damage – a locked office. T be carried out by the Center Manager and monitored by t Regional Manager. 3) Failure to secure confid and safety of files will result disciplinary action	re also d of e ified tion : y placed lders site. ill be r n water his will he lentiality	

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-3910		LIA	A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/01/2014	
PPKEY - A	VIDER OR SUPPLIER: ALLENTOWN SE NUMBER: 00218701		STREET ADDRESS, 29 NORTH 97 ALLENTOW	TH STREET	л		
(X4) ID PREFIX TAG	SUMMARY STATEMENT O BE PRECEEDED BY FUI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
M 0032	Continued from page 4 Based on review of fac records (MR), and stat determined the facility applicable State Laws. Planned Parenthood of Bucks County Planned not in compliance with Act 13 of 2002, Medic Reduction of Error (M Patient safety committ facility reports and not Section 302. Definition occurrence or situation care of a patient in a m could have injured the cause an unanticipated delivery of additional patient. The term does event. "Infrastructure or unintended event, o involving the infrastru	ff interview (EMP), it y failed to conform to f Northeast, Mid-Pend d Parenthood Central h the following state I cal Care Availability a ICARE) Act 40.§1302 tee and 1303.313 Med tifications. ons. "Incident." An even involving the clinical nedical facility which patient but did not eid health care services to s not include a serious failure." An undesira pecurrence or situation accurrence or situation	a was all n, and was aw: and 3.310 dical event, al ther o the s able n cility	M 0032			

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-3910				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/01/2014	
	VIDER OR SUPPLIER: ALLENTOWN		STREET ADDRESS 29 NORTH 97 ALLENTOW	TH STREET			
STATE LICEN	SE NUMBER: 00218701		ALLENIOW	N, I A 10101			
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M 0032	Continued from page 5			M 0032			
	patient safety. "Seriou occurrence or situation care of a patient in a m in death or compromis results in an unanticip delivery of additional patient. The term doe Section 313. Medical notifications. (a) Seri medical facility shall serious event to the de within 24 hours of the confirmation of the oc event (c) Infrastruct medical facility shall infrastructure failure t hours of the medical f the occurrence or disc failure (e) Notifica -If a medical facility of providing health care facility during a seriou event in accordance w medical facility shall n	n involving the clinicanedical facility that re- sess patient safety and ated injury requiring health care services the solution of the services that a solution of the services and ous event reports. A report the occurrence expartment and the authorized facility's ecurrence of the service the service of the service the occurrence of the service the occurrence of the department with acility's confirmation overy of the infrastrution to licensure board liscovers that a licens services in the medical solution of the service the services in the medical solution of the services in the serv	esults the o the lent. of a hority us A of an hin 24 of acture ds ee al ort the				

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IF CONTINUATION SHEET Page 6 of 16

Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) 8-3910		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: <b>04/01/2014</b>	
PPKEY - A	VIDER OR SUPPLIER: ALLENTOWN SE NUMBER: 00218701	2	STREET ADDRESS, CITY, STATE, 2 29 NORTH 9TH STREET ALLENTOWN, PA 1810	ſ		
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M 0032	Continued from page 6 licensing board of the failure to do report. (f) Failure to report or notifyFailure to report		, ,			
	serious event or an inf required by this sectio comply with the patie accordance with sectio	rastructure failure as n or to develop and nt safety plan in				
	patient in accordance be a violation of the H In addition to any pen	with section 308 (b) sh lealth Care Facilities A alty which may be imp	nall Act. posed			
	facility which fails to infrastructure failure of	Facilities Act, a media report a serious event of or to notify a licensure with this chapter may be	or an			
subject to an administrative penalty of \$1, per day imposed by the Department.		e Department.	0			
	This is not met as evidenced by: Based on review of facility documents, med records (MR) and staff interview (EMP), it determined the facility failed to ensure a part transfer from the facility to an acute care ho emergency department was reported to the Department for one of one medical records reviewed (MR6).		was ient			

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER 8-3910		A. BLDO	LTIPLE CONSTRUCTION: G: G:	(X3) DATE SURVEY COMPLETED: <b>04/01/2014</b>					
PPKEY - A	VIDER OR SUPPLIER: ALLENTOWN SE NUMBER: 00218701	2	STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101							
(X4) ID PREFIX TAG		F DEFICIENCIES (EACH DEFICIEN LL REGULATORY OR LSC IDENTI INFORMATION)		CORRECTIVE AC CROSS-REFERENCED	F CORRECTION (EACH TION SHOULD BE TO THE APPROPRIATE TENCY)	(X5) COMPLETE DATE				
M 0032	32 Continued from page 7		M 0032							
	Findings include:									
	Review on February 27, 2014, of the facili "Patient Safety Plan," dated January 2013, revealed "Describe responsibilities of the F [Patient Safety Officer] 1. To handle all re- of serious events within 24 hours 2. To en- the investigation of all reports of incidents serious events 3. To take action as is immediately necessary to ensure patient sa against any harm identified from the investigation of a report of an incident or s event which includes developing a plan, notifying PSA [Patient Safety Authority] ( appropriate) and providing written notifica [sic] the patient of a serious event within 7 (as per 40 PS.1303.302, 35PS 10101-1010 Ps C.S.A. 3206) 4. Report to the PSC [Pati Safety Committee] regarding any action ta promote patient safety as a result of an investigation of a report of an incident or s event"		orts re nd ety ious on o ays 18 nt en to							
	Review of MR6 on Fe	ebruary 27, 2014, revea	led							

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-3910				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/01/2014	
PPKEY - A	VIDER OR SUPPLIER: ALLENTOWN SE NUMBER: 00218701		STREET ADDRESS 29 NORTH 9 ALLENTOW	TH STREET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT O BE PRECEEDED BY FUI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE DEFICIENCY)	HOULD BE APPROPRIATE	(X5) COMPLETE DATE	
M 0032	Continued from page 8 the patient presented t 2013, for an elective in performed internal suc products of conception requested an ultrasour review revealed CF1 of uterus was empty. CF internal suction of the documented no produc found and requested a performed. CF1 docu conception were found MR6 revealed the pati- bleeding with noticeal instructed CF2 to adm (medication used to m milligrams (mg) intran- patient's excessive ble instructed EMP3 to ca ambulance transport o emergency departmen	n-clinic abortion. CF etion and documented n were found. CF1 d be performed. Fur documented the patier of completed a second patient's uterus. CF1 ets of conception were second ultrasound be mented no products of d. Continued review ent began with excess ole large clots. CF1 inister Methergine anage hemorrhage) (0 nuscularly (IM). The eding continued and ll 911 to request f MR6 to the hospita t (ED). and EMP3 on Februa	F1 I no ther nt's d I re e of of ssive 0.2 e CF1 I's	M 0032			
	27, 2014, at approxim CF1 performed interna	ately 2:00 PM confir	med				

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-3910			(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 04/01/2014	
PPKEY - A	VIDER OR SUPPLIER: ALLENTOWN SE NUMBER: 00218701		STREET ADDRESS, 29 NORTH 97 ALLENTOWN	TH STREET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI BE PRECEEDED BY FULL REGULATORY OR LSC IDI INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
M 0032	Continued from page 9 MR6, and each time th conception found. Co confirmed the patient 1 was given Methergine hospital ED for excess in-clinic abortion. A request was made o February 27, 2014, for investigation and the f transfer from the facili emergency departmen facility report to the D Safety Authority were Phone interview with 2 2014, at approximately facility did submit this been submitted as an i event.	ntinued interview had excessive bleeding , and transferred to the sive bleeding following f EMP1 and EMP2 of the facility's internation cacility's report of MH ity to an acute care he t. No investigation of the partment or Patient provided. EMP1 on February 2 y 2:15 PM revealed in soccurrence, it would	ng, he ng an m l R6's ospital or 7, f the d have	M 0032			
	Based on review of fac records (MR), and stat	•					

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-3910			PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: <b>04/01/2014</b>	
PPKEY - A	VIDER OR SUPPLIER: ALLENTOWN SE NUMBER: 00218701	2	STREET ADDRESS, CITY, STATE, Z 29 NORTH 9TH STREET ALLENTOWN, PA 18101	,		
(X4) ID PREFIX TAG		DF DEFICIENCIES (EACH DEFICIE ILL REGULATORY OR LSC IDENT INFORMATION)		PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE / DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
M 0032	Continued from page 10		M 0032			
	determined the facility applicable State Laws	y failed to conform to a 3.	all			
Planned Parenthood of Northeast, Mid-Pen Bucks County Planned Parenthood Central not in compliance with the following state Act 13 of 2002, Medical Care Availability Reduction of Error (MCARE) Act 40.§130 Patient safety committee and 1303.313 Me facility reports and notifications.		d Parenthood Central w h the following state la cal Care Availability an (CARE) Act 40.§1303 ttee and 1303.313 Med	was aw: ind 3.310			
	<ul> <li>facility reports and notifications.</li> <li>Section 310. Patient safety committee. (b) ResponsibilitiesA patient safety committee a medical facility shall do all of the followin (1) Receive reports from the patient safety officer pursuant to section 309.</li> <li>(2) Evaluate investigations and actions of the patient safety officer on all reports.</li> <li>(3) Review and evaluate the quality of patient safety measures utilized by the medical facination A review shall include the consideration of reports made under sections 304(a)(5) and (307(b)(3) and 308(a).</li> <li>(4) Make recommendations to eliminate fut serious events and incidents.</li> </ul>		ng: e nt lity. b),			

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-3910			A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 04/01/2014	
PPKEY - A	vider or supplier: ALLENTOWN 35e number: 00218701		29 NORTH 9	SS, CITY, STATE, Z OTH STREET VN, PA 18101			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF BE PRECEEDED BY FUL		ID PREFIX TAG	PROVIDER'S PLAN OF CORF CORRECTIVE ACTION S CROSS-REFERENCED TO TH DEFICIENCY	HOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
M 0032	Continued from page 11 (5) Report to the admin governing body of the quarterly basis regardi events and incidents an eliminate future seriou This is not met as evid Based on review of face records (MR) and staff determined the facility and make recommenda transfer from the facili emergency department records reviewed (MR Findings include: Review on February 2 "Patient Safety Plan," revealed " Responsit reports/investigations a Safety Officer] 2. Eval Review [and] evaluate safety measures utilize	medical facility on a ng the number of ser nd its recommendations s events and inciden enced by: cility documents, me f interview (EMP), it failed to review, eva- ations regarding a pa ty to an acute care has t for one of one medic 6). 7, 2014, of the facility dated January 2013, pilities 1. Receive and log for PSO [Pati- luate any investigation the quality of patient	a ious ons to ts. dical was aluate tient's ospital ical ty's ient ons 3.	M 0032			

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-3910			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 04/01/2014		
PPKEY - A	vider or supplier: ALLENTOWN 5e number: <b>00218701</b>		STREET ADDRESS 29 NORTH 9 ALLENTOW	TH STREET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC BE PRECEEDED BY FULL REGULATORY OR LSC IDE INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
M 0032	Continued from page 12			M 0032			
	Establish a system for health care workers to reports serious events and incidents 24/7"						
	Review of MR6 on Fe this patient presented t 2013, for an elective in patient began with exc noticeable large clots a ambulance transport to department (ED).	rch 15, S by					
	A request was made of February 27, 2014, for investigation and the f transfer from the facili emergency department report to the Department Authority were provid	l R6's ospital or					
	Review on February 2 Patient Safety Commit January 2013 through documentation MR6's was discussed at the fa Committee meeting or	s from ed no tal ED y					

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) 8-3910		IA (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		00	(X3) DATE SURVEY COMPLETED: <b>04/01/2014</b>		
PPKEY - A	VIDER OR SUPPLIER: ALLENTOWN SE NUMBER: 00218701		STREET ADDRESS 29 NORTH 9 ALLENTOW	TH STREET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI BE PRECEEDED BY FULL REGULATORY OR LSC IDE INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
M 0032	Continued from page 13			M 0032			
	evaluated or made recommendations regarding MR6's excessive bleeding following an in-clinic abortion.						
	Interview with EMP2 and EMP3 on February 27, 2014, at approximately 2:25 PM confirmed the facility's Patient Safety Committee Meeting minutes did not include a discussion regarding						
	MR6's transfer to the facility reviewed, eval recommendations rega bleeding following an						
	Based on review of facility documents, observation and staff interview (EMP), it was determined the facility failed to ensure patient medical records were stored in a manner to protect from damage.						
	Finding include:						
	Review on February 2 "Abortion Medical Re		-				

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER 8-3910					ON: (X3) DATE SURVEY COMPLETED: 04/01/2014		
PPKEY - A	vider or supplier: <b>ALLENTOWN</b> Se number: <b>00218701</b>		STREET ADDRESS 29 NORTH 9' ALLENTOW	TH STREET		1	
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M 0032			nt. rrately will be that is n on n on ary ealed tients ese cover	M 0032			
	to protect patient priva of a patient's name. 2) Observation of the f	cy and prevent discl	osure				

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Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-3910	× /		00	(X3) DATE SURVEY COMPLETED: 04/01/2014	
		STREET ADDRESS, CITY, STATE, ZIP CODE: 29 NORTH 9TH STREET ALLENTOWN, PA 18101					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICI BE PRECEEDED BY FULL REGULATORY OR LSC IDEN INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
	Continued from page 15 February 27, 2014, revealed three water-stai ceiling tiles directly above 59 storage boxes stored on plastic shelving units. Interview with EMP2 and EMP3 on Februar 27, 2014, at the time of the observation reve these file folders contain information of pati who had abortions over the last three years. Further interview with EMP2 and EMP3 confirmed these boxes containing patient medical records were not stored in a manner protect from water damage.		es ary vealed tients				

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# **Certified End Page**

### PPKEY - ALLENTOWN STATE LICENSE NUMBER: 00218701 SURVEY EXIT DATE: 04/01/2014

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

Anna Marie Sossong Deputy Secretary For Quality Assurance



Michael Wolf

Michael Wolf Secretary of Health

THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY