



Division of Public Health

State of Nebraska
Pete Ricketts, Governor

April 21, 2015

Ms. Jennifer Warren-Ulrick
Administrator
Planned Parenthood Of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

Dear Ms. Warren-Ulrick:

An unannounced visit was made to **Planned Parenthood Of The Heartland** on April 14, 2015, by a Nursing Services Surveyor Consultant II from our office. The purpose of the visit was to investigate a complaint regarding non-compliance with regulatory requirements which had been received by our office.

The following are the general allegation(s) and conclusions:

ALLEGATION:

The facility fails to maintain doors, stairways, passageways or other means of exit in a manner that provides safe and adequate access for care and treatment.

FINDINGS:

Observations, interviews and record reviews were conducted during this investigation. Observations during the investigation found that the facility had multiple exit doors that would accommodate wheelchairs or ambulance gurneys. The facility has had no emergency transfers for the past 6 months.

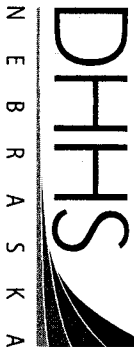
These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

A handwritten signature in black ink that reads "Diana Meyer RN BSN". The signature is written in a cursive, flowing style.

Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities/CLIA
DHHS Public Health - Licensure Unit
P O Box 94986
Lincoln, NE 68509-4986
(402) 471-3484
diana.meyer@nebraska.gov

DM/smm



Division of Public Health

State of Nebraska
Pete Ricketts, Governor

April 21, 2015

Jennifer Warren-Ulrick
Administrator
Planned Parenthood Of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

Dear Ms. Warren-Ulrick:

The results of the state licensure inspection of the Public Health Clinic have been reviewed. The inspection was conducted on April 14, 2015 by Dawn Freiberg, Registered Nurse of this Department. We are pleased to inform you that your facility is in compliance with 175 NAC 7 -- Regulations Governing Licensure of Health Clinics.

The enclosed form indicates your facility is in compliance. Please keep the form for your files. No response is required.

Thank you for the courtesy and assistance during the inspection. If you have any questions, do not hesitate to contact this office.

Sincerely,

Diana Meyer, RN BSN Program Manager
Office of Acute Care Facilities/CLIA
DHHS Public Health - Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov
DHHS.acutecarefacilities@nebraska.gov

Enclosures: State Form

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/14/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PLANNED PARENTHOOD OF THE HEARTLAND

**5631 SOUTH 48TH STREET, SUITE 100
LINCOLN, NE 68516**

(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 DEFICIENCY)	(X5) COMPLETE DATE
G 000	Initial Comments Planned Parenthood of the Heartland is in Compliance with Title 175 Chapter 7 at 7-006.15E2 under 7-006.15E Environmental Safety.	G 000		

Licensure Unit
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Division of Public Health

State of Nebraska
Pete Ricketts, Governor

August 26, 2015

Jennifer Warren-Ulrick
Administrator
Planned Parenthood of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

CERTIFIED MAIL

Dear Ms. Warren-Ulrick:

The enclosed report documents a finding of noncompliance with the licensure regulations for Health Clinics prepared following the focus survey that was conducted at your facility and completed on August 20, 2015 by Sharon Wellensiek, Registered Nurse, and Mary Kulhanek, Registered Dietician/Licensed Medical Nutrition Therapist, surveyors with the Nebraska Department of Health and Human Services Division of Public Health.

The violations found must be corrected within 90 days to avoid disciplinary action against the facility's license. Therefore, a written statement of compliance must be submitted to the Department within 10 working days of receipt of this letter. The statement of compliance must include the following:

- 1) How the corrective action will be accomplished for individuals found to have been affected by the violation;
- 2) What measures will be put into place for systemic changes made to ensure that the violation will not recur and how potential to affect others will be identified;
- 3) How the facility will monitor its corrective actions/performance to ensure that the violation is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent;
- 4) Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
- 5) A realistic date by which each violation will be corrected; and
- 6) Signature of the administrator or other authorized official and date.

If you fail to submit and implement a statement of compliance, the Department may initiate disciplinary action against the facility license.

If you have any questions regarding this correspondence, contact this office.

Sincerely,

Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities
DHHS Public Health - Licensure Unit
PO Box 94986, Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov

DM/smm

Enclosures: State Form
Survey Evaluation

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD OF THE HEARTLANI

STREET ADDRESS, CITY, STATE, ZIP CODE
**5631 SOUTH 48TH STREET, SUITE 100
LINCOLN, NE 68516**

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G 020	7-006.01 Licensure Responsibilities The licensee of each health clinic must assume the responsibility for the total operation of the facility. The licensee responsibilities include: 1. Monitoring policies to assure the appropriate administration and management of the health clinic; 2. Maintaining the health clinic 's compliance with all applicable state statutes and relevant rules and regulations; 3. Providing quality care and treatment to patients whether care and treatment are furnished by health clinic staff or through a contract with the health clinic; 4. Periodically reviewing reports and recommendations regarding the Quality Assurance/Performance Improvement program and implementing programs and policies to maintain and improve the quality of patient care and treatment; 5. Maintaining written minutes of meetings and actions; 6. Designating an administrator who is responsible for the day to day management of the health clinic and defining the duties and responsibilities of the administrator in writing; 7. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs including who will be responsible for the position until another administrator is appointed; 8. Notifying the Department in writing within five working days when the vacancy is filled including effective date and name of person appointed administrator; and 9. Determining if emergency medical technician-intermediates or emergency medical technician-paramedics may perform activities within their scope of practice as either an employee or volunteer within the health clinic.	G 020		

Licensure Unit _____ (X6) DATE
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD OF THE HEARTLANI

STREET ADDRESS, CITY, STATE, ZIP CODE
**5631 SOUTH 48TH STREET, SUITE 100
LINCOLN, NE 68516**

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G 020	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Surveyor: 04557</p> <p>Based on staff interview and review of policy and procedures, the health clinic (HC) failed to complete and/or submit the required Report of Induced Abortion form to the Nebraska Department of Health and Human Services (NDHHS) within 15 days after the reporting month for five months out of seven months since January 1, 2015. Nebraska State Statute 28-343 requires the following "The Department of Health and Human Services shall prescribe an abortion reporting form which shall be used for the reporting of every abortion performed in this state.... The completed form shall be signed by the attending physician and sent to the department within fifteen days after each reporting month."</p> <p>Findings are:</p> <p>A. A review of the facility policy and procedure 'Statistical Reporting' (revised June 2015), revealed the following: "The State of Nebraska requires that all abortions performed in the state be reported within 15 days of the end of the calendar month in which the abortion was performed. Nebraska Department of Health and Human Services has provided us with a form to utilize for this purpose. The form is called Report of Induced Abortions. One form is filled out for each patient who has an abortion or spontaneous termination of pregnancy. The PP Heartland [Planned Parenthood] clinician who performed the abortion must sign the form. Forms are mailed monthly to the Vital Records Office by the 15th of the month."</p>	G 020		

Licensure Unit
STATE FORM

6899

ZGNP11

If continuation sheet 2 of 4

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD OF THE HEARTLANI

STREET ADDRESS, CITY, STATE, ZIP CODE
**5631 SOUTH 48TH STREET, SUITE 100
LINCOLN, NE 68516**

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G 020	<p>Continued From page 2</p> <p>B. Interview with Center Assistant - A by telephone on 8/19/15 from 2:53 PM to 3:05 PM and again on 8/20/15 from 9:00 AM to 9:05 AM revealed the following: -The Center Assistant "started completing the Report of Induced Abortions in March or April when another employee left"; -The Center Assistant has completed 2 monthly reports and "gave the first month to the Assistant Manager to mail and the second month to the Center Manager to mail"; and -July reports have not been completed yet.</p> <p>Surveyor: 21534</p> <p>C. A review of DHHS statistical data revealed the following information regarding the facility reporting: January 2015 - Report due to DHHS by February 15, 2015; the facility report was received on March 4, 2015. February 2015 - Report due to DHHS by March 15, 2015; the facility report was received on March 23, 2015. March 2015 - Report due to DHHS by April 15, 2015; the facility report was received on April 13, 2015. April 2015 - Report due to DHHS by May 15, 2015; the facility report was received on May 19, 2015. May 2015 - Report due to DHHS by June 15, 2015; the facility report was received on June 8, 2015. June 2015 - Report due to DHHS by July 15, 2015; the facility report was received on August 6, 2015.</p>	G 020		

Licensure Unit
STATE FORM

6869

ZGNP11

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD OF THE HEARTLANI

STREET ADDRESS, CITY, STATE, ZIP CODE
**5631 SOUTH 48TH STREET, SUITE 100
LINCOLN, NE 68516**

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G 020	Continued From page 3 July 2015 - Report due to DHHS by August 15, 2015. As of August 25, 2015, no report had been received.	G 020		



LICENSURE UNIT

SEP 14 2015

RECEIVED

1171 - 7th Street
Des Moines, IA 50314
p: 1.877.811.7526
www.pphearland.org

Planned Parenthood of the Heartland

September 11, 2015

Diana Meyer, RN BSN – Program Manager
Office of Acute Care Facilities
DHHS Public Health – Licensure Unit
PO Box 94986
Lincoln, NE 68509

Dear Ms. Meyer,

Thank you for your recent review of our practices in our Omaha and Lincoln health centers. This letter is to address the finding of noncompliance regarding the statistical reporting requirements of our abortion patients, "Report of Induced Abortion" that is due to the state within 15 days of the end of the calendar month in which the abortion was performed. The following corrective action has been put in place:

- Reviewed requirements with management staff at both health centers.
- The manager is ultimately responsible for ensuring this task is completed timely, she may delegate the task to a staff person, but will be held accountable to see that it is completed.
- A calendar appointment has been placed on both center manager's calendars on the 8th of the month to remind staff that the reports are coming due.
- For the next 6 months, the regional director will confirm that the statistical report has been submitted timely.

Please let me know if you need additional information.

Jennifer Warren Utrick
Director of Health Services
Planned Parenthood of the Heartland

See 9/15/15

Meyer, Diana

From: Warren-Ulrick, Jennifer <Jennifer.Warren-Ulrick@PPHeartland.org>
Sent: Tuesday, September 15, 2015 2:03 PM
To: Meyer, Diana
Cc: Moeller, Suzette; McQuinn, Kim; Racey, Lindsay
Subject: RE: PP plan of correction letter

Hi Diana,

Sorry I forgot that piece! The Nebraska health centers will be fully compliant by 10/15/15.

Please let me know if there is anything else.

Thanks!

Jennifer Warren Ulrick
Director of Health Services
Planned Parenthood of the Heartland

jwu

From: Meyer, Diana [mailto:Diana.Meyer@nebraska.gov]
Sent: Monday, September 14, 2015 1:33 PM
To: Warren-Ulrick, Jennifer
Cc: Moeller, Suzette; McQuinn, Kim
Subject: PP plan of correction letter
Importance: High

Jennifer,

Thank you for submitting your plan of corrective action for the inspections conducted at the Lincoln and Omaha Planned Parenthood health clinics. We appreciate your timeliness! We do still need a date from you as to when you expect the facilities to be in correction. This needs to be a specific date sometime from the date of the exit until whenever you felt/feel they will be corrected. , i.e, October 1, 2015, etc.

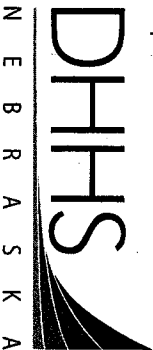
If you have any questions, please give me a call. Thanks again!

Diana Meyer, RN, BSN – Program Manager
Acute Care Facilities/CLIA/Healthcare Facility Construction
301 Centennial Mall, S, 3rd Floor
Lincoln, NE 68508
402-471-3484

diana.meyer@nebraska.gov
DHHS.facilityconstruction@nebraska.gov
DHHS.acutecarefacilities@nebraska.gov

*pac approved.
9/15/15
Dew/SW*

Dew 9/15/15



Division of Public Health

State of Nebraska
Pete Ricketts, Governor

April 21, 2015

Jennifer Warren-Ulrick
Administrator
Planned Parenthood Of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

Dear Ms. Warren-Ulrick:

The results of the state licensure inspection of the Public Health Clinic have been reviewed. The inspection was conducted on April 14, 2015 by Dawn Freiberg, Registered Nurse of this Department. We are pleased to inform you that your facility is in compliance with 175 NAC 7 -- Regulations Governing Licensure of Health Clinics.

The enclosed form indicates your facility is in compliance. Please keep the form for your files. No response is required.

Thank you for the courtesy and assistance during the inspection. If you have any questions, do not hesitate to contact this office.

Sincerely,

Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities/CLIA
DHHS Public Health - Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov
DHHS.acutecarefacilities@nebraska.gov

Enclosures: State Form



N E B R A S K A

Division of Public Health

State of Nebraska
Pete Ricketts, Governor

April 21, 2015

Ms. Jennifer Warren-Ulrick
Administrator
Planned Parenthood Of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

Dear Ms. Warren-Ulrick:

An unannounced visit was made to **Planned Parenthood Of The Heartland** on April 14, 2015, by a Nursing Services Surveyor Consultant II from our office. The purpose of the visit was to investigate a complaint regarding non-compliance with regulatory requirements which had been received by our office.

The following are the general allegation(s) and conclusions:

ALLEGATION:

The facility fails to maintain doors, stairways, passageways or other means of exit in a manner that provides safe and adequate access for care and treatment.

FINDINGS:

Observations, interviews and record reviews were conducted during this investigation. Observations during the investigation found that the facility had multiple exit doors that would accommodate wheelchairs or ambulance gurneys. The facility has had no emergency transfers for the past 6 months.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

A handwritten signature in black ink that reads "Diana Meyer, RN BSN". The signature is written in a cursive, flowing style.

Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities/CLIA
DHHS Public Health - Licensure Unit
P O Box 94986
Lincoln, NE 68509-4986
(402) 471-3484
diana.meyer@nebraska.gov

DM/smm

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/14/2015
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NAME OF PROVIDER OR SUPPLIER **PLANNED PARENTHOOD OF THE HEARTLAND I** STREET ADDRESS, CITY, STATE, ZIP CODE
5631 SOUTH 48TH STREET, SUITE 100
LINCOLN, NE 68516

(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 DEFICIENCY)	(X5) COMPLETE DATE
G 000	Initial Comments Planned Parenthood of the Heartland is in Compliance with Title 175 Chapter 7 at 7-006.15E2 under 7-006.15E Environmental Safety.	G 000		

Licensure Unit _____ TITLE _____ (X6) DATE _____
 LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



N E B R A S K A

Mailing Address:

Box 94986
Lincoln, NE 68509-4986
301 Centennial Mall South 3rd Floor/Licensure Unit

Division of Public Health

State of Nebraska
Dave Heineman, Governor

June 21, 2013

Jennifer Warren-Ulrick
Administrator
Planned Parenthood Of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

CERTIFIED MAIL

Dear Ms. Warren-Ulrick:

The enclosed report documents a finding of noncompliance with the licensure regulations for Health Clinics prepared following the compliance inspection/complaint investigation at your facility completed on June 10, 2013 by Candace Stevens, Registered Nurse and Dawn Freiberg, Registered Nurse, Surveyor with the Nebraska Department of Health and Human Services Division of Public Health.

The violations found must be corrected within 90 days to avoid disciplinary action against the facility's license. Therefore, a written statement of compliance must be submitted to the Department within 10 working days of receipt of this letter. The statement of compliance must include the following:

- 1) How the corrective action will be accomplished for individuals found to have been affected by the violation;
- 2) What measures will be put into place for systemic changes made to ensure that the violation will not recur and how potential to affect others will be identified;
- 3) How the facility will monitor its corrective actions/performance to ensure that the violation is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent;
- 4) Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
- 5) A realistic date by which each violation will be corrected; and
- 6) Signature of the administrator or other authorized official and date.

If you fail to submit and implement a statement of compliance, the Department may initiate disciplinary action against the facility license.

If you have any questions regarding this correspondence, contact this office.

Sincerely,

Diana Meyer BSN

Diana Meyer, RN, BSN - Program Manager
Office of Acute Care Facilities
Division of Public Health - Licensure Unit
Department of Health and Human Services
(402) 471-3484 Fax: (402) 471-0555

DM/smm

Enclosures: State Form
Survey Evaluation

701J 157D 000J 761D 839J

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2013
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PLANNED PARENTHOOD OF THE HEARTLANI

**5631 SOUTH 48TH STREET, SUITE 100
LINCOLN, NE 68516**

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G 410	<p>7-006.09E Storage of Drugs/Devices/Biologicals</p> <p>All drugs, devices, and biologicals must be stored in secured areas and stored in accordance with the manufacturer ' s, distributor ' s, packager ' s, or dispensing pharmacist ' s instructions for temperature, light, humidity, and other storage instructions. Only authorized personnel, designated by policy and procedure of the health clinic as responsible for administration, provision, or dispensing, must have access to drugs, devices, and biologicals. The supply of drugs, devices, and biologicals must be protected and restricted to use for legally authorized purposes and must be checked on a regular basis to ensure expired, mislabeled, unlabeled, or unusable products are not available for patient use.</p>	G 410		
	<p>This Standard is not met as evidenced by: Surveyor: 10405 Licensure Reference Number: 175 NAC Chapter 7 7-006.09 E</p> <p>Based on observation and staff interview the facility failed to ensure expired medications were available for patient use on both the Family Planning and Procedure sides of the Health Clinic. Findings are:</p> <p>A. Observations made on facility tour 6/6/13 from 2:45 PM to 3:15 PM revealed the following: Family Planning side of the clinic - Emergency Kit stored in the clean storage room had an Epinephrine pen which expired on 5/2013. Procedure Room 1 had an Emergency Drug Box which contained (1) Solu Medrol 125 mg/2 ml for Injection which expired 4/2013. (1) liter bag of Dextrose 5 % in Water Intravenous solution expired 2/2013 was also found in Room 1.</p> <p>B. Staff interview during the tour with the</p>			

Licensure Unit

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

X0W911

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2013
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NAME OF PROVIDER OR SUPPLIER **PLANNED PARENTHOOD OF THE HEARTLANI** STREET ADDRESS, CITY, STATE, ZIP CODE
5631 SOUTH 48TH STREET, SUITE 100 LINCOLN, NE 68516

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G 410	Continued From page 1 Director of Business Development for the clinic revealed staff "are to be doing monthly checks to check for expired medications."	G 410		

Licensure Unit
STATE FORM

6899

X0W911

If continuation sheet 2 of 2



Planned Parenthood of the Heartland

JUL - 9 2013

RECEIVED

5631 S. 48th St., Suite 100
Lincoln, NE 68516
p: 1.877.811.7526
www.pphheartland.org

July 3, 2013

Diana Meyer
RN, BSN – Program Manager
Office of Acute Care Facilities
Division of Public Health – Licensure Unit
Department of Health and Human Services

Dear Ms. Meyer:

In response to the issue of expired medications during the Lincoln inspection and statement of compliance requested by DHHS, a corrective action plan has been created to ensure all areas are inspected monthly and any expired medications are removed.

1 RN at the health center will be responsible for the ordering, checking in, and rotation of medications. This nurse will also be responsible for the removal of expired medications while rotating stock.

Each month 2 more sweeps of medication areas will be completed and documented on a newly created checklist. 1 RN (different than the RN responsible for ordering), or a designee in the absence of a 2nd RN, will be responsible for inspecting each area where medications are kept and removing any expired medications and will initial on the checklist as completed. The center manager (or designee in the absence of the manager) will be responsible for doing a 2nd sweep of the same areas each month and will initial on the checklist as completed.

Expired medications will be removed, clearly marked as expired, and locked in the pharmacist cupboard to await disposal.

Any expired medications that need ordered will be put on the ordering list.

The center manager is responsible for ensuring the checklist and sweeps are done monthly. This process will be effective beginning July 2013.

This process will ensure that all expired medications are removed from areas where medications are in use and are not available for patient use.

Sincerely,

Cassandra Winkler, Center Manager II
Planned Parenthood of the Heartland
Lincoln South Health Center

EXPIRED MEDS CHECKLIST

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
AB room1							SP					
AB room2							LAC SP (LV)					
Recovery Room Med Storage							SP (LV)					
AB Emergency Kit							SP (LV)					
Med Ab Storage							SP (LV)					
Ab Lab							SP (LV)					
Pharmacy Storage							SP (LV)					
FP Checkout							SP (LV)					
FP Lab							SP (LV)					
FP Emergency Kit							SP (LV)					

Instructions: One RN and the manager (or designee) will initial once they have inspected each area, each month and removed any expired drugs.

Expired medications must be removed from the pt care/storage area, clearly marked as expired, and locked in the pharmacist cupboard to await proper disposal.

Expired medications should then be placed on the proper ordering list for re-order.



Mailing Address:

PO Box 94986
Lincoln, NE 68509-4986

Deliveries:

501 Centennial Mall South 3rd Floor/Licensure Unit

Division of Public Health

State of Nebraska
Dave Heineman, Governor

August 5, 2013

Jennifer Warren-Ulrick
Administrator

Planned Parenthood of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Ms. Warren-Ulrick:

On July 31, 2013 we conducted a review of paperwork for your revisit to verify that your facility had achieved and maintained compliance. Enclosed is the State Form: Revisit Report showing that your facility was found to be in compliance.

If you have any questions regarding this correspondence, please contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Diana Meyer RN BSN".

Diana Meyer, RN, BSN Program Manager
Office of Acute Care Facilities
Licensure Unit, Division of Public Health
Department of Health & Human Services
(402) 471-3484 Fax (402) 471-0555

DM/smm

Enclosures: State Form: Revisit Report

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number HC059	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/31/2013
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Name of Facility: **PLANNED PARENTHOOD OF THE HEARTLAND**
 Street Address, City, State, Zip Code
**5631 SOUTH 48TH STREET, SUITE 100
 LINCOLN, NE 68516**

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>G0410</u> Reg. # <u>7-006.09E</u> LSC _____ Correction Completed 07/31/2013	ID Prefix _____ Reg. # _____ LSC _____ Correction Completed	ID Prefix _____ Reg. # _____ LSC _____ Correction Completed	ID Prefix _____ Reg. # _____ LSC _____ Correction Completed	ID Prefix _____ Reg. # _____ LSC _____ Correction Completed	ID Prefix _____ Reg. # _____ LSC _____ Correction Completed
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LICENSE UNIT

AUG 01 2013

RECEIVED

Reviewed By _____	Reviewed By <i>[Signature]</i>	Date: <u>8/31/13</u>	Signature of Surveyor: <i>[Signature]</i>	Date: <u>7/31/13</u>
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on:
6/10/2013

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2667) Sent to the Facility? YES NO