



Division of Public Health

State of Nebraska
Pete Ricketts, Governor

August 26, 2015

Jennifer Warren-Ulrick
Administrator
Planned Parenthood of The Heartland
3105 North 93rd Street
Omaha, NE 68134

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 21, 2015 by Billy Jo Bignell, Registered Nurse, and Mary Arends, Laboratorian, 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
DHHHS 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: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD OF THE HEARTLANI
STREET ADDRESS, CITY, STATE, ZIP CODE
**3105 NORTH 93RD STREET
OMAHA, NE 68134**

(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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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 DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF THE HEARTLANI **3105 NORTH 93RD STREET**
OMAHA, NE 68134

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G 020	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Surveyor: 15107</p> <p>Based on staff interview: review of policy and procedures, review of certified mail receipts and DHHS statistical data, the HC (Health Clinic) 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 seven 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. Review of the policy and procedure titled 'Statistical Reporting' (Revised 6/15) 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		

Nebraska DHHS Licensure Unit

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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**3105 NORTH 93RD STREET
OMAHA, NE 68134**

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G 020	<p>Continued From page 2</p> <p>B. Interview with the Office Manager on 8/18/15 at 2:30 PM revealed the following: U. S. (United States) Postal Service Certified Mail receipts for the mailing of the State of Nebraska Report of Induced Abortion forms to Vital Statistics for reports for the months of December 2014 through May 2015. The Business Office Manager confirmed May was last completed report sent in and "I'm a little behind on that".</p> <p>Surveyor: 21534</p> <p>C. A review of DHHS statistical data revealed the following information regarding the facility reporting:</p> <p>January 2015 - Report due to DHHS by February 15, 2015; the facility report was received on February 20, 2015.</p> <p>February 2015 - Report due to DHHS by March 15, 2015; the facility report was received on March 24, 2015.</p> <p>March 2015 - Report due to DHHS by April 15, 2015; the facility report was received on July 2, 2015.</p> <p>April 2015 - Report due to DHHS by May 15, 2015; the facility report was received on July 2, 2015.</p> <p>May 2015 - Report due to DHHS by June 15, 2015; the facility report was received on July 6, 2015.</p> <p>June 2015 - Report due to DHHS by July 15, 2015; As of August 25, 2015, no report had been received.</p> <p>July 2015 - Report due to DHHS by August 15, 2015. As of August 25, 2015, no report had been received.</p>	G 020		

Licensure Unit
STATE FORM

6899

DSGZ11

If continuation sheet 3 of 3



LICENSURE UNIT

SEP 14 2015

RECEIVED

1171 - 7th Street
Des Moines, IA 50314
p: 1.877.811.7526
www.ppheartland.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 Ulrick
Director of Health Services
Planned Parenthood of the Heartland

due 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

*POC
Approved.
Dew/SW
9/16/15*

Dew 9/15/15



N E B R A S K A

October 9, 2012

Division of Public Health

Mailing Address:

Box 94986
Lin, NE 68509-4986

Deliveries:

501 Centennial Mall South 3rd Floor/ Licensure Unit

State of Nebraska
Dave Heineman, Governor

Jennifer Warren-Ulrick, Administrator
Planned Parenthood of The Heartland
3105 North 93rd Street
Omaha, NE 68134

Dear Ms. Warren-Ulrick:

An onsite inspection was conducted to determine whether the above-named facility was in violation of Health Clinic licensure regulations that pertain to the below-stated allegations. The results of this inspection indicate that the facility was found to have not committed a violation.

Investigation/Inspection Dates: September 21, 2012-September 24, 2012

Surveyor(s): Dawn Freiberg, Registered Nurse

ALLEGATION:
The facility failed to ensure an informed, properly executed consent for surgical procedure was obtained.

FINDINGS:
Record review of 10 sampled patients found properly executed informed consents in all 10 records.

ALLEGATION:
The facility failed to ensure a patient history and physical examination was performed prior to surgery.

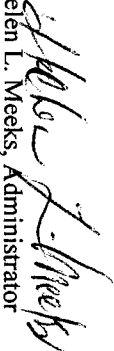
FINDINGS:
Record review of 8 of 8 sampled surgical abortion medical records found that a nursing history and physician history and physical examination was documented for each patient.

ALLEGATION:
The facility failed to release medical records upon consent of the patient.

FINDINGS:
Record review of facility policies and procedures related to medical records and staff interviews confirmed records are only released to the patient or legally responsible person after verification of identification. There was no evidence the facility did not follow their policy for release of medical records.

We thank you and your staff for the cooperation given during the investigation. This correspondence is for your files and does not require a response. Please contact this office if you have questions.

Sincerely,


Helen L. Meeks, Administrator

Licensure Unit
Division of Public Health
Nebraska Department of Health and Human Services
(402) 471-0179

HM/smm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/24/2012
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 3105 NORTH 93RD STREET OMAHA, NE 68134
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G 000	Initial Comments Planned Parenthood of the Heartland was found in compliance with Title 175 Chapter 7 Regulations 7-006.04 Patient Rights, 7-006.06 Patient Care and Treatment, 7-006.06 C Patient Education, and 7-006.07 Record Keeping Requirements for Health Clinics.	G 000		

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

Division of Public Health

State of Nebraska
Dave Heineman, Governor

April 27, 2011

Jennifer Warren Ulrick
Administrator
Planned Parenthood of the Heartland
3105 North 93rd Street
Omaha, NE 68134

Dear Ms. Warren Ulrick:

The results of the state licensure inspection to add procedures as defined in Neb. Rev. Stat. §28-326 for your Health Clinic have been reviewed. The inspection was conducted on April 22, 2011 by Dawn Freiberg, RN 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 -- to provide these services effective April 22, 2011.

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,



Joann Erickson, Administrator
Office of Acute Care Facilities
Licensure Unit -- Division of Public Health
(402) 471-3484 FAX: (402) 471-0555
Joann.Erickson@nebraska.gov

Enclosures: State Form
Survey Evaluation Form
Initial Licensure Inspection Protocols

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2011
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NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD OF THE HEARTLAN

STREET ADDRESS, CITY, STATE, ZIP CODE
**3105 NORTH 93RD STREET
OMAHA, NE 68134**

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G 000	Initial Comments Planned Parenthood of the Heartland Northwest Health Center is in compliance with Title 175 Chapter 7 Regulations Governing Licensure of Health Clinic pertaining to the provision of medical/surgical abortion services.	G 000		

Licensure Unit _____ TITLE _____ (X6) DATE _____

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

STATE FORM 9889 FTT512 If continuation sheet 1 of 1

February 15, 2011

Jennifer Warren Ulrick
Administrator
Planned Parenthood of the Heartland
3105 North 93rd Street
Omaha, NE 68134

Dear Ms. Warren Ulrick:


The results of the initial state licensure inspection of the Health Clinic have been reviewed. The inspection was conducted on February 9, 2011 by Mary Kulhanek, RD 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.

Currently health clinic provides family planning and screening services. Please notify this office prior to providing additional services so that an onsite inspection can be completed.

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

Sincerely,



Joann Erickson, Administrator
Office of Acute Care Facilities
Licensure Unit – Division of Public Health
(402) 471-3484 FAX: (402) 471-0555
Joann.Erickson@nebraska.gov

Enclosures: State Form
Survey Evaluation Form
Initial Licensure Inspection Protocols

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2011
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 3105 NORTH 93RD STREET OMAHA, NE 68134
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G 000	<p>Initial Comments</p> <p>Surveyor: 04557 Planned Parenthood of the Heartlands, 3105 N 93rd Street, Omaha, NE is in compliance with Title 175 Chapter 7 Regulations Governing Licensure of Health Clinics.</p>	G 000		

Licensure Unit TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 6899 F77511 If continuation sheet 1 of 1