

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2008

PRODUCER
Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036

INSURED
PLANNED PARENTHOOD OF CONNECTICUT, INC.
AN AFFILIATE OF PLANNED PARENTHOOD
FEDERATION OF AMERICA, INC.
345 WHITNEY AVENUE
NEW HAVEN, CT 06511

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ACE American Insurance Company	22667
INSURER B: National Union Fire Insurance Company	19445
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	PMI G23857133-002	01/01/09	01/01/10	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES(Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	BE 17726658	01/01/09	01/01/10	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE PROGRAM RETRO: 11/01/76	6793286	01/01/09	01/01/10	PER CLAIM 1,000,000 AGGREGATE 3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RECEIVED
 OCT 20 P 3:48
 HEALTH INSURANCE
 DIVISIONS

CERTIFICATE HOLDER NYC-003080013-17

CANCELLATION

PLANNED PARENTHOOD OF CONNECTICUT, INC.
 ATTN: LOUIS DENEGRÉ
 345 WHITNEY AVENUE
 NEW HAVEN, CT 06511

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 of Marsh USA Inc.
 Chris Kakek

Chris Kakek



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/18/2009

PRODUCER
Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036

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INSURED
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC.
AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.
345 WHITNEY AVENUE
NEW HAVEN, CT 06511

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Markel Insurance Company	38970
INSURER B: National Union Fire Ins. Co. of Pittsburgh, PA	19445
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	09GLP1007999	01/01/2010	01/10/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory In NH) if yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		OTHER MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE PROGRAM RETRO: 11/01/76	6793286	01/01/2010	01/01/2011	PER CLAIM 1,000,000 AGGREGATE 3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER NYC-003599398-19

CANCELLATION

PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND
ATTN: LOUIS DENEGRE
345 WHITNEY AVENUE
NEW HAVEN, CT 06511

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.
Chris Kukul

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

1/26/2009

PRODUCER

WORKERS' COMPENSATION TRUST
PO Box #5042
Wallingford, CT 06492
(203) 678-0105

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

Planned Parenthood of CT, Inc.

345 Whitney Avenue
New Haven, CT 06511

INSURER A: **Workers' Compensation Trust**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCP 394	01/01/09	01/01/10	X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$2,500,000 E.L. DISEASE - EA EMPLOYEE \$2,500,000 E.L. DISEASE - POLICY LIMIT \$2,500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RECEIVED
 2009 JAN 20 P 3:08
 PUBLIC HEALTH
 REGULATIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Planned Parenthood of CT, Inc.
345 Whitney Avenue
New Haven, CT 06511

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Nathan J. Shippee

FOR OFFICE USE ONLY

CHECK # _____ AMOUNT \$ _____
DATE RECEIVED _____ INITIALS _____

14. Affidavit of Owner:

I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department as required by law.

Judy Taban
Signature

10/16/09
Date Signed

Check one as applicable:

- Individual/Sole Proprietor
- General/Managing Partner
- President of Corporation
- Secretary of Corporation
- Municipal Officer
- Trustee

State of Connecticut)

County of NEW HAVEN)

ss October 13 2009

Personally appeared before me the above named Judy Taban and made oath to the truth of the statements contained in his/her answers to the foregoing questions.

Sally Hellerme
 Notary Public
 Justice of the Peace
 Town Clerk
 Commissioner of the Superior Court

My Commission Expires: _____
(If Notary Public) **My Commission Expires Dec 31, 2011**

RECEIVED
 2009 OCT 20 P 3:48
 DEPT. OF PUBLIC HEALTH
 DIVISION OF HEALTH
 SYSTEMS REGULATIONS



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

OUTPATIENT CLINICS, WELL CHILD CLINICS AND
FAMILY PLANNING CLINICS

Please respond to all of the following questions:

1. PLANNED PARENTHOOD of Southern New England
Facility "d/b/a" (doing business as) Name
345 WHITNEY AVE New Haven CT 06511 (203) 503-0450
Business Address City State Zip Code Telephone

2. Check the appropriate box/boxes describing the services to be provided by the clinic:

- [] Primary Care [x] Family Planning
[] Well Child Clinic [x] Abortion Procedures
[] Dental

3. JUDY TABAR JUDY CLARK
Administrator (Your name needs to appear as it is shown on your Professional License).

4. Lester Silberman M.D.
Medical Director Dental Director (if applicable)
(Your name needs to appear as it is shown on your Professional License).

5. Hours of Operation: see attached. Surgical Abortions provided.
WED. 11-3
FRIDAY 8-12.3
SAT. 8-11

6. Please provide a list of services that will be provided.

7. On initial application only, submit a copy of the approval from the Office of Health Care Access to establish the clinic.
Note: only those clinics which intend to provide primary care services are required to submit OHCA approval.

J. Clark
Signature of Administrator

10/13/89
Date Signed

RECEIVED
OCT 20 P 3:28
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF FACILITY LICENSING & INVESTIGATIONS



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSE & INVESTIGATIONS SECTION

LICENSURE APPLICATION

[] INITIAL [X] RENEWAL

NOTE: A separate application must be completed for each licensed level of care which is located at a different address. One (1) application may be submitted for multiple levels of care provided each level of care has the same name and the same licensee and is located at the same address.

In accordance with Section 19a-491 and/or Section 19a-506 of the Connecticut General Statutes, application is hereby made for a license to operate the following (please check the appropriate box/boxes that apply):

- [] Assisted Living Services Agency
[] Children's Hospital
[] Chronic and Convalescent Nursing Home
[X] Chronic Disease Hospital
[X] Family Planning Clinic
[] General Hospital
[] Home Health Care Agency
[] Homemaker-Home Health Aide Agency
[] Hospice
[] Hospital for Mentally Ill Persons
[] Mental Health Psychiatric OutPat.
[] Mental Health Intermediate Tmt.
[] Substance Abuse & Dependence
[] Infirmary Operated by an Educational Institution
[] Maternity Home
[] Maternity Hospital
[] Outpatient Clinic
[] Outpatient Dialysis Unit
[] Outpatient Surgical Facility
[] Residential Care Home
[] Rest Home with Nursing Supervision
[] Well Child Clinic
[] Mental Health Day Treatment
[] Mental Health Community Residence
[] Mental Health Residential Living

Please respond to all of the following questions:

1. PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND
Facility "d/b/a" (doing business as) Name

345 WHITNEY AVE. NEW HAVEN, CT 06511 (203) 503-0450
Business Address City State Zip Code Telephone

Mailing Address (if applicable) City State Zip Code

Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-719
410 Capitol Avenue - MS # 12HPL
P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer



RECEIVED
2009 OCT 20 P 3:58
DEPT. OF PUBLIC HEALTH
STATE OF CONNECTICUT

**Planned Parenthood of Southern New England, Inc.
Judy Tabar, President and CEO**

Board of Directors 2009-2010

Officers:

- Kay Maxwell, Chair
- Deborah Freedman, Vice Chair
- Maria Cruz-Saco, Ph.D., Secretary
- Amelia Renkert-Thomas, J.D., Treasurer
- Sandra Arnold, Assistant Treasurer

Board of Directors:

- Jenny Carrillo, Ph.D.
- Bennie Fleming, Ph.D.
- Delores Greenlee
- Sue Hessel
- Nancy Hutson, Ph.D.
- Jeannette Ickovics, Ph.D.
- Valerie Seiling Jacobs
- Rev. Maria LaSala
- Donna Moffly
- John Morton, M.D.
- Shannon Perry
- Amelia Renkert-Thomas, J.D.
- Richard Sugarman
- David Wollin, J.D.
- Connie Worthington

RECEIVED
 2009 OCT 20 P 3:48
 DEPT. OF PUBLIC HEALTH
 STATE OF CONNECTICUT
 REGULATIONS

PLANNED PARENTHOOD OF CONNECTICUT CENTER HOURS

LOCATION	Mon	Tue	Wed	Thur	Fri
Bridgeport	9:00am-4:30pm	8:00am-6:30pm	10:30am-4:30pm <i>staff mtg. 9:00-10:30</i>	8:00am-6:30pm	9:00am-4:30pm
Danbury	11:00am-6:30pm	11:00-6:30pm	8:30am-4:00pm	9:30am-4:00pm <i>staff mtg. 8:30-9:30</i>	8:30am-4:30pm
Danielson	10:00am-6:00pm	9:30am-4:30pm <i>staff mtg. 8:30-9:30</i>	9:00am-5:00pm	11:30am-7:30pm	8:30am-4:30pm
Enfield	11:00am-7:00pm	8:30am-4:30pm	8:30am-4:30pm	10:00am-6:00pm <i>staff mtg. 10:00-11:00</i>	8:30am-4:30pm
Hartford North	11:00am-7:00pm	8:30am-4:30pm	9:00am-5:00pm	11:00am-7:00pm	8:30am-4:30pm <i>Staff Mtg. 8:30-9:30</i>
Manchester	9:00am-7:30pm	8:30am-4:30pm	8:30am-7:30pm	9:00am-7:30pm	8:30am-4:30pm <i>staff mtg. 8:30-9:30</i>
Meriden	8:30am-7:00pm	8:30am-4:30pm	12:00pm - 7:00pm <i>staff mtg. 11:00-12:00</i>	8:30am-4:30pm	8:30am-4:30pm
New Britain	closed	4:30pm-7:30pm	closed	4:30pm-7:30pm	closed
New Haven SABs: W, F, S	8:30am-8:00pm	8:30am-8:00pm	9:15am-5:00pm <i>staff mtg. 8:00-9:00</i>	8:45am-6:00pm	8:15am-5:00pm <i>Surgical ABX</i>
New London	8:30am-7:00pm	8:30am-5:00pm	8:30am-5:00pm	8:30am-7:00pm <i>staff mtg. 11:30-12:30</i>	8:30am-4:30pm
Nonich SABs: Th, every other S	9:00am-5:00pm	11:00am-7:00pm	9:00am-5:00pm	9:00am-7:00pm <i>staff mtg 1:00-2:00</i>	9:00am-5:00pm
Old Saybrook	9:00am-5:00pm	12:00pm-8:00pm	closed	12:00pm-8:00pm	10:00am-5:00pm <i>staff mtg. 9:00-10:00</i>
Shelton <i>*call for staff mtg. times*</i>	8:00am-5:30pm	Closed	8:30am-4:00pm	9:30am-7:30pm	8:30am-3:00pm
Stamford SABs: W	8:30am-7:30pm	11:00am-5:30pm <i>staff mtg. 10:00-11:00</i>	7:00am-2:30pm	8:30am-7:30pm	8:00am-2:30pm
Torrington	11:00am-7:00pm	9:30am-4:30pm <i>staff mtg. 8:30-9:30</i>	closed	11:00am-7:00pm	8:30am-4:30pm
Waterbury	11:00-6:30pm	12:15pm-6:30pm <i>staff mtg. 11:00-12:00</i>	8:30am-4:00pm	8:30am-4:00pm	8:30am-4:00pm
West Hartford SABs: T, F	8:30am-7:00pm	8:00am-4:30pm	8:30am-7:00pm	8:30am-7:00pm <i>staff mtg. 12:00-1:00</i>	8:00am-4:30pm
Willimantic	8:30am-5:00pm	10:30am-7:30pm	10:00am-4:30pm	12:30pm-7:30pm <i>staff mtg. 11:30-12:30</i>	8:30am-4:30pm
Providence SABs: T, F	9:00am - 7:30pm	9:00am - 5:30pm	9:00 - 5:30pm	12:00 pm - 7:30pm <i>Staff mtg 12:30-1:30</i> No NPs in bldg In a.m.	9:00 am - 5:30pm



CITY OF NEW HAVEN

DEPARTMENT OF FIRE SERVICE



Office of the Fire Marshal

JOHN DeSTEFANO, JR.
Mayor

Michael E. Grant
Chief

952 Grand Avenue
P.O. Box 374
New Haven, CT 06502

FAX: (203) 946-8383

INSPECTION CERTIFICATE

On (date) 10/30/08 the New Haven Office of the Fire Marshal conducted an inspection

of (name of facility) PLANNED PARENTHOOD

located at (address) 345 WHITNEY AVE.

in the City of New Haven to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a(n) new / existing (occupancy/classification) outpatient clinics classified by the CONNECTICUT STATE FIRE SAFETY CODE. As a result of this inspection, the following conditions were found by INSP. CROSS:

- I. At the time of inspection, no code violations were identified. Certificate of approval recommended.
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted (See attached information). Certificate of approval recommended.
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approval plan of correction was submitted (See attached information). Certificate of approval **Not recommended**.
- IV. Based on the extreme hazard to public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information). Certificate of approval **Not recommended**.

RECEIVED
2009 OCT 29 P 3:42
FIRE SERVICE
SYSTEMS
OFFICE OF THE FIRE MARSHAL

Joseph Cappucci

Joseph Cappucci,
 Fire Marshal

Frank DellaMura
 Deputy Fire Marshal

Kenneth Mullings
 Life Safety Compliance Officer

10/31/08
(Date)

Public Assembly Inspector

9. Respond to the specific question that reflects the ownership structure of the licensee. The Licensee is the legal entity which will be issued the license to operate.

A. If the Licensee is a general partnership, limited partnership or limited liability company, complete Form 1 (attached).

B. If the Licensee is a trust, complete Form 2 (attached) for the Licensee.

i. Attach a list including the name, address and telephone number of all trustees.

C. If the Licensee is a corporation (profit or non-profit), complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.

i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.

ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.

10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.) Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.

11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:

A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or

B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or

C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)

12. Ownership of Real Property
Planned Parenthood of Southern New England

Name

345 Whitney Ave New Haven CT 06511

Business Address

City

State

Zip Code

Telephone

(203) 865-8768

RECEIVED
OCT 20 2009
3:08 PM

13. Annual Fire Marshal's Certificate of Inspection Form (attached) must be completed by the Local Fire Marshal. NOTE: Hospitals must have a separate Fire Marshal's Certificate of Inspection completed for each building on the hospital's campus and each satellite listed on the hospital's license. Additional forms may be copied if necessary. Each completed Fire Marshal's Certificate of Inspection that is submitted must have an original signature. (Not applicable for ALSA's, Homemaker Home Health and Home Health Agencies).

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/18/2010

PRODUCER (860) 224-2413
Lindquist Insurance Associates Inc
24 Lexington Street
P.O. Box 368
New Britain CT 06052-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Planned Parenthood of Southern
New England, Inc.
345 Whitney Ave
New Haven CT 06511-

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Workers Compensation Trst	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY		/ /	/ /	EACH OCCURRENCE \$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$
				/ /	/ /	PERSONAL & ADV INJURY \$
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	GENERAL AGGREGATE \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS		/ /	/ /	
		<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC AGG \$
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE		/ /	/ /	\$
		<input type="checkbox"/> RETENTION \$		/ /	/ /	\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCP394	01/01/2010	01/01/2011	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT \$ 2,500,000
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$ 2,500,000
		OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT \$ 2,500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

() - () -

Planned Parenthood of Southern
New England, Inc.
249 Winsted Road
Torrington CT 06790-2925

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Sari J. Toussaint*



Serving Connecticut & Rhode Island

Clinical Services Department
345 Whitney Avenue • New Haven, CT 06511
Tel: (203) 865-5158 • Fax: (203) 752-3258 • www.ppsne.org

Fax Transmittal

Attn: Kristine Jennings

To: DPH – Licensing Department**From:** Deanna Martin**Fax:** 860-509-7538**Date:** 1/20/10**Phone:****Pages (including cover):** 7**Re:** Workers Compensation Certificates**CC:** **Urgent** **For Review** **Please Comment** **Please Reply** **Please Recycle****Comments:**

Re-licensing applications were recently sent in for Planned Parenthood health centers, but were missing current Workers Compensation Certificates for the 2010 year. Please file these certificates with the following applications:

Planned Parenthood of Southern New England health centers located in:

- Danbury
- Enfield
- New Britain
- New Haven
- Old Saybrook
- Torrington

Should you need anything further, please do not hesitate to contact me at 203-752-2831.

Sincerely,

Deanna Martin
Clinical Services Administrative Assistant



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

Attachment 3

FORM 3

FACILITY/AGENCY NAME: PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND.

Form 3 must be completed if the facility/agency or Real Property Owner is owned/operated by a corporation (profit or non-profit). Please copy additional sheets if necessary.

For each stockholder with a 10% or greater ownership interest in the Licensee, provide the information requested below. If no owner owns 10% or more of the total shares, please indicate the two largest stockholders. Please complete 2 separate form for each legal entity listed below that is not an individual.

This information is for:

- Licensee _____
- Real Property Owner _____

1. Name: SEE ATTACHED
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____
2. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____
3. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____
4. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____

RECEIVED
 2009 OCT 20 P 3:48
 DEPT. OF PUBLIC HEALTH
 SYSTEMS & TECHNOLOGIES

FOR OFFICE USE ONLY

CHECK # _____	AMOUNT \$ _____
DATE RECEIVED _____	INITIALS _____

14. Affidavit of Owner:

I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department as required by law.

Judy Taban
Signature

10/16/09
Date Signed

Check one as applicable:

- Individual/Sole Proprietor
- General/Managing Partner
- President of Corporation
- Secretary of Corporation
- Municipal Officer
- Trustee

State of Connecticut)

County of New Haven)

ss October 13 2009

Personally appeared before me the above named Judy Taban and made oath to the truth of the statements contained in his/her answers to the foregoing questions.

Judy Kelleher
 Notary Public
 Justice of the Peace
 Town Clerk
 Commissioner of the Superior Court

My Commission Expires:
(If Notary Public)

My Commission Expires Dec 31, 2011

RECEIVED
 2009 OCT 20 P 3:40
 DEPT. OF PUBLIC HEALTH
 SYSTEMS EVALUATION
 SERVICES



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

OUTPATIENT CLINICS, WELL CHILD CLINICS AND
FAMILY PLANNING CLINICS

Please respond to all of the following questions:

1. PLANNED Parenthood of Southern New England
Facility "d/b/a" (doing business as) Name
345 Whitney Ave New Haven CT 06511 (203) 503-0450
Business Address City State Zip Code Telephone
2. Check the appropriate box/boxes describing the services to be provided by the clinic:

<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Family Planning
<input type="checkbox"/> Well Child Clinic	<input checked="" type="checkbox"/> Abortion Procedures
<input type="checkbox"/> Dental	
3. JUDY TABAR JUDY CLARK
Administrator (Your name needs to appear as it is shown on your Professional License).
4. Leister Silberman, M.D.
Medical Director Dental Director (if applicable)
(Your name needs to appear as it is shown on your Professional License).
5. Hours of Operation: SEE ATTACHED. SURGICAL ABORTIONS PROVIDED. WED. 11-3
FRI. 8-12³⁰
SAT. 8-11
6. Please provide a list of services that will be provided.
7. On initial application only, submit a copy of the approval from the Office of Health Care Access to establish the clinic. Note: only those clinics which intend to provide primary care services are required to submit OHC approval.

J. Clark
Signature of Administrator

10/13/09
Date Signed

RECEIVED
OCT 20 P 3:58
DEPT. OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS

2015

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Clarendon Park
Spurline New England
345 Whiting Ave
New Haven, CT 06511

Signature of FLIS Staff
Donna Ortello, RN, MSN

Licensure Category: Family Planning
Licensed Capacity: #37 Census: _____
Licensed Capacity: _____ Census: _____

Date(s) of onsite inspection: 6/12/15

Date(s) additional information obtained: _____

Personnel contacted: Judy Clark, Case manager

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- Licensing Inspection Initial Renewal Other: monitoring visit
- Desk Audit _____ Amended Letter: _____
- Revisit for the purpose of _____
- See Complaint Investigation # _____
- See Reportable Event Investigation # _____
- See Certification File.
- Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 6/16/15
- Citation # _____ was issued to this facility as a result of this inspection.
- Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies were not identified at the time of this inspection.
- Citation # _____ was/was not verified as corrected. See attached narrative report.
- Narrative report/additional information attached.
- Referral(s) to _____

REPORT SUBMITTED BY: Donna Ortello, PHD DATE OF REPORT: 6/16/15

Approval for issuance of license granted by: Loan D Nguyen DATE: 6-16-15
Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

Page 2 of 2

LICENSING INSPECTION NARRATIVE REPORT:

An unannounced visit was conducted on 6/12/15 by representatives of the Facility Licensing and Investigations Sections for the purpose of a monitoring visit. The following was reviewed:

1. Staffing
2. Sampling of Personnel/credentialing files
3. Observation of a procedure
4. Interview with facility staff
5. Review of reprocessing of instruments
6. A review of medical records

As a result of the monitoring visit, a violation letter dated June 16, 2015 was issued to the facility.

Donna Ortello, RN, MSN



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 16, 2015

Jody Clark, Administrator
Planned Parenthood Of Southern New England
345 Whitney Avenue
New Haven, CT 06511

Dear Ms. Clark:

An unannounced visit was made to Planned Parenthood Of Southern New England on June 12, 2015 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a monitoring visit.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visits.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by June 30, 2015 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

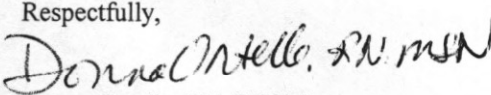
Please address each violation with a prospective plan of correction which includes the following components within fourteen days of the date of this letter:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).
2. Date corrective measure will be effected.
3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

We do not anticipate making any practitioner referrals at this time.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,


Donna Ortelle, RN, PHSM
Public Health Supervising Manager
Facility Licensing and Investigations Section

DMO:mb



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

DATE(S) OF VISIT: June 12, 2015

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D49 Governing Board Administration (b)(c) and/or 19-13-D50 Nursing Personnel and/or 19-13-D51 Pharmaceutical.

1. Based on observation and interview for one pregnancy terminations observed, staff failed to ensure that single patient intravenous (IV) fluids were not used on more than one patient. The finding includes:
 - a. Observation of Patient #6's termination of pregnancy procedure on 6/12/15 at approximately 1:20pm identified a 500cc bag of lactated ringers IV fluid with a needle and 3-way stopcock attached. Certified Registered Nurse Anesthetist (CRNA) #2 was observed to flush the patient IV site with 10cc of fluid after administering IV fentanyl and versed prior to the procedure. Interview with CRNA #2 on 6/12/15 identified that he uses the 500 cc bag for flush solution for all the procedures scheduled in that room for the day. Review of the label on the 500ccIV bag identified it was for single patient use.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D49 Records.

2. Based on review of the medical record and interview, the facility failed to ensure that the printed medical record was completed and accurate when printed. The finding includes:
 - a. Review of Patient #1 - 6's printed medical record on 6/12/15 identified that they received medications including, versed, fentanyl, atropine, metronidazole, ibuprofen, depoprovera, and/or microgam. The printed medical record failed to identify the time of administration of the medication and the staff who administered the medication. Review of the electronic medical record with the Clinical Manager on 6/12/15 identified that the time of medication administration and staff who administered the medication was identified in the electronic medical record. The Clinical manager further identified that the facility is in the planning phase of getting a new electronic health record program.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D47 Governing Board, Administration (c) and/or 19-13-D50 Nursing Personnel and/or 19-13-D51 Pharmaceutical and/or 19-13-D52 Maintenance.

3. Based on observation, the facility failed to ensure that medication vials were labelled after opening and/or that medications were not expired and/or not stored with food/drink items. The finding includes:
 - a. Observation of the medication cart in the procedure room with Certified Registered Nurse Anesthetist (CRNA) #2 on 6/12/15 identified medication vials that were opened and not dated with an expiration date that included Atropine 8mg/20ml and Lidocaine 10mg/ml. Additionally Romazicon was unopened but had expired 4/2015. The Center for Disease Control (CDC) <http://www.cdc.gov/injectionsafety/providers> retrieved on 06/15/15 directed if a multi-dose has been opened or accessed (e.g.,

DATE(S) OF VISIT: June 12, 2015

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

needle-punctured) the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. The facility's policy on multi-dose vials directs staff to write the date opened and write "Discard by xx/xx/xx date" unless manufacturer states otherwise.

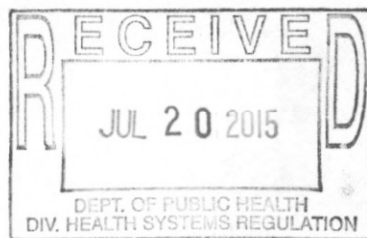
- b. Observation of the refrigerator in the recovery room identified cans of ginger ale and medications including Rhogam and Nuva Ring. Interview with the recovery room nurse on 6/12/15 identified that she puts the medications in the refrigerator in the morning because she cannot leave the recovery room to get the medications when there is a patient in the recovery room. And/or
4. Based on observation and interview, the facility failed to ensure that staff followed the manufacturer and facility guidelines when mixing detergent for instrument cleaning. The finding includes:
 - a. Interview with Clinical Assistant #1 on 6/12/15 identified that she cleans used instruments with the low suds detergent by pouring enough solution to turn the water in the bucket a color. Review of the label on the gallon jug of low suds detergent directs 1/8 ounce to 2 ounces per 1 gallon of water. Also posted in the cleaning lab is a sign that directs 1 ounce of solution to a gallon of water.

POC Accepted
7/28/15 DO

July 24, 2015

Revised 7/14/15

Donna Ortelle, RN, PHSM
Public Health Services Manager
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capitol Avenue MS # 12HSR
Hartford, Connecticut 06134



Dear Ms. Ortelle,

Please find a response and corrective action plan for violations found during the monitoring visit conducted by you on June 12, 2015 at the Planned Parenthood of Sothern New England's Griswold Buxton Center located in New Haven.

Violation of the Regulations of Connecticut State Agencies Section 19-13-D49 Governing Board Administration (b) (c) and /or 19-13-D50 Nursing Personnel and/or 19-13-D51 Pharmaceutical.

1. Based on observation and interview for one pregnancy termination observed, staff failed to ensure the single patient intravenous (IV) fluids were not used on more than one patient.

Response

Single dose 10cc pre-filled, sterile saline syringes have been ordered ensuring only one syringe will be used for each patient. 10cc sterile saline syringes order received on 6/17/15.

Staff education on the use of 10cc prefilled sterile saline syringes done and documented on 6/26/15.

Esther Pellet is responsible for ordering and maintain stock.

Violations of the Regulations of Connecticut State Agencies Section 19-13-D49 Records

2. Based on the review of the medical record and interview, the facility failed to ensure that printed medical record was completed and accurate when printed.

Response

The electronic health record currently in use does not print this information in the visit summary but the manager did show the reviewers where the information is recorded in the patient record. PPSNE has submitted a ticket to the vendor for the EHR system on 6/15/15 requesting this information be printed on the visit summary for each patient. Additionally, PPSNE is scheduled to migrate to a different EHR system in September of this year.

Violation of the Regulations of Connecticut State Agencies Section 19-13-D47 Governing board, Administration (c) and/or 19-13-D50 Nursing Personnel and/or 19-13-D51 Pharmaceutical and/or 19-13-D52 Maintenance

2. Based on observation the facility failed to ensure that medication vials were labelled after opening and/or that medications were not expired and/or not stored with food/drink items.
 - a. The PPSNE Policy for Storage of Multi Dose Vials and Bottles has been reviewed with the CRNA. Jody Clark, Center Manager will do quarterly monitoring and review the medication cart to ensure proper labeling continues to occur. All Staff have been educated on 6/26/15 on the storage policy for Multi Dose Vials and Bottles.
 - b. An additional refrigerator has been ordered for the recovery room. In the interim, the staff has been directed to NOT store food and medications in the same refrigerator.

On observation and interview, the facility failed to ensure staff followed the manufacturer and facility guidelines when missing detergent for instrument cleaning.

- a. Staff were provided an in-service on 6/26/15 in the manufacturer and facility guidelines for missing detergent for instrument cleaning. Quarterly observation of the detergent guidelines will be monitored by Center Manager (Jody Clark)

I hope this response to the violations cited form the June 12, 2015 visit to the Griswold Buxton Center. Please do not hesitate to contact me of you have further questions.

Best regards,



Jody Clark
Center Manager

CC: Mary Bawza

7/13 POC not accepted
7/15 - TC to Admin

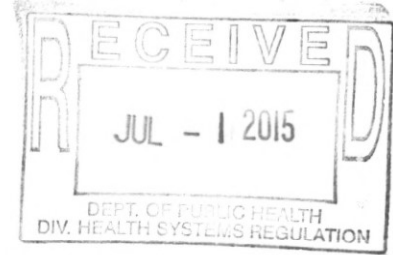
7/2/15 not avail

7/13 - will add info

7/2/15 POC not accepted

July 24, 2015

Donna Ortelle, RN, PHSM
Public Health Services Manager
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capitol Avenue MS # 12HSR
Hartford, Connecticut 06134



Dear Ms. Ortelle,

Please find a response and corrective action plan for violations found during the monitoring visit conducted by you on June 12, 2015 at the Planned Parenthood of Sothern New England's Griswold Buxton Center located in New Haven.

Violation of the Regulations of Connecticut State Agencies Section 19-13-D49 Governing Board Administration (b) (c) and /or 19-13-D50 Nursing Personnel and/or 19-13-D51 Pharmaceutical.

1. Based on observation and interview for one pregnancy termination observed, staff failed to ensure the single patient intravenous (IV) fluids were not used on more than one patient.

Response

1cc pre-filled, sterile saline syringes have been ordered ensuring only one syringe will be used for each patient.

Violations of the Regulations of Connecticut State Agencies Section 19-13-D49 Records

2. Based on the review of the medical record and interview, the facility failed to ensure that printed medical record was completed and accurate when printed.

Response

The electronic health record currently in use does not print this information in the visit summary but the manager did show the reviewers where the information is recorded in the patient record. PPSNE has submitted a ticket to the vendor for the EHR system requesting this information be printed on the visit summary for each patient. Additionally, PPSNE is scheduled to migrate to a different EHR system in September of this year.

Violation of the Regulations of Connecticut State Agencies Section 19-13-D47 Governing board, Administration (c) and/or 19-13-D50 Nursing Personnel and/or 19-13-D51 Pharmaceutical and/or 19-13-D52 Maintenance

2. Based on observation the facility failed to ensure that medication vials were labelled after opening and/or that medications were not expired and/or not stored with food/drink items.
 - a. The PPSNE Policy for Storage of Multi Dose Vials and Bottles has been reviewed with the CRNA. Jody Clark, Center Manager will in one month's time do a review of the medication cart to ensure proper labeling continues to occur.
 - b. An additional refrigerator has been ordered for the recovery room. In the interim, the staff has been directed to NOT store food and medications in the same refrigerator.

On observation and interview, the facility failed to ensure staff followed the manufacturer and facility guidelines when missing detergent for instrument cleaning.

- a. Staff were provided an in-service on 6/26/15 in the manufacturer and facility guidelines for missing detergent for instrument cleaning.

I hope this response to the violations cited form the June 12, 2015 visit to the Griswold Buxton Center. Please do not hesitate to contact me of you have further questions.

Best regards,



Jody Clark
Center Manager

CC: Mary Bawza

2013

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATION

DHSR

Page 1 of 2

LICENSING INSPECTION REPORT

Name and Address of Entity
Planned Parenthood of Southern New England, Inc
345 Whitney Avenue
New Haven, CT 06511

Signature of DHSR Staff
Marsha A. Melmel, RN, MPA, Nurse Consultant

Licensure Category : family planning / abortion clinic
Licensed Capacity : 0037 Census : N/A
Licensed Capacity : _____ Census : _____

Date(s) of Onsite Inspection : May 24, 2013

Date(s) Additional Information Obtained: _____

Personnel Contacted : Nancy Stanwood, MD, Asst. Medical Director
Sally Hellerman, MS, FNP-BC, Dir. Medical Services
Jody Clark, Clinic Manager

REVIEW/FINDINGS/PROCESS (complete all applicable)

Licensing Inspection: [] Initial [] Renewal [] Other: _____

[] Revisit for the Purpose of _____

[] See Complaint Investigation # _____

[] See Reportable Event Investigation # _____

[] See Certification file.

[] Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were identified at the time of this inspection.
See violation letter dated _____

[] Citation # _____ was issued to this facility as a result of this inspection.

Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were not identified at the time of this inspection.

[] Citation # _____ was verified as corrected. _____ was notified that the licensee was no longer required to post Citation (see narrative).

[] Citation # _____ was not corrected (see narrative).

[] Narrative Report / Additional Information Attached.

[] Referral(s) to: _____

REPORT SUBMITTED BY Marsha A. Melmel, RN, MPA DATE OF REPORT 05/24/13

[] Approval for Issuance of License granted by: _____ Date _____
Supervisor / Title

ENTITY: Planned Parenthood of Southern New England, Inc
New Haven

DATE(S) OF VISIT: May 24, 2013 Page 2 of 2

LICENSING INSPECTION NARRATIVE REPORT

Licensure inspection conducted onsite.

✓ An entrance conference was held.

The following was inspected/reviewed:

- ✓ - facility inspection
- ✓ - personnel files
- ✓ - quality assurance/clinical record review audit
- ✓ - fire drill log/disaster plan
- ✓ - agency policies and procedures
- ✓ - clinical record review
- ✓ - staff interviews
- ✓ - in-service (training) log
- ✓ - OSHA/infection control policies/procedures
- ✓ - review of bylaws, including organizational chart
- ✓ - CLIA certificate

✓ An exit conference was held.

Violations of the State of Connecticut Public Health Code were not identified as a result of this unannounced inspection.

SIGNATURE Marsha A. Mehmeh, RN, MPA
Nurse Consultant

2009

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATION

DHSR

Page 1 of 2

LICENSING INSPECTION REPORT

Name and Address of Entity: Planned Parenthood of Southern New England, Inc.
345 Whitney Ave.
New Haven, CT 06511

Signature of DHSR Staff: Marsha A. Melmel, RN, MPA, Nurse Consultant

Licensure Category: family planning/abortion

Licensed Capacity: 0037 Census: N/A

Licensed Capacity: _____ Census: _____

Date(s) of Onsite Inspection: December 11, 2009

Date(s) Additional Information Obtained: _____

Personnel Contacted: Henry Nusbaum, MD; Jody Clark, Site Coord.; Cassie Ferrigno, Kelly O'Brien, Regional Dir./APRN; Mary Bawza, COO

REVIEW/FINDINGS/PROCESS (complete all applicable)

Licensing Inspection: [] Initial [x] Renewal [] Other: _____

[] Revisit for the Purpose of _____

[] See Complaint Investigation # _____

[] See Reportable Event Investigation # _____

[] See Certification file.

[] Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were identified at the time of this inspection.
See violation letter dated _____

[] Citation # _____ was issued to this facility as a result of this inspection.

Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were not identified at the time of this inspection.

[] Citation # _____ was verified as corrected. _____ was notified that the licensee was no longer required to post Citation (see narrative).

[] Citation # _____ was not corrected (see narrative).

[] Narrative Report / Additional Information Attached.

[] Referral(s) to: _____

REPORT SUBMITTED BY Marsha A. Melmel, RN, MPA DATE OF REPORT 12/11/09

[] Approval for Issuance of License granted by: Wenjing D. Feng, RN, MPA 03/10/10
Supervisor / Title Date

ENTITY: Planned Parenthood of Southern New England,
(New Haven) Inc.

DATE(S) OF VISIT: December 11, 2009 Page 2 of 2

LICENSING INSPECTION NARRATIVE REPORT

Licensure inspection conducted onsite.

✓ An entrance interview was conducted.

The following was inspected/reviewed:

- ✓ - facility inspection
- ✓ - personnel files
- ✓ - quality assurance/clinical record review audit
- ✓ - fire drill log/disaster plan
- ✓ - agency policies and procedures
- ✓ - clinical record review
- ✓ - staff interviews
- ✓ - in-service (training) log
- ✓ - OSHA/infection control policies/procedures
- ✓ - review of bylaws, including organizational chart
- ✓ - CLIA certificate
- ✓ - observation of patient care

✓ An exit conference was conducted

No violations of the State of Connecticut Public Health code were identified as a result of this unannounced inspection.

SIGNATURE Marsha A. Mehmel, RN, MPA
Nurse Consultant