

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0021

Outpatient Clinic

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:
Connecticut Public Health Code Section 19-13-D54 and Section 19a-116-1:

Planned Parenthood of Southern New England of New Haven CT d/b/a Planned Parenthood of Southern, New England, Inc. is hereby licensed to maintain and operate a Family Planning.

Planned Parenthood of Southern New England, Inc. is located at 1030 New Britain Avenue, West Hartford CT 06110-2261

This license expires **June 30, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2014. RENEWAL



A handwritten signature in cursive script that reads "Jewel Mullen MD".

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0021

Outpatient Clinic

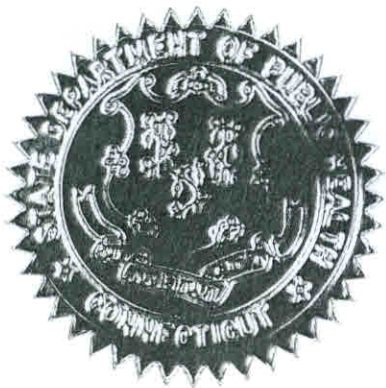
In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:
Connecticut Public Health Code Section 19-13-D54 and Section 19a-116-1:

Planned Parenthood Of Southern New England of New Haven, CT d/b/a Planned Parenthood
Of Southern, New England, Inc. is hereby licensed to maintain and operate a Family
Planning Clinic.

Planned Parenthood Of Southern New England, Inc. is located at 1030 New Britain
Avenue, West Hartford, CT 06133.

This license expires **June 30, 2014** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2010. **RENEWAL.**



Jewel Mullen, MD

Jewel Mullen, MD, MPH, MPA
Commissioner

2014

RENEWAL



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

Page 1 of 4

LICENSURE APPLICATION

[] INITIAL

[X] RENEWAL

[] CHANGE OF OWNERSHIP

NOTICE: Any nursing home licensee, owner or officer, including, but not limited to, a director, trustee, limited partner, managing partner, general partner or any person having at least 10 per cent (10%) ownership interest, and any administrator, assistant administrator, medical director, director of nursing or assistant director of nursing, may be subject to criminal liability, in addition to civil and administrative sanctions under federal and state law, for the abuse or neglect of a resident of the nursing home perpetrated by an employee of the nursing home.

NOTE: A separate application must be completed for each licensed level of care, whether or not, that level 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):

- | | |
|--|---|
| <input type="checkbox"/> Assisted Living Services Agency | <input type="checkbox"/> Infirmary Operated by an Educational Institution |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Maternity Home |
| <input type="checkbox"/> Chronic and Convalescent Nursing Home | <input type="checkbox"/> Maternity Hospital |
| <input type="checkbox"/> Chronic Disease Hospital | <input type="checkbox"/> Outpatient Clinic/Primary Care |
| <input checked="" type="checkbox"/> Family Planning Clinic | <input type="checkbox"/> Outpatient Dialysis Unit |
| <input type="checkbox"/> General Hospital | <input type="checkbox"/> Outpatient Surgical Facility |
| <input type="checkbox"/> Home Health Care Agency | <input type="checkbox"/> Residential Care Home |
| <input type="checkbox"/> Homemaker-Home Health Aide Agency | <input type="checkbox"/> Rest Home with Nursing Supervision |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> In-Patient Hospice Unit |
| <input type="checkbox"/> Hospital for Mentally Ill Persons | <input type="checkbox"/> Well Child Clinic |
| <input type="checkbox"/> Mental Health Psychiatric OutPat. | <input type="checkbox"/> Mental Health Day Treatment |
| <input type="checkbox"/> Mental Health Intermediate Tmt. | <input type="checkbox"/> Mental Health Community Residence |
| <input type="checkbox"/> Substance Abuse & Dependence | <input type="checkbox"/> Mental Health Residential Living |

Phone: (860) 509-7444

Telephone Device for the Deaf (860) 509-719

410 Capitol Avenue - MS # 12HFL

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer



FLIS LICAPP -001
 Rev. 8/13

Please respond to all of the following questions:

1. Planned Parenthood of Southern New England
 Facility "d/b/a" (doing business as) Name

1030 New Britain Ave Suite 101 West Hfd CT 06110 8609472308
 Business Address City State Zip Code Telephone

Same
 Mailing Address (if applicable) City State Zip Code

2. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

<u>Level of Care</u>	<u>Beds/ Hemodialysis Stations</u>	<u>Bassinets (if applicable)</u>
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

3. 000263565
 Federal Employer Identification Number

4. Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

Planned Parenthood of Southern New England
 Licensee

345 Whitney Ave. New Haven CT 06511 8609472308
 Business Address City State Zip Code Telephone

Same
 Mailing Address (if applicable)

5. Is the above named legal entity a (please check the box which applies):

- Individual/Sole proprietor
- General Partnership
- Limited Partnership
- Limited Liability Company
- Other: _____
- Non-profit Corporation
- Municipality
- Trust
- Profit Corporation

6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? YES NO

7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

Judy Taber PPSME 345 Whitney Ave New Haven CT 06511
Name Address Telephone 203-865-5158

8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

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

Ten Thirty Building Company LLC
Name
1030 New Britain Ave West Hartford CT 06110
Business Address City State Zip Code Telephone

Planned Parenthood of Southern New England
ORGANIZATION CHART
2014

BOARD OF TRUSTEES

(Please attach a list of the board of Trustees)

Planned Parenthood of Southern New England

^

Page 2, Line 4 of the renewal application (LICENSEE)

Planned Parenthood of Southern New England

^

Page 1, Line 1 of the renewal application (D/B/A)

Planned Parenthood of Southern New England

Board of Directors 2013-2014

Officers:

Amelia Renkert-Thomas, Chair

Simone Joyaux, Vice Chair

Sandra Arnold, Secretary

Siw de Gysser, Treasurer

Leigh Bonney, Assistant Treasurer

Board of Directors:

Natalie Adsuar, M.D.

Adriana Arreola-Joseph

Erica Buchsbaum

Gayle Capozzalo

Karen Dubois-Walton

Sue Hessel

Susann Mark

Nadesha Mijoba

Donna Moffly

John R. Morton, M.D.

Susan Ross

Fahd Vahidy

Mary Kay Woods



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: healthcare.accounts@marsh.com Fax: 212-648-1307	CONTACT NAME:	
	PHONE (A/C No. Ext.):	FAX (A/C No.):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
109210-NIP-CAS-14-16 NEW,C GLPL	INSURER A: Market Insurance Company	38970
INSURED PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511	INSURER B: N/A	N/A
	INSURER C: National Union Fire Ins. Co. of Pittsburgh, PA	19445
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES CERTIFICATE NUMBER: NYC-005767681-26 REVISION NUMBER: 11

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			3C41034	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> SIR: \$100,000						PERSONAL & ADV INJURY \$ 1,000,000
GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOG							GENERAL AGGREGATE \$ 2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS							COMBINED SINGLE LIMIT (EA accident) \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$							BODILY INJURY (Per person) \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input type="checkbox"/> Y/H <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
C	MEDICAL PROFESSIONAL			6793296	01/01/2014	01/01/2015	EACH OCCURRENCE \$
	CLAIMS-MADE COVERAGE						Program Retro Date: 11/1/76

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ATTN: LOUIS DENEGRE 345 WHITNEY AVENUE NEW HAVEN, CT 06511	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Ricki Fitzsimmons <i>Ricki Fitzsimmons</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/11/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lindquist Insurance Associates 24 Lexington St New Britain CT 06052		CONTACT NAME: Lori Toussaint PHONE (A/C, No, Ext): (860) 224-2413 FAX (A/C, No): (860) 225-8917 E-MAIL ADDRESS: Lori.Toussaint@lindquist-insurance.com	
INSURED Planned Parenthood Of So. New England, Inc 345 Whitney Ave New Haven CT 06511		INSURER(S) AFFORDING COVERAGE INSURER A: Trust Workers Compensation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1341100728 REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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 \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCP39420	1/1/2013	1/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,500,000 E.L. DISEASE - EA EMPLOYEE \$ 2,500,000 E.L. DISEASE - POLICY LIMIT \$ 2,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Planned Parenthood of Southern NE 345 Whitney Ave New Haven, CT 06511	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Lori Toussaint/LJT <i>Lori Toussaint</i>
--	--

FOR OFFICE USE ONLY

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

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 Homemaker Home Health and Home Health Agencies).**

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 Tabar
Signature

6/9/14
Date Signed

Check one as applicable:

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

State of Connecticut)

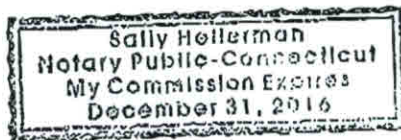
County of New Haven) ss June 9, 2014

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

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

My Commission Expires:
(If Notary Public)

FLIS LICAPP -001
Rev. 3/2014



Department of Public Safety
 Division of Fire, Emergency & Building Services
 Office of State Fire Marshall



STATE OF CONNECTICUT

On (date) 9/11/2013, the Town of West Hartford Office of the Fire Marshal conducted an inspection of (name of facility) Planned Parenthood of Southern New Engla located at (address) 1030 New Britian Avenue in the Town of West Hartford 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 (new/existing) Existing (occupancy classification) Business Medical as classified by the CONNECTICUT FIRE SAFETY CODE. As a result of this inspection, the following conditions were found:

- 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 approved 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 Town/City Attorney for the purpose of closing or restriction usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**

John M. Kupiec
 Fire Marshal

9/11/13
 Date

City or Town: Town of West Hartford



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
1030 New Britain Ave Suite 101 West Hartford CT 06110 860 947 2308
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 [] Abortion Procedures
[] Dental [] Mental Health Services

Be advised that mental health services does NOT include Substance Abuse Services.

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

4. Timothy Spurrell, MD
Medical Director Dental Director (if applicable)
(Your name needs to appear as it is shown on your Professional License).

5. Days & Hours of Operation: M 8:30-7, Tues 8-4:30, Wed 8:30-7, Thurs 9:30-4:30, Fri 8:00-4:30, Sat 8:30-4:30
You MUST notify this agency when ANY change to the noted day/time changes. We accept email and fax.

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

7. Business Fax Number: 860 947 2309

8. Business Email Address: Jane.Yausman@PPSNE.org

9. Business Cell Phone Number with Texting capabilities of the Administrator: 860-944-8992

Signature of Administrator Date Signed 6/3/14

Planned Parenthood of Southern New England

Services available:

- Well women's health care
- Well men's health care
- Cervical cancer screening
- Breast exams
- Sexually transmitted infection testing and treatment
- HIV testing
- Birth control services
- Pregnancy testing
- Options counseling
- Pre-conception care
- Medication abortion services
- Health and sexual health education services
- Hepatitis and HPV vaccine services
- Transgender services

9/13

June 2010

RENEWAL



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):

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

Please respond to all of the following questions:

✓ 1. Planned Parenthood of Southern New England, Inc.
 Facility "d/b/a" (doing business as) Name

1030 New Britain West Hartford CT 06110 860-~~947-2308~~
 Business Address City State Zip Code Telephone 953-6201

Same
 Mailing Address (if applicable) City State Zip Code

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

An Equal Opportunity Employer



2. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

<u>Level of Care</u>	<u>Beds/ Hemodialysis Stations</u>	<u>Bassinets (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

N/A

3. 06-0263565
Federal Employer Identification Number

4. Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

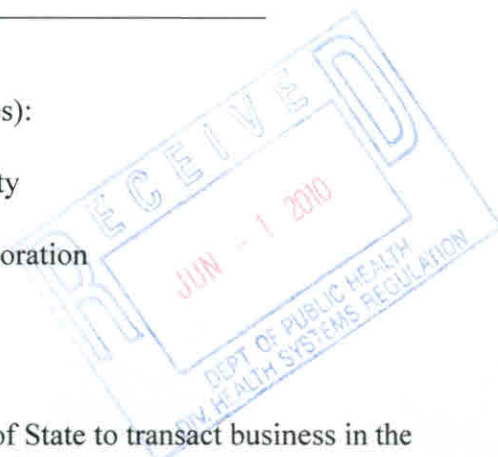
Planned Parenthood of Southern New England, Inc
Licensee

345 Whitney Ave New Haven CT 06511 203-865-5158
Business Address City State Zip Code Telephone

Same
Mailing Address (if applicable)

5. Is the above named legal entity a (please check the box which applies):

- Individual/Sole proprietor Municipality
 General Partnership Trust
 Limited Partnership Profit Corporation
 Limited Liability Company
 Other: _____
 Non-profit Corporation



6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? YES NO

7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

Judy Tabar, Pres. + CEO 345 Whitney Ave New Haven CT 06511
Name Address Telephone 203-865-5158

8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

FACILITY FAX # 800-947-2309

Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshal



STATE OF CONNECTICUT

On (date) 6/2/2011, the Town of West Hartford Office of the Fire Marshal
conducted an inspection of (name of facility) PLANNED PARENTHOOD

located at (address) 1030 NEW BRITAIN AVE in the

Town of West Hartford 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 (new/existing) Existing

(occupancy classification) BUSINESS M as classified

by the CONNECTICUT FIRE SAFETY CODE. As a result of this inspection, the following
conditions were found:

- 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 approved 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 Town/City Attorney for the purpose of closing or restriction usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**

[Signature]
Fire Marshal J. NAVIN
City or Town: Town of West Hartford

Date 6-2-2011
C11-0347

Planned Parenthood of
Southern New England
Board of Directors

Planned Parenthood of

2. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

N/A

<u>Level of Care</u>	<u>Beds/ Hemodialysis Stations</u>	<u>Bassinets (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 06-0263505
Federal Employer Identification Number

4. Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

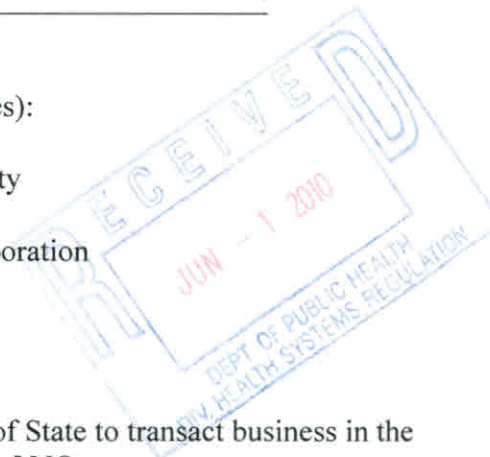
Planned Parenthood of Southern New England, Inc
Licensee

345 Whitney Ave New Haven CT 06511 203-865-5158
Business Address City State Zip Code Telephone

Same
Mailing Address (if applicable)

5. Is the above named legal entity a (please check the box which applies):

- | | |
|--|---|
| <input type="checkbox"/> Individual/Sole proprietor | <input type="checkbox"/> Municipality |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Profit Corporation |
| <input type="checkbox"/> Limited Liability Company | |
| <input type="checkbox"/> Other: _____ | |
| <input checked="" type="checkbox"/> Non-profit Corporation | |



6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? YES NO

7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

Judy Tabar, Pres.+ CEO 345 Whitney Ave New Haven CT 06511
Name Address Telephone 203-865-5158

8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

FACILITY FAX # 800-947-2309

Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshal



STATE OF CONNECTICUT

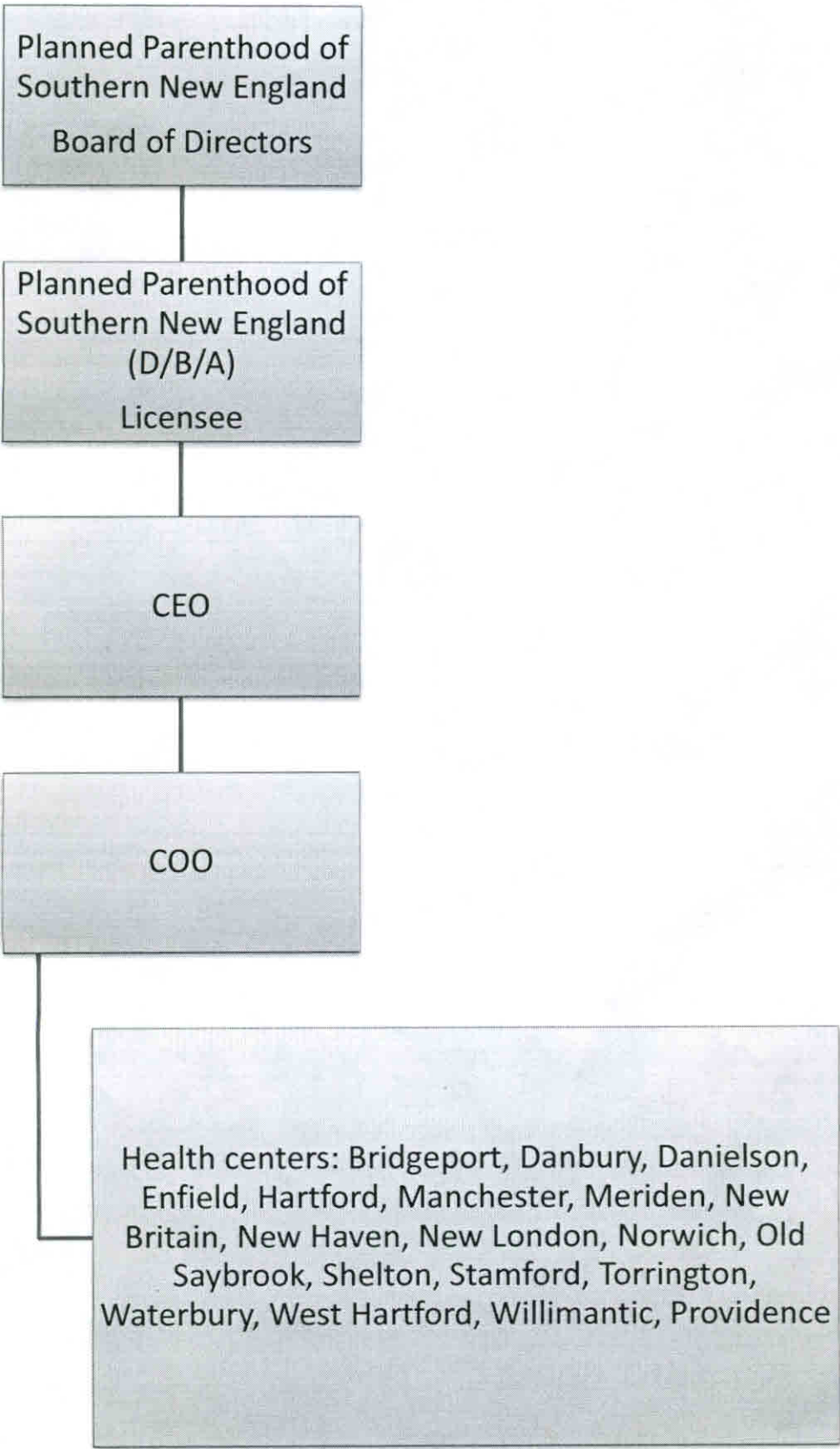
On (date) 6/2/2011, the Town of West Hartford Office of the Fire Marshal
conducted an inspection of (name of facility) PLANNED PARENTHOOD
located at (address) 1030 NEW BRITAIN AVE in the

Town of West Hartford 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 (new/existing) Existing
(occupancy classification) BUSINESS M as classified
by the CONNECTICUT FIRE SAFETY CODE. As a result of this inspection, the following
conditions were found:

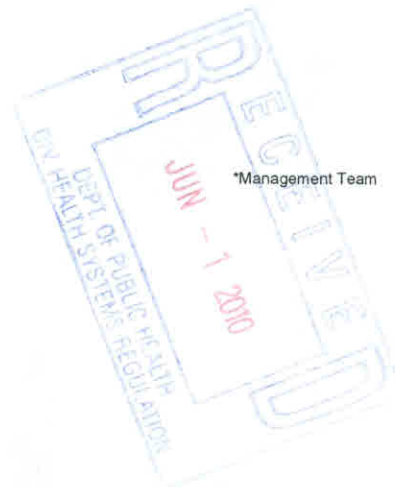
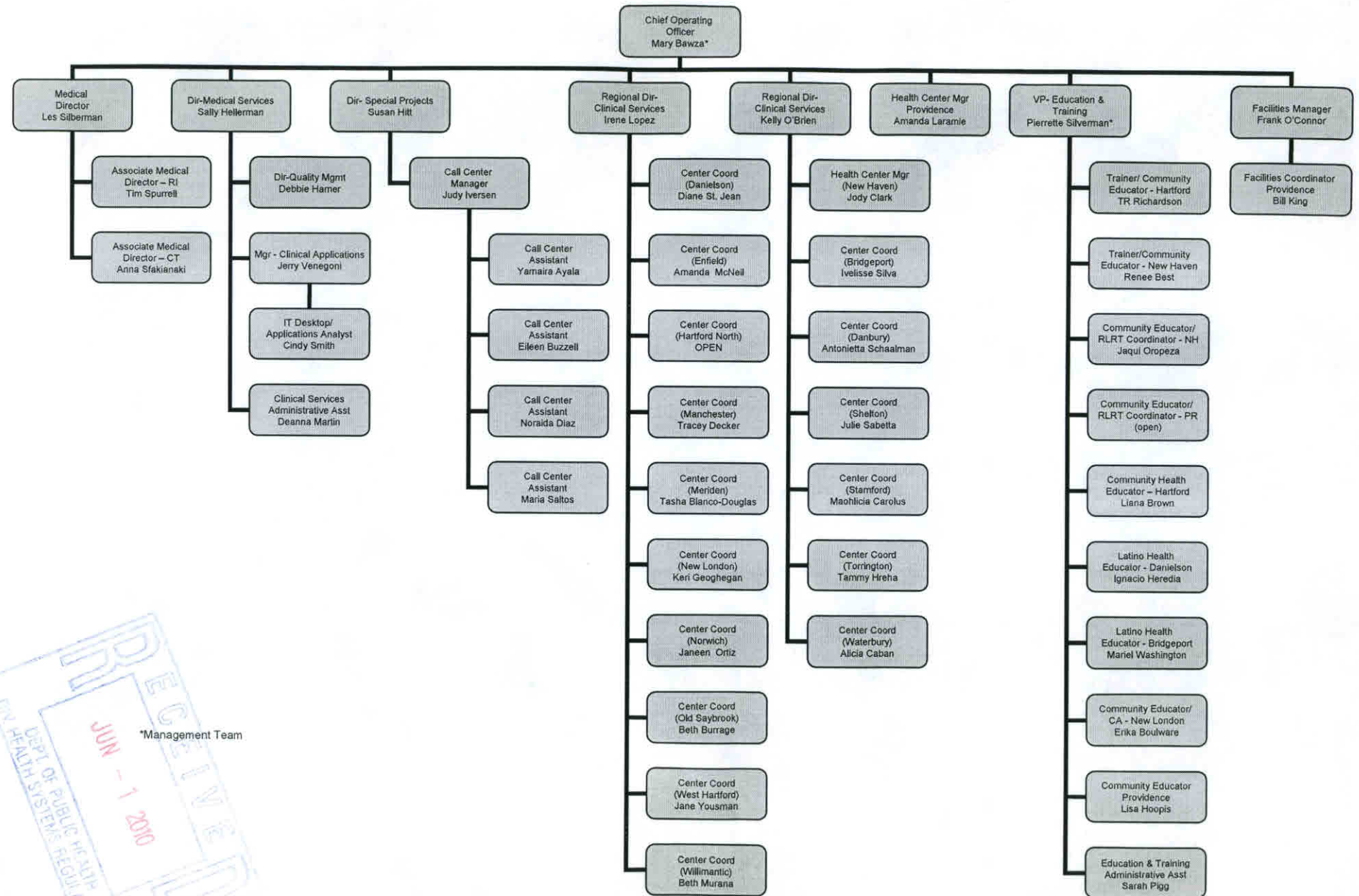
- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information) **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved 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 Town/City Attorney for the purpose of closing or restriction usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**

[Signature]
Fire Marshal J. NAVIN
City or Town: Town of West Hartford

6-2-2011
Date CH-0347

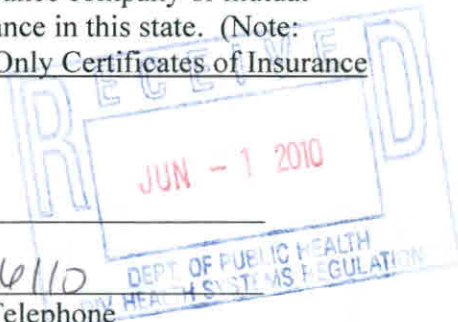


Chief Operating Officer May 2010



*Management Team

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
Donald Hirschfeld
 Name
1030 New Britain Ave West Hartford CT 06110
 Business Address City State Zip Code Telephone
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).**





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

Attachment 3

FORM 3

FACILITY/AGENCY NAME: Planned Parenthood of Southern New England, Inc.

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 a 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: _____



PPSNE BOARD OF DIRECTORS
MAY 2010–MAY 2011

OFFICERS

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

BOARD OF DIRECTORS

Charles S. Craig
Siw de Gysser
Bennie Fleming, Ed.D.
Delores Greenlee
Sue Hessel
Nancy Hutson, Ph.D.
Jeannette Ickovics, Ph.D.
Valerie Seiling Jacobs
Simone P. Joyaux, ACFRE
Rev. Maria LaSala
Donna Moffly
John R. Morton, M.D.
Shannon Perry
Niloy Sanyal
Richard Sugarman





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2009

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036	THIS CERTIFICATION 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 #
INSURED PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511	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	INSRD	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

RECEIVED
 JUN - 1 2010

CERTIFICATE HOLDER NYC-003599398-19 PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ATTN: LOUIS DENE GRE 345 WHITNEY AVENUE NEW HAVEN, CT 06511	CANCELLATION 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 Kakel
--	---

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER (860) 224-2413
 Andquist Insurance Associates Inc
 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-

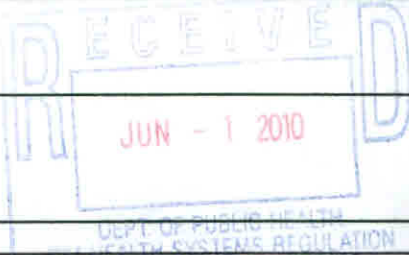
INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Workers Compensation Trst	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

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 <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 \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WCP394	01/01/2010	01/01/2011	<input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER 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



CERTIFICATE HOLDER
 () - () -
 Planned Parenthood of Southern
 New England, Inc.
 1030 New Britian Ave
 West Hartford CT 06110-2228

CANCELLATION
 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 *Lori J. Toussaint*



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, Inc.
 Facility "d/b/a" (doing business as) Name
1030 New Britain Ave West Hartford CT 06110 800-947-2308
 Business Address City State Zip Code Telephone
2. Check the appropriate box/boxes describing the services to be provided by the clinic:
 Primary Care Family Planning
 Well Child Clinic Abortion Procedures
 Dental
3. Jane Yousman
 Administrator (Your name needs to appear as it is shown on your Professional License).
4. Lester Silberman MD
 Medical Director Dental Director (if applicable)
 (Your name needs to appear as it is shown on your Professional License).
5. Hours of Operation: Mon 8³⁰ Am - 7pm Wed 8³⁰ - 7³⁰ Thurs. 8³⁰ - 4³⁰ Sat 9-1
Tues 8³⁰ - 4³⁰ Friday 8³⁰ - 4³⁰
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.

[Signature]
 Signature of Administrator

5/8/10
 Date Signed



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 Tabar
Signature

5/25/10
Date Signed

Check one as applicable:

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

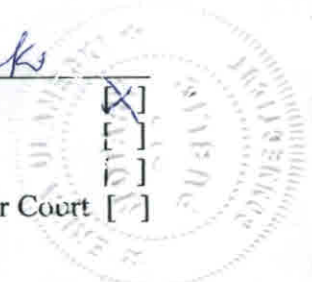


State of Connecticut)

County of New Haven) ss May 25 2010

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

Erika Wlanock
 Notary Public
 Justice of the Peace
 Town Clerk
 Commissioner of the Superior Court



My Commission Expires:
(If Notary Public) July 31, 2011

LICENSING INSPECTION REPORT

Ab/a Name and Address of Entity
Planned Parenthood of Southern
New England, Inc.
1030 New Britain Ave.
Windsor Hartford, CT 06118

Signature of FLIS Staff
Donna Ortelle, RN, MSN

Licensure Category: Family Planning / Planned Parenthood Clinics
Licensed Capacity: _____ Census: _____
Licensed Capacity: _____ Census: _____

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

Date(s) additional information obtained: _____

Personnel contacted: Jane Youssman, Health Center 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 6/14/15
- 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 Ortelle, Rasm DATE OF REPORT: 6/15/15

[] Approval for issuance of license granted by: _____ DATE: _____
Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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 procedures
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 Ontello, RN, MN



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 16, 2015

Jane Yousman, Administrator
Planned Parenthood Of Connecticut Inc - Hilda Stan
1030 New Britain Avenue
West Hartford, CT 06133

Dear Ms. Yousman:

An unannounced visit was made to Planned Parenthood Of Connecticut Inc - Hilda Stan 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 Services 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-D47 Governing Board, Administration (b) and/or 19-13-D51 Pharmaceutical and/or 19-13-D52 Maintenance.

1. Based on observation and interview, the facility failed to ensure that medications were secured at all times. The finding includes:
 - a. Observation of one of the two procedure rooms on 6/12/15 at approximately 10:30am identified that the narcotic cabinet containing fentanyl, versed and other medications including atropine, and lidocaine were in an unlocked cabinet without licensed staff in attendance. The Certified Registered Nurse Anesthetist (CRNA) was observed to complete a procedure in this room and went into another procedure room. Interview with the Clinical Manager on 6/12/15 at 11am identified that the medication cabinets should be locked when licensed staff is not in attendance. And/or
2. Based on observation and interview for one of two 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 10:40am identified a 500cc bag of normal saline IV fluid with a needle and 3-way stopcock attached. Certified Registered Nurse Anesthetist (CRNA) #1 was observed to withdraw 10cc of fluid from the 500cc bag of normal saline and flushed the patient's IV after administering IV fentanyl, versed and atropine prior to the procedure. Interview with CRNA #1 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 and that vials of normal saline are more expensive. Review of the label on the 500ccIV bag identified it was for single patient use.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D49 Records.

3. 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, Rhophylac, and/or misoprostol. 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 view but there must be a glitch with the computerized program when the medical record was printed. The Clinical manager further identified that the facility is in the planning phase of getting a new electronic health record program.
 - b. Patient #3 underwent an induced termination of pregnancy on 6/12/15. Review of the medical record identified that the patient received intravenous moderation sedation and

DATE(S) OF VISIT: June 12, 2015

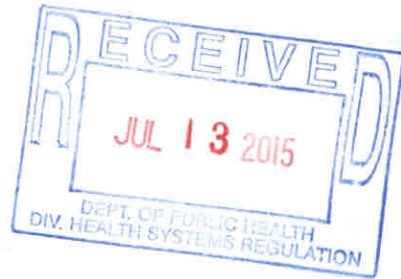
THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

Monitored Anesthesia Care (MAC) by Certified Registered Nurse Anesthetist (CRNA) #2.
The medical record failed to identify the medications received for sedation during the
procedure. Review of the Controlled Drug Log dated 6/2/15 identified that Fentanyl
100mcg and Versed 2mg was signed out for Patient #6. Interview with the Clinical
Manager on 6/12/15 failed to explain the discrepancy.

Planned Parenthood of Southern New England

June 30, 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 Southern New England - Hilda Standish Center located in West Hartford.

Violation of the Regulations of Connecticut State Agencies Section 19-13-D47
Governing Board, Administration (b) and/or 19-13-D51 Pharmaceutical and/or 19-13-
D52

1. Based on the observation and interview, the facility failed to ensure that medications were secured at all times. The finding includes:
 - a. Observation of one of the two exam rooms on 6/12/15 at approximately 10:30 am identified that the narcotic cabinet containing fentanyl, versed and other medications including atropine, and lidocaine were in an unlocked cabinet without licensed staff in attendance.

Response

PPSNE's policy clearly states all medications should be stored in locked medication cabinets when licensed staff is not in attendance. The policy for storing narcotic medications was reviewed with both CRNAs on 6/12/15 and 6/16/15. The CRNA and another licensed staff person are responsible for the day end count and the sign off of the narcotic log. This staff is responsible for ensuring all medication is stored properly and the medication cabinets are locked. Jane Yousman, Center Manager is responsible for checking that this policy is followed.

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

Response

Single dose Saline 10cc syringes were ordered and have been in use since 6/26/15. The Abortion Services Coordinator, Getzina Nieves is responsible for ordering and maintaining this stock.

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

3. 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.
 - a. Review of Patient #1 – The printed record failed to identify the time of administration of the medications and staff who administered the medication.

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 on 6/15.15 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.

- b. Patient #3 underwent an induced termination of pregnancy on 6/12/15. The medical record failed to identify the medications received for sedation during the procedure.

Response

An addendum to this chart was created to document the patient did in fact receive sedation on 6/12/15. A chart audit of 20 charts was conducted of this CRNA over a three week period and all sedations patient has the medication documented correctly.

Additionally, a staff meeting was held on 6/25/15 where all these violations and corrective actions were reviewed with all staff.

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

Thank you,



Jane Yousman
Center Manager

cc: Mary Bawza
COO

June
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 Southern New England - Hilda Standish Center located in West Hartford.

Violation of the Regulations of Connecticut State Agencies Section 19-13-D47 Governing Board, Administration (b) and/or 19-13-D51 Pharmaceutical and/or 19-13-D52

1. Based on the observation and interview, the facility failed to ensure that medications were secured at all times. The finding includes:
 - a. Observation of one of the two exam rooms on 6/12/15 at approximately 10:30 am identified that the narcotic cabinet containing fentanyl, versed and other medications including atropine, and lidocaine were in an unlocked cabinet without licensed staff in attendance.

Response

PPSNE's policy clearly states all medications should be stored in locked medication cabinets when licensed staff is not in attendance. The CRNA responsible for the medications on 6/12/15 has been spoken to and the policy was reviewed with him on 6/12/15. The CRNA and another licensed staff person are responsible for the day end count and the sign off of the narcotic log. This staff is responsible for ensuring all medication is stored properly and the medication cabinets are locked. Jane Yousman, Center Manager is responsible for checking that this policy is followed.

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

Response

Response

10cc 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

3. 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.
 - a. Review of Patient #1 – The printed record failed to identify the time of administration of the medications and staff who administered the medication.

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.


- b. Patient #3 underwent an induced termination of pregnancy on 6/12/15. The medical record failed to identify the medications received for sedation during the procedure.

Response

An addendum to this chart was created to document the patient did in fact receive sedation on 6/12/15. A chart audit of 20 charts was conducted of this CRNA over a three week period and all sedations patient has the medication documented correctly.

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

Thank you,


Jane Yousman
Center Manager

cc: Mary Bawza
COO

LICENSING INSPECTION REPORT

Name and Address of Entity: Planned Parenthood of Southern New England, Inc.
1030 New Britain Ave.
West Hartford, CT 06110

Signature of DHSR Staff: Marsha A. Melmed, RN, MPA, Nurse Consultant
[Signature]

Licensure Category: medical family planning/abortion clinic

Licensed Capacity: 0021 Census: N/A

Licensed Capacity: _____ Census: _____

Date(s) of Onsite Inspection: January 21, 2014; January 23, 2014

Date(s) Additional Information Obtained: _____

Personnel Contacted: Jane Youssman, Center Manager; Gene Kirschbaum, MD; Mark Pierce, APRN; John [Signature]

REVIEW/FINDINGS/PROCESS (complete all applicable)

- Licensing Inspection: Initial Renewal Other: _____
- Revisit for the Purpose of Implementation of a plan of correction for a letter dated 12/16/11
- See Complaint Investigation # _____
- See Reportable Event Investigation # _____
- See Certification file.
- error 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. Melmed, RN, MPA DATE OF REPORT 01/23/14

Approval for Issuance of License granted by: Donna Orselle, RN, MSN 3/2/14
Supervisor / Title Date

FACILITY: Planned Parenthood of Southern Connecticut New England

DATE(S) of VISIT: January 21, 2014 and January 23, 2014 Page 2 of _____

OUTPATIENT CLINICS OPERATED BY CORPORATIONS/MUNICIPALITIES
LICENSING INSPECTION NARRATIVE REPORT
(P.H.C. Section 19-13-D45)

I. An unannounced visit was made to the above facility, by a representative of the Division of Health Systems Regulation, for the purpose of conducting a licensing inspection.

LICENSING INSPECTION REPORT

Name and Address of Entity: Planned Parenthood of Southern Connecticut New England, Inc.
1030 New Britain Ave.
West Hartford, CT 06110

Signature of DHSR Staff: Marsha A. Mehmel, RN, MPA, Nurse Consultant
[Signature]

Licensure Category: medical family planning / abortion clinic

Licensed Capacity: # 0021 Census: N/A

Licensed Capacity: _____ Census: _____

Date(s) of Onsite Inspection: January 21, 2014; January 23, 2014

Date(s) Additional Information Obtained: _____

Personnel Contacted: Jane Youssman, Center Manager; Gene Kirschbaum, MD; Mark Pierce, APRN; John [Signature]

REVIEW/FINDINGS/PROCESS (complete all applicable)

- Licensing Inspection: Initial Renewal Other: _____
- Revisit for the Purpose of Implementation of a plan of correction for a letter dated 12/16/11
- See Complaint Investigation # _____
- See Reportable Event Investigation # _____
- See Certification file.

error 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. Mehmel, RN, MPA DATE OF REPORT 01/23/14

Approval for Issuance of License granted by: Donna Orselle, RN, MSN 3/2/14
Supervisor / Title Date

FACILITY: Planned Parenthood of Southern ^{New England} Connecticut

DATE(S) of VISIT: January 21, 2014 and January 23, 2014 Page 2 of

OUTPATIENT CLINICS OPERATED BY CORPORATIONS/MUNICIPALITIES
LICENSING INSPECTION NARRATIVE REPORT
(P.H.C. Section 19-13-D45)

- I. An unannounced visit was made to the above facility, by a representative of the Division of Health Systems Regulation, for the purpose of conducting a licensing inspection.
- ✓II. An entrance conference was held.
- III. The following was conducted:
- ✓a. Facility inspection
 - ✓b. Observation of patient care
 - c. Personnel files review
 - d. Quality assurance program (audits) review
 - ✓e. Fire drill log/disaster plan review
 - f. New or revised agency policies and procedures review *N/A*
 - ✓g. Clinical record review
 - ✓h. In-service training/staff meeting documentation
 - ✓i. CLIA certificate/waiver
- ✓IV. An exit conference was provided.
- V. Violations of the Public Health Code of the State of Connecticut were were not identified as a result of this inspection.

SIGNATURE: Marsha A. Wehmel, RN, MPA
Nurse Consultant

June
2010

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

DHSR

Page 1 of

LICENSING INSPECTION REPORT

6-10

Name and Address of Entity

Signature of DHSR Staff

Planned Parenthood of Southern

New England, Inc.

Hilda Standish Clinic

1030 New Britain Avenue

West Hartford, CT 06133

Licensure Category:

family planning/abortion clinic

Licensed Capacity: # 0021

Census: N/A

Licensed Capacity: _____

Census: _____

Date(s) of Onsite Inspection: August 3, 2010

Date(s) Additional Information Obtained: _____

Personnel Contacted: Dene Kirschbaum, MD, Kenneth Wein, CRNA,

REVIEW/FINDINGS/PROCESS (complete all applicable)

Wendy O'Brien, RN, Recovery Room,
Getzenia Nieves, Clinic Asst, Diana Derrington, APAN, Jane Yussman,
Center Coord.

- 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 12/16/2011
- 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. Mehmel, RN, MPA DATE OF REPORT 08/05/10

Approval for Issuance of License granted by: Coan Ornoway 6-30-11
Supervisor / Title Date

ENTITY: Planned Parenthood of Southern New England, Inc.
Hilda Standish Clinic, West Hartford

DATE(S) OF VISIT: August 3, 2010 Page 2 of

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 conducted.

As a result of this unannounced inspection, violations of the State of Connecticut Public Health Code were identified.

SIGNATURE Mawha A. Mehmel, RN, MPA
Nurse Consultant



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

December 16, 2011

Jane Yousman, Center Coordinator
Planned Parenthood Of Connecticut Inc - Hilda Standish
1030 New Britain Avenue
West Hartford, CT 06133

Dear Ms. Yousman:

An unannounced visit was made to Planned Parenthood Of Connecticut Inc - Hilda Standish on August 3, 2010 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing inspection.

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 visit.

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 December 30, 2011 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:

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.

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

Respectfully,

Loan D Nguyen

Loan Nguyen R.N., M.S.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

cc: Mary Bawza, COO
Planned Parenthood of Southern New England
345 Whitney Avenue
New Haven, CT 06511



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: August 3, 2010

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-D52
Maintenance.

1. Based on observation, staff interview and policy review, the clinic failed to ensure maintenance of sanitary conditions. The findings include:

Interview and review of the observations during a tour of the facility with the Center Coordinator on 08/03/10 failed to identify maintenance of sanitary conditions as follow:

- a. In the operatory, the lid of the wastebasket was propped open by the suction machine;
- b. In the operatory, two boxes of 18G x 1 ½ sterile needles, and two boxes of 20G x 3 ½” spinal sterile needles were stored in an upright cabinet not equipped with a lock;
- c. In the top front drawer of the operating room table, was a speculum laying on top of a soiled blue chuck;
- d. In the dirty utility room, unused biohazard cardboard boxes were stored directly on the floor, and two 5-gallon empty sharp containers were stored on top of a suction machine;
- e. In the dirty utility room, a wall-mounted first-aid kit was covered with dust. Inside the first-aid kit were 100 plastic sterile strips and two 4 x 4 sterile gauze pads, discolored (yellow in color), in an unsealed package;
- f. In the dirty utility room, inside the cabinet to the left of the sink, was a metal emesis basis containing a soiled gauze pad and other debris;
- g. In the procedure room, the examination table, the Wallach Biovac LEEP (Loop Electrosurgery Excision Procedure) machine, and the dials of the nitrous oxide tank were covered with dust;
- h. In the counter drawers of examination rooms # 3 and 4, sterilized packages of surgical clamps were outdated (had an expiration date of 01/28/10).

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D51
Pharmaceuticals.

DATE(S) OF VISIT: August 3, 2010

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

2. Based on observation, staff interview and policy review, the clinic staff failed to comply with policies on storage of medications and monitoring of expiration dates. The findings include:

- a. Inspection with the Clinic Coordinator on 08/03/10 of the procedure room identified a nitrous oxide tank refilled on 02/02/04 with an expiration date of February 2009, and failed to identify a current refill;
- b. Inspection with the Clinic Coordinator on 08/03/10 of examination room # 4 identified a nitrous oxide tank, but failed to identify a refill date, number of liters refilled, and an expiration date;
- c. Inspection with the Clinic Coordinator on 08/03/10 of the utility laboratory identified a box of Lamicel, size 3mm (19 units) with an expiration date of 12/01/06, and a box of Lamicel, size 3mm (20 units) with an expiration date of 07/01/08, and failed to indicate that the clinical staff followed the agency policy and monitored the expiration dates of medications on a monthly basis.

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*POC
acceptable
mm
2/8/12*



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December 29, 2011

Loan Nguyen R.N., M.S.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
CT Department of Public Health
410 Capital Avenue-MS # 12HSR
P.O. Box 340308
Hartford, CT 06134

Dear Ms. Nguyen:

Please find the attached documentation in response to your letter dated December 16, 2011, regarding violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut.

Please contact me with any questions or clarifications at 860-947-2308. Thank you for your time.

Sincerely,

Jane Yousman, Center Manager
Planned Parenthood of Southern New England-Hilda Standish Clinic

*PBC acceptable
2/8/12
MM*

In response to violations documented at the inspection of Planned Parenthood of Southern New England-West Hartford office on 8/3/10:

1. Section 19-13-D52 Maintenance:

- a. A new trash receptacle was purchased by the Center Manager, (08/10), that operates by a foot pedal activated cover.
- b. A new, locking storage cabinet was installed, (09/10), in the surgery room to house all needles and syringes used in surgery.
- c. The operating table is cleaned by CA staff following each surgery clinic. The top drawer is no longer in use for keeping any instruments.
- d. All unused biohazard boxes and containers have been moved to a storage location outside of the dirty utility room, (08/10), in a clean area of the health center.
- e. The first-aid kit was replaced by the Center Manager, (08/10), the expiration date is clearly labeled on the outside of the kit and materials are replaced on an as needed basis.
- f. All material was removed from the cabinet to the left of the sink; the area was thoroughly cleaned, and is no longer used as a storage area for any material.
- g. The procedure room is cleaned every Tuesday and Friday mornings by CA staff, prior to the start of patient care. The LEEP machine is also re-cleaned following each patient and at the end of the clinic day.
- h. All storage areas for sterilized packages are checked on the first day of each month and recorded in a monthly compliance log by CA staff and is reviewed by the Center Manager on a monthly basis. Any and all expired packages are removed and re-packaged for updated sterilization with new expiration dates to reflect the update.

2. Section 19-13-D51 Pharmaceuticals:

- a/b: All nitrous oxide tanks have been removed from the Health Center, (08/10). This is not a material used by clinical staff in this Health Center.
- c. All expired Lamicel packages have been removed from the Health Center, (08/10), and Lamicels have been added to our monthly medication checklist, (08/10). This process will enable staff to monitor expiration dates and rotate stock for quality assurance. This process is monitored by the Center Manager and added to the yearly compliance log checklist.

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

DHSR

Page 1 of _____

LICENSING INSPECTION REPORT

Name and Address of Entity	Signature of DHSR Staff	
<u>Planned Parenthood of Southern</u>	<u>Marsha A. Melmel, RN, MPA, Nurse Conductor</u>	
<u>New England Inc.</u>	<u>Jan</u>	
<u>Hilda Standish Clinic</u>		
<u>1030 New Britain Avenue</u>		
<u>West Hartford, CT 06133</u>		
<u>Licensure Category:</u>	<u>Licensed Capacity #</u>	<u>Census:</u>
<u>family planning/abortion clinic</u>	<u>0021</u>	<u>N/A</u>
	<u>Licensed Capacity:</u>	<u>Census:</u>

Date(s) of Onsite Inspection: August 3, 2010

Date(s) Additional Information Obtained: _____

Personnel Contacted: Dene Kirschbaum, MD, Kenneth Wein, CRNA,

REVIEW/FINDINGS/PROCESS (complete all applicable) Wendy O'Brien, RN, Recovery Room,
Getzenia Nieves, Clinic Asst, Dianna Denning, APRN, Jane Pusino,
Center Coord.

- 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 08/05/10

Approval for Issuance of License granted by: Jan Ormeyer 6-30-11
Supervisor / Title Date

ENTITY: Planned Parenthood of Southern New England, Inc.
Hilda Standish Clinic, West Hartford

DATE(S) OF VISIT: August 3, 2010 Page 2 of

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 conducted.

As a result of this unannounced inspection, violations of the State of Connecticut Public Health Code were identified.

SIGNATURE Mawha A. Mehmel, RN, MPA
Nurse Consultant

08/05/10

Planned Parenthood of Southern New
Hilda Standish Clinic
c/o Irene Lopez, Regional Director
1030 New Britain Avenue
West Hartford, CT 06133
Inspection Date: August 3, 2010

Loan -
PPC - W. Hfd.
violations for your
review.
Thanks,
Masha

0

The following is a violation of the Reg
13-D52 Maintenance.

on 19-

Based on observation, staff interview a
family planning/abortion clinic failed to
equipment, facilities, sanitation and maintenance of the clinic provided for the health,
comfort and safety of patients at all times as evidenced by the following:

- a. The following was observed in the operatory:
 - 1. The non-hazardous wastebasket lid was propped open by the suction machine.
 - 2. Two boxes of 18G x 1 1/2 " sterile needles and two boxes of 20G x 3 1/2 " spinal sterile needles were stored in an un-lockable upright cabinet.
 - 3. In the top front draw of the operatory table a dirty blue chuck with a clean speculum on top of the chuck was observed.
- b. The following was observed in the dirty utility room:
 - 1. Several unused biohazardous waste cardboard boxes were stored on the floor; two 5-gallon unused sharps containers were stored on top of a suction machine.
 - 2. The wall-mounted first aid kit top was dusty. Inside the kit was a box of 100 plastic 3/4" x 3" sterile strips and 2, 4" x 4" sterile gauze pads that were yellowed with the package seams splitting open.
 - 3. In the cabinet located to the left of the dirty sink was a metal emesis basin that had a dirty gauze pad and other debris inside.
- c. The following was observed in the procedure room:
 - 1. Dust was found on the exam table, on the exam table draw tops, on the Wallach Biovac LEEP machine, and on the dials of nitrous oxide tank.
- d. The following was observed in examination rooms #s 3 and 4:
 - 1. Sterilized packages of tenaculums were stored in counter drawers, one in each room, expired 01/28/10.
- e. Review of agency policy identified cleanliness would be maintained in the clinic at all times.
- f. When interviewed on 08/03/10, the center coordinator stated it was the responsibility of the cleaning service to dust all equipment; all clinic staff were responsible for checking the cleanliness of the facility; there was no excuse for the aforementioned findings.
- g. When interviewed on 08/03/10, the operatory/duty utility room clinical assistant