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

LICENSING INSPECTION REPORT

Planned Parenthood of Southern New England, Inc
dba Planned Parenthood of Conn, Inc Torrington
249 Winsted Rd
Torrington CT 06790

Name and Address of Entity

Signature of DHSR Staff

Licensure Category:

Family Planning Clinic — Licensed ~~Capacity~~ FP: 0025 — Census:
Out Patient Clinic — Licensed Capacity: — Census:

Date(s) of onsite inspection: 6/2/14

Date(s) additional information obtained:

Personnel contacted: Tammy Hreha, adm.

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other:*

[ ] Revisit for the purpose of

[ ] See Complaint Investigation #

[ ] See Reportable Event Investigation #

[ ] See Certification File.

[X] 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 5/1/15.

[ ] 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: **DATE OF REPORT:** 6/3/14

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 6-3-14
Supervisor/Title

P:Lic_RPT.Doc

FACILITY: [illegible]

DATE(S) of VISIT: _____

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
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: [illegible] MSW 01/5/15

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

May 1, 2015

Tammy Hreha, Administrator
Planned Parenthood Of Connecticut Inc - Torrington
249 Winsted Road
Torrington, CT 06790

Dear Ms. Hreha:

An unannounced visit was made to Planned Parenthood Of Connecticut Inc. of Torrington on June 2, 2014 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 is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during the course of the visit.

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation is not responded to by May 15, 2015 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please address the 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.

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

Respectfully,

Loan D Nguyen

Loan Nguyen RN, MSN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

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 2, 2014

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-D48 Professional staff (b) (2) and/or 19-13-D51 and/or 19-13-D51 Pharmaceuticals and/or 19-13-D52 Maintenance

1. Based on review of facility documentation, surveyor observation and interview with agency personnel, the facility staff failed to follow acceptable infection control practices. The findings include:
   a. A tour of the facility on 06/02/14 with the facility Manager identified two opened multi-dose vials of 50 milliliters (ml) Lidocaine Hydrochloride 1% (10mg/ml) on a shelf in the supply storage room. One vial was not marked with the opening date or the discard date. The other vial was marked "8/14."

      Interview with the facility Manager on 06/02/14 indicated that the multi-dose vials should have been labeled with an opening date and a discard date, and that the numbers "8/14" failed to clarify the opening or discard date of the second vial.

      Interview and review of the facility policy with the Director of Nursing on 06/03/14 and 06/05/14 indicated that an opened and/or accessed (needle-punctured) multi-dose vial required marking with an opening date and a discard date in accordance with the manufacturer's instructions and local regulations, with a discard date within 28 days of the opening date in the absence of specific guidelines.

      The manufacturer's guidelines included recommendations for a safe use time period after a multi-dose vial was accessed.

      The Center for Disease Control (CDC) http://www.cdc.gov/injectionsafety/providers/provider_faqs_multivials.html retrieved on 06/05/14, directed the dating and discarding within 28 days of opened and accessed (needle-punctured) multi-dose vials, unless the manufacturer specified a different discard date.

Planned Parenthood®
Care. No matter what.
Planned Parenthood of Southern New England

345 Whitney Avenue
New Haven, CT 06511
p: 203.865.5158 · f: 203.624.1333
www.ppsne.org

Received 7/10/15

June 30, 2015

To Whom It May Concern:

This letter is in response to the violation of Section 19-13-D48 Professional staff (b)(2) and/or 19-13-D51 and/or 19-13-D51 Pharmaceuticals and/or 19-13-D52 Maintenance.
Since the finding of this violation:

1)On June 10, 2014 a policy change has occurred. We are currently using smaller 20ml bottles of Lidocaine which are labeled with date of opening and 28 day expiration date. As well as the initials of the person who started the bottle.

2)Current lot numbers of Lidocaine are tracked in our Medication Tracking Log Book.

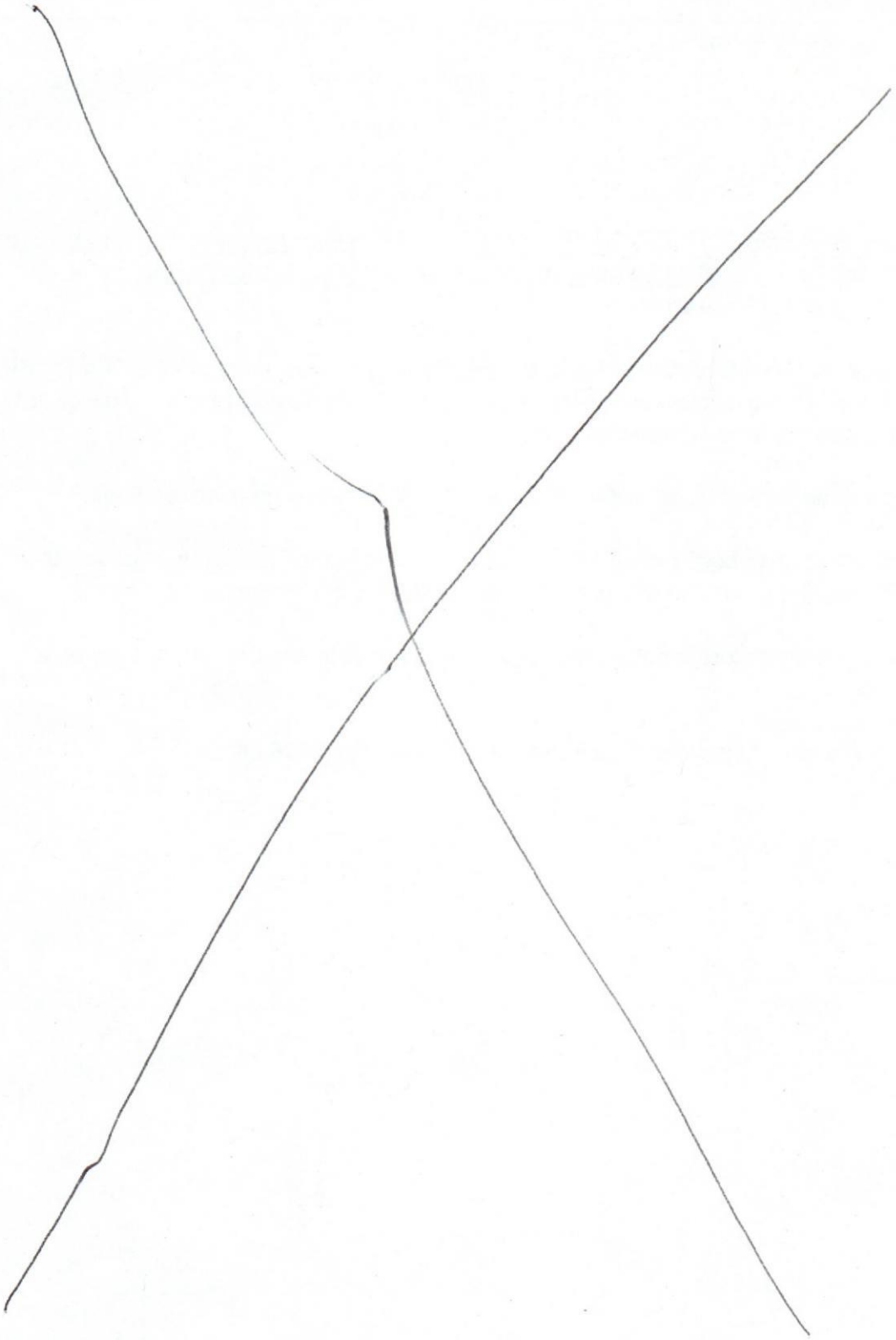
3)A staff in service had occurred on June 12, 2014. All staff in the Torrington office has been trained on this new process and is aware of the importance of this process.

4)To ensure this procedure is being followed, it is monitored by the Center Manager on a regular basis.

If you have any questions please feel free to contact me at 860-496-8405
Respectfully,

Tammy Hreha

Tammy Hreha
Center Manager
249 Winsted Road
Torrington, CT 06790



2010

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

LICENSING INSPECTION REPORT

Name and Address of Entity

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

Signature of DHSR Staff

Marsha A. Mehmel, RN, MPA, Nurse Consultant

Licensure Category : family planning clinic

Licensed ~~Capacity~~ : 0025 **Census :** N/A

Licensed Capacity : _____ **Census :** _____

Date(s) of Onsite Inspection : July 8, 2010

Date(s) Additional Information Obtained: _____

Personnel Contacted : Tammy Hreha, Center Coordinator; Bethany Berry, CNM

REVIEW/FINDINGS/PROCESS (complete all applicable)

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

[X] Revisit for the Purpose of implementation of a plan of correction for a letter dated March 24, 2004

[ ] 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.

[X] 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** 07/08/10

[ ] Approval for Issuance of License granted by : Irving D. Fry PHSM 07/13/10
Supervisor / Title Date

ENTITY: Planned Parenthood of Southern New England, Inc.

DATE(S) OF VISIT: July 8, 2010

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

✓ 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

2006

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

LICENSING INSPECTION REPORT

Name and Address of Entity

Planned Parenthood of Connecticut, Inc.
249 Winsted Rd.
Torrington, CT 06790

Signature of DHSR Staff

Marsha A. Mehmel, RN, MPA
Nurse Consultant

Licensure Category : family planning clinic

Licensed ~~Capacity~~ #: FPL 0025 **Census :** N/A

Licensed Capacity : _____ **Census :** _____

Date(s) of Onsite Inspection : April 27, 2006

Date(s) Additional Information Obtained: _____

Personnel Contacted : Tammy Koopstus, Center Coordination; Elizabeth Foster, APRN

REVIEW/FINDINGS/PROCESS (complete all applicable)

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

[X] Revisit for the Purpose of implementation of a plan of correction for a letter dated 3/24/04

[ ] 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.

[X] 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** 04/27/06

[✓] Approval for Issuance of License granted by : Victoria V. Cabanski SPC — Supervisor / Title — 5/1/06 — Date

ENTITY: Planned Parenthood of Connecticut, Inc. - Torrington

DATE(S) OF VISIT: April 27, 2006

LICENSING INSPECTION NARRATIVE REPORT

✓ Licensure inspection conducted onsite.

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

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

SIGNATURE Marsha A. Mehmel, RN, MPH
Nurse Consultant

DHSR

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

COPY

LICENSING INSPECTION REPORT

Name and Address of Entity

Planned Parenthood of Connecticut, Inc.
249 Winsted Rd.
Torrington, CT 06790

Signature of DHSR Staff

Marsha A. Mehmel, RN, MPA
Nurse Consultant

Licensure Category : family planning clinic

Licensed ~~Capacity~~ #: FPL 0025 **Census :** N/A

Licensed Capacity : _____ **Census :** _____

Date(s) of Onsite Inspection : April 27, 2006

Date(s) Additional Information Obtained: _____

Personnel Contacted : Tammy Koopstus, Center Coordination; Elizabeth Foster, APR

REVIEW/FINDINGS/PROCESS (complete all applicable)

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

[X] Revisit for the Purpose of implementation of a plan of correction for a letter dated 3/24/04

[ ] 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.

[X] 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** 04/27/06

[✓] Approval for Issuance of License granted by : Victoria V. Cubon SNC — Supervisor / Title — 5/1/06 — Date