Missouri Department of Health and Senior Services (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ MOA-0014 B. WING 08/05/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4251 FOREST PARK AVENUE** REPRODUCTIVE HEALTH SERVICES / PLANNI SAINT LOUIS, MO 63108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) L 000 Initial Comments L 000 A licensing inspection to determine compliance with the state regulations for abortion facilities was conducted on August 5, 2009. Complaint #MO00054656 was investigated in conjunction with the licensing inspection and was determined to be unsubstantiated. Deficiencies as a result of the licensing inspection are as follows: L1123 19 CSR 30-30.060(1)(B)(3) The administrator L1123 shall be responsible for The administrator shall be responsible for a written plan for evacuation of patients and personnel in the event of fire, explosion or other internal disaster. The plan shall be kept current and all personnel shall be knowledgeable of the plan. This regulation is not met as evidenced by: Base on record review and interview, the facility failed to assure that all staff are knowledgeable of the written fire evacuation plan by not having fire drills in accordance with facility policy. Findings include: 1. Fire drill records provided during the survey indicated that the facility has had only one fire drill per year since 2006. The fire drill records indicate drills were held on 11/09/06, 9/12/07, 6/25/08, and 7/06/09. A review of the policy "Planned Parenthood of the St. Louis Region and SW Missouri Security Protocols and Emergency Evacuation Procedures" revealed that two (2) fire drills are to be done annually. An interview with the Vice President of Patient Services at approximately 3:30 PM on 8/05/09 confirmed the findings.

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/24/09

6IC511

Missouri Department of Health and Senior Services (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B. WING MOA-0014 08/05/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4251 FOREST PARK AVENUE** REPRODUCTIVE HEALTH SERVICES / PLANN! SAINT LOUIS, MO 63108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) L1160 Continued From page 1 L1160 L1160 19 CSR 30-30.060(3) Patient care services shall L1160 be under Patient care services shall be under the direction of an RN. An RN shall be present in the clinical area whenever there is a patient in the procedure room or recovery room. An LPN or a surgical technician shall be present in the procedure room whenever there is a patient in the procedure room. The surgical technician shall be a certified surgical technologist or shall provide documentation of training in assisting abortion procedures. This regulation is not met as evidenced by: Based on record review and interview, the facility failed to assure that all surgical technicians (non-licensed assistive staff present in the procedure room) provide documentation of training in assisting abortion procedures or certified surgical technologist credentials. 1. A review of the 4 personnel files of staff identified as medical assistants (non-licensed staff who assist with abortion procedures) revealed that 2 personnel files lacked any documentation of training in assisting abortion procedures or documentation of surgical technologist certification. An interview with the Vice President of Patient Services at approximately 3:30 PM confirmed this finding.

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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE VICE PARISHED STATE FORM

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If continuation sheet 1 of 2

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fissouri Department of Health and Senior Services					qualified trainer. The training a					
TATE FORM 68					the checklist must be completed within two weeks and before the		on sheet 2 of 2			

can work independently. The Director of Surgical Services, who is the immediate supervisor, will ensure this is completed and sent to HR for filing in the personnel record.