

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MOA-0014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/05/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>REPRODUCTIVE HEALTH SERVICES / PLANNI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4251 FOREST PARK AVENUE SAINT LOUIS, MO 63108</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	Initial Comments  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:	L 000		
L1123	19 CSR 30-30.060(1)(B)(3) The administrator 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.	L1123		

Missouri Department of Health and Senior Services  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE **08/24/09**

Missouri Department of Health and Senior Services

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L1160	Continued From page 1	L1160		
L1160	<p>19 CSR 30-30.060(3) Patient care services shall be under</p> <p>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.</p> <p>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.</p> <p>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.</p>	L1160		

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Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Mary M. Kosut*

TITLE *Vice President Patient Services* (X6) DATE *8/24/09*

STATE FORM

6899

61C511

If continuation sheet 1 of 2

Missouri Department of Health and Senior Services

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