

STAFF EDUCATION/REEDUCATION FORM

Clinic: Columbia

Date: 8/15/2017

Education/Reeducation Topic: Autoclave

Criteria presented:

- IP manual changes
- Autoclave Policy
- Autoclave log

Staff in attendance (please sign name):

T. G. [Signature]
[Signature]
[Signature]
[Signature]
[Signature]
[Signature]

Identified areas of concern (if any):

[Blank line]
[Blank line]
[Blank line]

Corrective Action Plan (how will staff be monitored):

- HC/M/NP will monthly check log, and weekly check to ensure sterilization strips are sent
- NP will ensure spore testing is Pass, and will follow protocol if there is a fail.

Clinician signature: [Signature]

Clinic manager signature: [Signature]



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Randall W. Williams, MD, FACOG
Director



Eric R. Greitens
Governor

October 3, 2017

Vicki Casey
Comprehensive Health of Planned Parenthood Great Plains, Inc.
711 North Providence Road
Columbia, MO 65203

Re: Comprehensive Health of Planned Parenthood Great Plains, Inc. – Columbia survey

Dear Ms. Casey:

Please see attached results of the recent follow-up survey of August 28, 2017. Your facility is now in compliance with current legal requirements for licensure.

Please retain this material for your own records. The abortion facility license is attached, effective date October 3, 2017.

We welcome any questions at 573-751-6083.

Respectfully,

John Langston, Administrator
John.Langston@health.mo.gov
Bureau of Ambulatory Care
Missouri Department of Health & Senior Services

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/28/2017
--------------------------------------------------	-----------------------------------------------------------------------	--------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER COMPREHENSIVE HEALTH PLANNED PAREN	STREET ADDRESS, CITY, STATE, ZIP CODE 711 N PROVIDENCE ROAD COLUMBIA, MO 65203
-------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

(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}	<p>Initial Comments</p> <p>An onsite Licensure revisit survey was conducted on 08/28/17. The facility was found to be in substantial compliance with the rules and regulations for abortion facilities found at 19 CSR 30-30.060.</p>	{L 000}		

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

TITLE

(X6) DATE



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Randall W. Williams, MD, FACOG
Director



Eric R. Greitens
Governor

August 11, 2017

Amanda Addison (Amanda.addison@ppgreatplains.org)
Comprehensive Health of Planned Parenthood Great Plains
711 North Providence Road
Columbia, Mo 65203

Re: Comprehensive Health of Planned Parenthood Great Plains – Columbia Revisit Survey

Dear Ms. Addison:

The Department received the application for licensure of the Columbia Planned Parenthood location as an abortion facility. Department staff conducted an onsite survey of the facility on October 11, 2016 to determine compliance with the terms of the 2010 settlement agreement and applicable statutes and regulations. As a result, on November 2, 2016, your facility was provided with a list of regulatory items that were not in compliance.

After the facility submitted a complete response and documentation regarding correction of the items that were not in compliance, the Department performed an onsite revisit of the facility on July 25, 2017.

Listed below are items the revisit survey indicated were still not in compliance. Until a written response is provided describing how all items below have been addressed, including acceptable evidence of compliance, an abortion facility license cannot be issued.

19 CSR 30-30.0601(B)8. The facility shall establish a program for identifying and preventing infections and for maintaining a safe environment.

The facility failed to demonstrate compliance with facility's established Infection Prevention Program, based on Association for the Advancement of Medical Instrumentation (AAMI) and Centers for Disease Control (CDC) standards. Specific findings:

1. The facility failed to follow the manufacturer's instructions for use (IFU) for routine care of the sterilizers.

(AAMI 9.4 Routine Care: Sterilizers should be inspected and cleaned daily according to the manufacturers' written instructions. Weekly or other prescribed inspection and cleaning should be performed as specified in the manufacturers' written IFU.)

2. The facility failed to maintain a separate autoclave log with the required components tracked for each of two sterilizers.

(AAMI 10.3.2 Sterilizer records: For each sterilization cycle, the following information should be recorded and maintained: Lot number; Specific contents of the lot or load, including quantity, department, and a specific description of the items [e.g. towels, type/name of instrument sets]; Exposure time and temperature, if not provided on the sterilizer recording chart; Name or initials of the operator; Results of biological testing, if applicable; Any reports of inconclusive or nonresponsive chemical indicators found later in the load.)

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

3. The facility failed to maintain a record of sterilizer maintenance and repair. (AAMI 9.7 A maintenance record, in either paper or electronic format, should be kept for each sterilizer. At least the following information should be recorded:

- a) The date on which service was requested;
- b) The model and serial number of the sterilizer;
- c) The location of the equipment (if applicable);
- d) The name of the individual from the facility who requested and authorized the service;
- e) The reason for the service request;
- f) A description of the service performed ;
- g) The types and quantities of parts replaced;
- h) The name of the person who performed the service;
- i) The date the work was completed;
- j) The handwritten or electronic signature and title of the person who acknowledged completion of the work; and
- k) The results of any post-maintenance testing performed, if needed, before the sterilizer was returned to service.)

4. The facility failed to have written processes for reprocessing and/or quarantine of instruments following positive biological indicators, as well as consecutive biological testing following sterilizer failure and repair.

5. During an interview with facility advanced practice nursing staff at the time of the revisit, staff acknowledged the problems with adequate documentation and clear adherence to the AAMI standards.

Please respond in writing providing evidence/documentation that each of these items has been fully addressed and corrected.

If you have further questions, you may contact our office at 573-751-6083 or via email at the address noted below.

Sincerely,



John Langston, Administrator

John.Langston@health.mo.gov

Bureau of Ambulatory Care

Missouri Department of Health & Senior Services