

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013765	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2018
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCI	STREET ADDRESS, CITY, STATE, ZIP CODE 964 MEZZANINE DR LAFAYETTE, IN 47906
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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
T 000	INITIAL COMMENTS This visit was for a State licensure survey. Facility Number: 013765 Dates of Survey: 3/5/2018 to 3/7/2018 QA: 3/15/2018	T 000		
T 144	410 IAC 26-8-1 PERSONNEL POLICIES AND RECORDS 410 IAC 26-8-1(c)(1) (c) The clinic must do the following: (1) Maintain current job descriptions with reporting responsibilities for all personnel and annual performance evaluations, based on the job description, for each employee and contract and agency personnel. This RULE is not met as evidenced by: Based on document review and interview the facility failed to provide an annual evaluation of 2 out of 3 eligible employees. 1. Review of the 2015 Planned Parenthood Employee Handbook indicated on page 10 under Performance Evaluations that employees may receive an annual performance evaluation by their immediate supervisor and may be asked to complete a self-evaluation. Evaluations are kept	T 144		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY		STREET ADDRESS, CITY, STATE, ZIP CODE 964 MEZZANINE DR LAFAYETTE, IN 47905		
(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
T 144	Continued From page 1 in the employee's personnel file. 2. Review of P50, Health Care Manager's job description indicates under Essential Functions: Prepares disciplinary and performance improvement documents independently and provides indicated management follow-up. 3. Review of P50 and P52, Health Care Assistant personnel files lacked documentation of an evaluation completed in 2017 or 2018. 4. Interview with P50 and P58, Director of Clinical Services on 03/06/18 at 3:20 pm confirmed lack of evaluations in P50's and P52's personnel file and they were not done.	T 144		