

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2019
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY	STREET ADDRESS, CITY, STATE, ZIP CODE 421 S COLLEGE AVE BLOOMINGTON, IN 47403
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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	<p>INITIAL COMMENTS</p> <p>This was for a State licensure survey.</p> <p>Facility Number: 011117</p> <p>Survey Date: 3-11-2019</p> <p>QA: 3/18/19</p>	T 000		
T 134	<p>410 IAC 26-7-2 MEDICAL RECORDS</p> <p>410 IAC 26-7-2(c)</p> <p>(c) Patient records for surgical abortions must document and contain, at a minimum, the following:</p> <ul style="list-style-type: none"> (1) Patient identification. (2) Appropriate medical history. (3) Results of the following: <ul style="list-style-type: none"> (A) A physical examination. (B) Diagnostic or laboratory studies, or both (if performed). (4) Any allergies and abnormal drug reactions. (5) Entries related to anesthesia administration. (6) Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. (7) A report describing techniques, findings, and tissue removed or altered. (8) Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient. (9) Condition on discharge, disposition of the patient, and time of discharge. (10) Discharge entry to include instructions to the patient or patient's legal representative. (11) A copy of the following: 	T 134		

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

TITLE

(X6) DATE

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T 134	Continued From page 1 (A) The transfer form if the patient was referred to a hospital or other facility. (B) The terminated pregnancy report filed with the department. (12) Any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement. This RULE is not met as evidenced by: Based on document review and interview, 3 of 30 patients failed to have all aspects of a physical examination per policy documented, and 1 of 30 patients failed to have laboratory results documented. 1. Facility Guidelines Chapter 1, Medical Screening and Evaluation, revised 3/2019, indicated: A. Physical Examination Must include: Bimanual (pelvic) examination, including estimation of size, position and palpation of the adnexa. B. Laboratory Testing Must include: Hemoglobin (Hgb) and Rhesus blood group system (Rh) typing results. 2. Review of medical records indicated: A. Patients #6, 12 and 17 lacked documentation of pelvic examinations prior to their procedures. B. Patient #15 lacked documentation of Hgb and Rh laboratory testing. 3. In interview on 3/11/2019 at 1530 hours, staff member #3, Director of Clinical Services, indicated that the above documentation could not be located in the medical records.	T 134		

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