



## FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
<b>Permit:</b>	AB-0008	<b>Audit Name:</b>	Abortion Clinic ROV 20161020
<b>Facility Name:</b>	PLANNED PARENTHOOD SOUTH ATLANTIC CHARLESTON	<b>Type:</b>	L01 Routine
<b>Address:</b>	1312 ASHLEY RIVER RD	<b>Start Date:</b>	26 Mar 2019 10:30 AM
<b>City/State/Zip:</b>	CHARLESTON, SC 29407-5365 Charleston	<b>End Date:</b>	26 Mar 2019 02:30 PM
<b>Phone 1:</b>	843-628-4380	<b>Inspector:</b>	Ivy Wilkes
<b>Email:</b>	ANNE.VULPAS@PPSAT.ORG		
<b>Contact Name:</b>	LISA LOWE-HALL		
<b>Contact Email:</b>	null		
<b>Contact Phone:</b>	803-253-4908		

<b>Overall Score</b>
<b>0.0%</b>

### Report Notice

Question ID	Question	Answer
NOTICE01	<p>Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708</p> <p>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</p>	Report Notice

### Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	<p>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</p> <p>(1) the actions taken to correct each cited deficiency,            (2) the actions taken to prevent similar recurrences, and            (3) the actual or expected completion dates of those actions.</p>	POC REQUIRED

PRINT NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

Any violations cited in this report of visit were observed at the time of the inspection.

The Administrator submits an electronic plan of correction by visiting the website <http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/> and following the instructions online.

Or the Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

**Comments**

- April 10, 2019

## Inspection Information

Question ID	Question	Answer
COMBO-LIC	Inspection Includes Licensing:	YES
COMBO-FLSC	Inspection Includes Fire & Life Safety:	NO
ONSITE	Is this an On-Site Visit?	YES
INSP	Select the Type of Inspection to be Performed:	Abortion Clinic Inspection (Licensing and/or FLS)
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit? <b>Comments</b>	YES
	<ul style="list-style-type: none"> <li>• Michelle Gregory, RN, Endia Hill, Program Coordinator II</li> </ul>	

## AC Regulation Parts I-VII 61-12

Question ID	Question	Answer
R-61-12-304.G	304.G. All laboratory supplies shall be monitored for expiration dates, if applicable. (Class II Violation) <b>Comments</b>	OUT
	<ul style="list-style-type: none"> <li>• The following lab supplies were observed expired: 1.) Eighteen (18) 3ml Disposable Syringes expired 03/2018</li> </ul>	

## AC Regulation Parts VIII-X 61-12

Question ID	Question	Answer
R-61-12-807.D2	807.D.2. There shall be a signal system for each patient bath and toilet that shall include an audible alarm that can be heard and location identified by staff; (Class III Violation) <b>Comments</b>	OUT
	<ul style="list-style-type: none"> <li>• There was no signal system to include an audible alarm in any of the four (4) restrooms</li> </ul>	

*available for patients.*

## Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention



## PLAN OF CORRECTION REPORTING FORM BUREAU OF HEALTH FACILITIES LICENSING

### INSPECTION INFORMATION

**License Number:**

AB-0008

**Facility Type:**

HL- Abortion Clinic

**Facility Name:**

PLANNED PARENTHOOD SOUTH ATLANTIC CHARLESTON

**Inspection Date:**

03/26/2019

**Submission Date:**

04/10/2019

**Type of Inspection:**

Routine

**Program Area:**

Licensing

### ADMINISTRATOR'S CERTIFICATION

**By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.**

Checked

**Administrator Name:**

Lisa Lowe-Hall

**E-mail:**

lisa.lowe.hall@ppsat.org

**Phone:**

(919) 833-7526

### RESPONSE TO CITATIONS

Section:	Was Completion Date Provided?	Completion Date (Actual or Expected):
304.G.	Yes	03/26/2019
<b>Corrective Action:</b>		
As of 3/26/19 all expired health center supplies were discarded.		
<b>Preventive Action:</b>		
Effective immediately, the health center will check all supplies monthly, using RQM -113, for the next three months or until 100% compliance is demonstrated. The Health Center Manager will perform a spot check confirming that all locations have been inspected during the audit. Thereafter, audits will continue on at least a quarterly basis. Assistant Director of Operations will review these audits Bi-Annually. All expiration audits will be filed in the RQM binder.		
<b>Optional Comments:</b>		

**Response Approved:**

Yes

**Section: Was Completion Date Provided? Completion Date (Actual or Expected):**

807.D.2 Yes 03/26/2019

**Corrective Action:**

As of 3/26/19, all patient audible alarm systems have been checked and are in proper working order. Effective immediately, all patient audible alarm signals will be checked on a monthly basis to ensure that they are in proper working order. The monthly check will be conducted by designated health center staff members.

**Preventive Action:**

The designated staff members will conduct monthly testing of the patient audible alarm system. This will be documented on the PPSAT Emergency Cart Inventory and supplies checklist. The Health Center Manager will review the monthly audit to ensure compliance. If the patient audible alarm system is not working correctly the VP of Facilities and Security will be notified immediately for maintenance. All completed checklist will be filed in the RQM binder.

**Optional Comments:****Response Approved:**

Yes

**LOG INFORMATION SECTION****Report of Visit Delivery Date:****Plan of Correction Due Date:****Date Plan of Correction was Reviewed:**

04/18/2019

**Reviewed by:**

Sandra Johnson

**Comments:****Plan of Correction Approved:**

Yes

**Decision By:**

Sandra Johnson

**Decision Date:**

04/18/2019

**Remove POC:****UPLOAD DOCUMENTS****File Upload**

RQM-113 SC pdf.pdf (FileHandler.ashx?formItemId=5754)

**File Upload**

PPSAT Emergency Cart Inventory Rev 04-19.pdf (FileHandler.ashx?formItemId=5755)

**Plan of Correction Log Number:**

MPC04038-19