STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-0908	A. BLDG: 00 B. WING:	08/14/2019

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PLANNED PARENTHOOD KEYSTONE - WARMINSTER STATE LICENSE NUMBER: **00188701**	**610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	(X5) COMPLETE DATE
M 0000	INITIAL COMMENT This report is the result of an unannounced onsite survey conducted on August 14, 2019, at Planned Parenthood Keystone-Warminster. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.	M 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

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S 0000	INITIAL COMMENT This report is the result of an unannounced onsite survey conducted on August 14, 2019, 2019, at Planned Parenthood Keystone - Warminster (PPKey - Warminster). It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.	S 0000		
S 0119		S 0119		

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S 0119	Continued from page 1 551.31 (a) (1) Application/Authorization to Operate an ASF APPLICATION AND AUTHORIZATION TO OPERATE AN AMBULATORY SURGICAL FACILITY 551.31 Licensure (a) A Class A ASF shall meet the following criteria: (1) No license shall be required for the operation of a Class A ASF, however, such a facility shall be accredited by the Accreditation Association for Ambulatory Health Care, the Joint Commission on the Accreditation of Health Care Organizations, the American Association for the Accreditation of Ambulatory Surgical Facilities or another nationally recognized accrediting agency acknowledged by the Medicare program in order to be identified as providing ambulatory surgery. This REGULATION is not met as evidenced by:	S 0119	Update the Lidocaine Usage Policy referenced in this citation to include language on properly documenting lidocaine administration in the chart. To be completed by October 1, 2019 The Center Manger will conduct a training with appropriate surgical abortion staff about the updated policy and proper documentation of lidocaine in the patient's chart. To be completed by October 15, 2019 Audit Monthly for the next calendar quarter to ensure lidocaine dosage, weight of patient and name of administering physician is documented in the chart. TO be completed by the end of each day of the month until 12.31.2019	Completion Date: **10/20/2019** Status: **APPROVED** Date: **09/23/2019**

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S 0119	Continued from page 2 Based on review of facility documents, medical records (MR) and staff interview (EMP), it was determined the facility failed to meet the minimum Medicare standard 416.47(b) Standard: Form and Content of Record for compliance, that is established by the facility's accrediting organization by failing to ensure the name of the physician and dosage of medications administered for a paracervical block (regional anesthesia causing a loss of sensation in a region of the body which results from the injection of a local anesthetic on each side of the cervix) was documented for one of six surgical abortion medical records reviewed (MR6); failing to ensure the maximum recommended dose of Lidocaine (an anesthetic) was not exceeded when administered as a paracervical block for one of six surgical abortion medical records reviewed (MR10). Findings include: 1) A request was made of EMP1 on August 14, 2019, for a facility policy, procedure or guideline	S 0119		

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S 0119	Continued from page 3 facility staff are to follow regarding documentation of medications administered for a paracervical block. None was provided. Review of MR6 on August 14, 2019, revealed this patient was admitted to the facility on July 12, 2019, for a surgical abortion. There was no documentation of the name of the physician administering the medications for the paracervical block and there was no documentation of the dosage of medications administered for the paracervical block. Interview with EMP1 on August 14, 2019, at approximately 2:00 PM revealed all patients having surgical abortions are administered a paracervical block. EMP1 confirmed there was no documentation in MR6 indicating the name of the physician administering the medications for the paracervical block and there was no documentation of the dosage of medications administered for the paracervical block.	S 0119		

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S 0119	Continued from page 4 2) Review on August 14, 2019, of the facility's "Lidocaine Usage" policy, effective August 7, 2019, revealed "Policy: To ensure proper handling of Lidocaine in all surgical Abortion sites and maintain a log of lot number and expiration dates of supply used on date of service in case of recall. Responsibility: Advanced Practice Clinician (APC), Physician and Medical Care Assistant (MCA) ... Procedure: ... 5. Physician will ensure that the patient does not receive in excess of the maximum recommended dosage by reviewing patient weight prior to administering Lidocaine." Review of MR10 on August 14, 2019, revealed this patient was admitted to the facility on July 12, 2019, for a surgical abortion. CF1 administered a paracervical block using 20 millimeters (ml) of Lidocaine 1 percent 10 milligrams (mg)/ml to this patient prior to the procedure. Review of MR10 revealed no weight was documented for July 12, 2019. There was no documentation the the patient received in excess of the maximum recommended	S 0119		

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S 0119	Continued from page 5 dosage of Lidocaine. Interview with EMP1 on August 14, 2019, at approximately 2:30 PM confirmed a weight was not obtained on MR10 prior to administering the paracervical block of 20 ml of Lidocaine 1 percent and MR10 did not receive in excess of the maximum recommended dosage of Lidocaine.	S 0119		

Certified End Page

PLANNED PARENTHOOD KEYSTONE - WARMINSTER

STATE LICENSE NUMBER: 00188701

SURVEY EXIT DATE: 08/14/2019

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Susan Coble
Deputy Secretary for Quality Assurance

Rachel L. Levine, MD
Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY