

## FREEDOM OF INFORMATION REPORT

	Facility Information		Audit Information
Permit:	AB-0002	Audit Name:	Abortion Clinic ROV 20161020
Facility Name:	PLANNED PARENTHOOD OF SOUTH ATLANTIC	Type: Start Date:	L01 Routine 09 Apr 2019 09:00 AM
Address:	2712 MIDDLEBURG DR STE 107	End Date:	09 Apr 2019 03:00 PM
City/State/Zip:	COLUMBIA, SC 29204-2478 Richland	Inspector:	Ivy Wilkes
Phone 1:	803-256-4908		
Phone 2:			
Fax:			
Email:	GLORIA.FOSTER@PPSAT.ORG		
Contact Name:	LISA LOWE-HALL		
Contact Email:	null		
Contact Phone:	803-253-4908		

Overall Score 100.0%

## **Report Notice**

Question ID	Question	Answer
NOTICE01	Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708  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.	

## **Inspection Information**

<b>^</b>	 me	4	

As a result of this inspection no violations of Licensing Standards were cited/observed.

The inspection of Planned Parenthood of South Atlantic by the Department's Bureau of Health Facilities Licensing was conducted in conjunction with an inspection conducted by the Department's Division of Waste Management. Please reference the inspection report of the Division of Waste Management regarding the results of that inspection.

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?  Comments  Michelle Gregory, LPN and Endia Hill, Program Coordinator II	YES

## **Record Retention**

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