

MA DPH/Division of Health Care Facility Licensure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2019
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NAME OF PROVIDER OR SUPPLIER PLANNED PRNTHD/PRETRM HLTH SRV-GT B	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 COMMONWEALTH AVENUE BOSTON, MA 02215
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C 000	<p>INITIAL COMMENTS</p> <p>An onsite licensure renewal survey was conducted of the Clinic on 7/3/19 for the provision of medical and surgical services.</p> <p>Onsite licensure renewal surveys were conducted for the following satellite clinics:</p> <p>7/3/19 Planned Parenthood League of Central MA Center 470 Pleasant Street Worcester, MA 01609 services: medical and surgical</p> <p>7/10/19 Planned Parenthood League of MA- Marlborough 91 Main Street suite 103 Marlborough, MA 01752 services: medical</p> <p>7/12/19 Planned Parenthood League of Western MA Center 3550 Main Street suite 201 Springfield, MA 01107 services: medical and surgical</p> <p>Deficiencies were cited.</p>	C 000		
C 030	<p>140.103(C)(1) Licensing Requirements - Prior Approvals</p> <p>(C) Prior Approvals.</p> <p>As a prerequisite for a license, all applicants must obtain and submit the following documents in support of the application for licensure:</p>	C 030		

MA Division of Health Care Facility Licensure and Certification LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 09/13/19
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C 030	<p>Continued From page 1</p> <p>(1) a copy of the certificate of inspection issues pursuant to M.G.L. c. 111 s. 51 by a building inspector of the Department of Public Safety stating that the clinic and any satellite clinic premises comply with the Department's requirements governing egresses, fire prevention, and fire extinguishing apparatus;</p> <p>This ELEMENT is not met as evidenced by: Based on documentation review and interview, the Clinic failed to obtain current inspections from the Department of Public Safety (DPS).</p> <p>Findings include:</p> <p>During review of documentation, Surveyor #1 noted that the DPS certificate for the parent Clinic expired on 5/6/19, and the DPS certificate for the satellite in Marlborough expired 6/28/19.</p> <p>During an interview on 7/3/19 at 10:50 A.M., the Chief Financial Officer confirmed that both DPS certificates had expired, and said that they were waiting for inspections to be completed for both locations.</p>	C 030		
C 070	<p>140.123 Posting of License and DPS Certificate</p> <p>The current license from the Department, and copies thereof, and the current Department of Public Safety (DPS) certificate, where relevant,</p>	C 070		

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C 070	<p>Continued From page 2</p> <p>shall be posted in a conspicuous place in the clinic, and in any of its satellite clinics.</p> <p>This ELEMENT is not met as evidenced by: Based on observation and interview, the Clinic failed to post the Department of Public Safety (DPS) certificate of inspection.</p> <p>Findings include:</p> <p>During the environmental tour of the parent Clinic on 7/3/19 at 10:00 A.M., accompanied by the Health Center Manager, Surveyors #1 and #2 did not observe a posted DPS certificate.</p> <p>The Health Center Manager confirmed that the DPS certificate was not posted.</p>	C 070		
C 130	<p>140.206 Janitor's Closet</p> <p>Each clinic shall provide one or more suitably located janitor's closets equipped with a service sink or floor receptacle with hot and cold water for emptying and cleaning housekeeping equipment.</p> <p>A limited services clinic that is located on the premises of another entity may store supplies in a janitor's closet or other designated space provided by that entity provided that the janitor's closet or other designated space is suitably located.</p> <p>Each janitor's closet must have a door that locks.</p> <p>Each clinic shall label cleaning compounds properly and clearly and store them in a janitor's closet or other locked closet.</p>	C 130		

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C 130	<p>Continued From page 3</p> <p>This ELEMENT is not met as evidenced by: Based on observation and interview, the Clinic failed to ensure that cleaning products were kept in a locked cabinet or closet.</p> <p>Findings include:</p> <p>During the environmental tour of the parent Clinic, accompanied by the Manager, on 7/3/19 at 10:05 A.M., Surveyor #1 and #2 observed cleaning products stored in unlocked cabinets under the sinks (in rooms #1, H and in an unnumbered room across from room #1): Virex Tb 946 ml bottle Alconox powered precision cleaner 4 lbs</p> <p>Accompanied on the tour by the Health Center Manager, she confirmed the chemicals were unlocked and accessible.</p> <p>During the environmental tour of the Worcester location, on 7/3/19 at 11:10 A.M., accompanied by the Manager, Surveyor #4 observed that the janitor's closet contained cleaning products, and the door was not locked. The Manager had the Building Manager lock the door, and said that it would be kept locked.</p>	C 130		
C 250	<p>140.211(D) Maintenance & Sanitation - Steriliz Equip</p> <p>Each clinic shall maintain sterilization equipment adequate to the needs of the clinic, for the purpose of sterilizing equipment and supplies as</p>	C 250		

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C 250	<p>Continued From page 4</p> <p>required or shall have an arrangement to obtain such services from a source approved by the Commissioner.</p> <p>A recognized method of checking clinic sterilizer performance shall be in effect.</p> <p>This ELEMENT is not met as evidenced by: Based on documentation review and interview, the Clinic failed to provide staff with the equipment required to perform quality control testing on the autoclave machine (used to sterilize instruments).</p> <p>Findings include:</p> <p>During the environmental tour of the parent Clinic on 7/10/19 at 10:00 A.M., Surveyor #1 reviewed the sterility testing log for the autoclave. The last documented test had been run on 6/4/19.</p> <p>On 6/11/19, a staff member had documented that they ran out of supplies and were unable to run the test.</p> <p>For the week of 6/17/19, a staff member had documented that they ran out of supplies, were unable to run the test, testing supplies were ordered and expected to arrive on 6/19/19.</p> <p>For the week of 6/19/19, a staff member had documented that they ran out of supplies and were unable to run the test.</p> <p>For the week of 6/24/19, a staff member had documented that they ran out of supplies and were unable to run the test.</p> <p>For the week of 7/1/19, a staff member had documented that they ran out of supplies and were unable to run the test.</p>	C 250		

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C 250	<p>Continued From page 5</p> <p>Surveyor #1's review of the quality control testing directions for the autoclave found that testing was to be conducted on a weekly basis.</p> <p>During an interview on 7/10/19 at 10:27 A.M., the Associate Health Center Manager said that the staff member who performed the quality control testing was no longer employed by the Clinic. She confirmed that the quality control testing had not been performed on a weekly basis.</p> <p>During a follow up discussion by email on 7/10/19 at 12:02 P.M., the Associate Health Center Manager informed Surveyor #1 that she had expedited the order for testing supplies, and was working on getting them that day.</p> <p>During a follow up discussion by email on 7/10/19 at 12:03 P.M., the Associate Health Center Manager informed Surveyor #1 that a staff member had taken over the quality control testing and was monitoring the logs for compliance.</p> <p>During a telephone interview with Surveyor #1, on 7/10/19 at 12:49 P.M., the Director of Quality Assurance said that the Clinic would not use the autoclave until staff had been trained to do so, and that they were getting testing supplies from the Worcester location that day.</p>	C 250		
C 320	<p>140.221 Fire Drills</p> <p>Each separate clinic premises shall conduct a fire drill at least twice a year in each work shift, and such drills shall include the entire staff.</p> <p>Documentation of such drills shall be available to the Commissioner for review.</p>	C 320		

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C 320	<p>Continued From page 6</p> <p>This ELEMENT is not met as evidenced by: Based on documentation review and interview, the Clinic failed to conduct 2 fire drills per year at the parent and satellite locations.</p> <p>Findings include:</p> <p>Surveyor #1's review of fire drill documentation provided by the Clinic, found that only 1 fire drill was conducted at each Clinic location per year.</p> <p>During an interview on 7/3/19 at 10:50 A.M., the Chief Financial Officer confirmed with the Maintenance Director by email, that the parent Clinic and satellites only conduct 1 fire drill per year.</p>	C 320		