

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### Healthcare Quality And Safety Branch

October 9, 2019

Esperanza Dejesus-Santana, Center Manager  
Planned Parenthood Of Connecticut Inc-Danielson  
87 Westcott Road  
Danielson, CT 06239

Dear Ms. Esperanza:

An unannounced visit was made to Planned Parenthood Of Connecticut Inc - Danielson on July 2, 2019 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing inspection with additional information received through July 2, 2019.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visit.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice.

### **The plan of correction is to be submitted to the Department by October 23, 2019.**

The plan of correction shall include:

- (1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;
- (2) the date each such corrective measure or change by the institution is effective;
- (3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and
- (4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction may be subject to disciplinary action.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by October 23, 2019 or if a request for a meeting is not made by the stipulated



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DATE(S) OF VISIT: **July 2, 2019**

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT  
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES  
WERE IDENTIFIED

date, the violations shall be deemed admitted.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Heidi Caron, MSN, RN, BC, CLNC  
Supervising Nurse Consultant  
Facility Licensing and Investigations Section

HAC:mb

The following is a violation of the Regulation of Connecticut State Agencies Section 19-13-D51  
Pharmaceuticals (1)(2)(3)(4) and /or 19-13-D52 Maintenance.

DATE(S) OF VISIT: **July 2, 2019**

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT  
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES  
WERE IDENTIFIED

1. Based on facility documentation and inspection of medication storage, the facility failed to ensure that vaccines were not expired. The findings include:
  - a. Observation of medication refrigerator storage on 7/2/19 at 10:00am revealed two vials of Tuberculine (purified protein derivative) PPD which were opened for over 28 days. Further observation of the medication storage cabinet revealed two Liletta intra-uterine devices which had expiration dates of 04/2019. Interview with the Center administrator on 7/2/19 at 11)0am revealed that staff checks for expired meds on a routine basis and the expired medications should not have been left in storage after being identified.

The following is a violation of the Regulation of Connecticut State Agencies Section 19-13-D48, Professional Staff (a)(5) and/or 19-13-D52 Maintenance.

2. Based on review of personnel files, facility documentation and interviews with personnel, the facility failed to ensure the medical providers were appointed annually. The findings include:
  - a. Review of credential files for all medical providers identified that medical staff were not appointed annually. Interview with the Center Administrator on 7/2/19 identified that they were not aware that credentialing of medical staff needed to be completed on an annual basis.