

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

Janeen Ortiz, Regional Manager
Planned Parenthood Of Connecticut Inc-Hartford
1229 Albany Avenue
Hartford, CT 06112

Dear Ms. Ortiz:

An unannounced visit was made to Planned Parenthood Of Connecticut Inc-Hartford on May 10, 2019 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing survey inspection with additional information received through June 3rd, 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: May 10, 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.

We do not anticipate making any practitioner referrals at this time.

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 are violations of the Regulation of Connecticut State Agencies Section 19-13-47
Governing Board, Administrator (a)(2) and/or 19-13-D48 Professional Staff (b)(5) and/or 19-13-D52

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Maintenance.

1. Based on review of credentialing files and a review of facility documentation, the facility failed to ensure their medical staff is appointed annually. The findings include:
 - a. Review of medical staff credentialing files on 5/10/19 identified that the medical staff were not credentialed annually. Interview with the Regional Manager on 5/10/19 identified that they were not aware that the medical staff needed to be credentialed annually. Review of facility policy revealed they are appointing and re-appointing their medical staff for a term of 3 years.

2. Based on review of personnel files, review of facility documentation and observations, the facility failed to ensure that their employees tuberculosis screening was current and/or the emergency eye wash station water temperature was not monitored. The findings include:
 - a. Review of personnel files identified that the tuberculosis screening for employees was not current. Review of personnel record for PA#1 revealed he/she had their last tuberculosis screening in March of 2016. Review of personnel record for LPN #1 revealed he/she had their last tuberculosis screening in 2015. Review of CA#1's personnel record revealed he/she is a new employee as of April 15th 2019 and had not had tuberculosis screening. Interview with the Regional Manager on 6/3/19 identified that all new employees should have tuberculosis screening on or before their first day of employment. The Regional Manager indicated that this facility did not have a health center manager for a few months and some things "slipped through the cracks". Review of facility policy revealed the employees should have tuberculosis screening every three years and initially at date of hire.
 - b. Review of the facilities quality assurance logs identified that the facility failed to monitor the temperature of the water at their emergency eye wash station. The temperature of the water was seen at 125 degrees. Interview with the Regional Manager on 6/3/19 identified that the facility was not checking the water temperature in the eye wash station. Review of the American National Standards Institute and the Occupational Safety and Health Administration recommendations were to keep the temperature between 60 to 100 degrees Fahrenheit.