



## FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
<b>Permit:</b>	AB-0008	<b>Audit Name:</b>	Abortion Clinic ROV 20161020
<b>Facility Name:</b>	PLANNED PARENTHOOD SOUTH ATLANTIC CHARLESTON	<b>Type:</b>	L01 Routine
<b>Address:</b>	1312 ASHLEY RIVER RD	<b>Start Date:</b>	02 Nov 2020 10:15 AM
<b>City/State/Zip:</b>	CHARLESTON, SC 29407-5365 Charleston	<b>End Date:</b>	02 Nov 2020 02:15 PM
<b>Phone 1:</b>	843-628-4380	<b>Inspector:</b>	Ivy Wilkes
<b>Email:</b>	GLORIA.FOSTER@PPSAT.ORG		
<b>Contact Name:</b>	LISA LOWE-HALL		
<b>Contact Email:</b>	null		
<b>Contact Phone:</b>	919-833-7526		

<b>Overall Score</b>
<b>0.0%</b>

### Report Notice

Question ID	Question	Answer
NOTICE01	<p>Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708</p> <p>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.</p>	Report Notice

### Administrator's Signature - Plan of Correction

Question ID	Question	Answer
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SIGN01	<p>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</p> <p>(1) the actions taken to correct each cited deficiency,  (2) the actions taken to prevent similar recurrences, and  (3) the actual or expected completion dates of those actions.</p> <p>PRINT NAME: _____</p> <p>TITLE: _____</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p> <p>Any violations cited in this report of visit were observed at the time of the inspection.</p> <p>The Administrator submits an electronic plan of correction by visiting the website <a href="http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/">http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/</a> and following the instructions online.</p> <p>Or the Administrator returns a copy of this report (original signature required) with description of corrective actions to:</p> <p>SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201</p> <p>Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li>• 11/17/2020</li> </ul>	POC REQUIRED
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## Inspection Information

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? <b>Comments</b> • 12/11/2019	NO
INSP04	Are there any other individuals accompanying the auditor for this visit? <b>Comments</b> • Holly Barber, RN and Antynette Nelson, Inspector III	YES

## AC Regulation Parts I-VII 61-12

Question ID	Question	Answer
R-61-12-401.A2	<p>401.A.2. The record shall include as a minimum the following information: Signed consent for the procedure; (Class II Violation)</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li>• For one (1) of twenty five (25) patient records reviewed, there was no documentation of a signed consent for the procedure. 1.) Patient C</li> </ul>	OUT

R-61-12-403.A1	<p>403.A.1. The following shall be reported to Vital Records and Public Health Statistics of this Department: Any abortion performed, to be reported by the performing physician on the standard form for reporting abortions, within seven days after the abortion is performed; (Class II Violation)</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li> <p><i>For eight (8) of twenty-five patient records reviewed, there was no documentation available that the abortion procedure was reported by the performing physician to Vital Records and Public Health Statistics within seven (7) days after the abortion was performed.</i></p> <p>1.) Patient A, procedure performed [REDACTED] reported [REDACTED]</p> <p>2.) Patient B, procedure performed [REDACTED] reported [REDACTED]</p> <p>3.) Patient C, procedure performed [REDACTED] reported [REDACTED]</p> <p>4.) Patient D, procedure performed [REDACTED] reported [REDACTED]</p> <p>5.) Patient E, procedure performed [REDACTED] reported [REDACTED]</p> <p>6.) Patient F, procedure performed [REDACTED] no documentation of report</p> <p>7.) Patient G, procedure performed [REDACTED] reported [REDACTED]</p> </li> </ul>	OUT
R-61-12-403.B	<p>403.B. A record of each accident or incident occurring in the facility which involves patients, staff, or visitors, including medication errors and adverse drug reactions, shall be prepared immediately. Accidents or incidents resulting in serious injury shall be reported, in writing, to the Department within 10 days of the occurrence; if a death occurs, other than a fetal death, it shall be reported to the Department not later than the next Department work day (Monday through Friday). Accidents and incidents that must be reported include, but are not limited to: 1. Those leading to hospitalization; 2. Those leading to death, other than a fetal death; 3. Adverse drug reactions. (Class II Violation)</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li> <p><i>An incident occurring on [REDACTED] that lead to the hospitalization of a patient was not reported to the Department within ten (10) days.</i></p> </li> </ul>	OUT

## Record Retention

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



# PLAN OF CORRECTION REPORTING FORM BUREAU OF HEALTH FACILITIES LICENSING

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## INSPECTION INFORMATION

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**License Number:**

AB-0008

**Facility Type:**

HL- Abortion Clinic

**Facility Name:**

PLANNED PARENTHOOD SOUTH ATLANTIC CHARLESTON

**Inspection Date:**

11/02/2020

**Submission Date:**

11/16/2020

**Type of Inspection:**

Routine

**Program Area:**

Licensing

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## ADMINISTRATOR'S CERTIFICATION

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**By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.**

Checked

**Administrator Name:**

Paige Johnson

**E-mail:**

paige.johnson@ppsat.org

**Phone:**

(919) 833-7534

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## RESPONSE TO CITATIONS

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Section:	Was Completion Date Provided?	Completion Date (Actual or Expected):
403.A.1	Yes	11/13/2020

**Corrective Action:**

All missing ITOP reports were submitted to the state's online portal.

**Preventive Action:**

1) We have updated our protocol which outlines the procedure for reporting to Vital Records and Public Health Statistics as follows: Within 7 days of each AB day the Health Center Manager (HCM) or designee will go online to the DHEC site and submit required information for each AB patient seen in the center using the DHEC "South Carolina Web Death System" online portal: <https://vrweb01.dhec.sc.gov/edrs1azlo/LoginModule/Maintest.html> After submission for each patient, a copy of the submission is printed out to be scanned into the patient EHR. HCM or designee will reconcile the number of ITOP printed forms against the number of AB procedures performed on each AB day (can verify with AB procedure log or with MD verification report in NG). In the event the portal is offline, staff will complete a paper version of the ITOP form and emailing the form to the DHEC staff via email at [webdeathalert@dhec.sc.gov](mailto:webdeathalert@dhec.sc.gov) 2) Our Health Center Manager

has trained 3 additional staff on how to complete the ITOP reporting procedure. The addition of multiple staff being trained in the reporting procedure will ensure that there is always a trained staff person able to complete the required reporting. 3) We performed a spot check of charts from July 2020 to the present date and identified no other errors of submission timing.

**Optional Comments:**

**Response Approved:**

Yes

<b>Section:</b>	<b>Was Completion Date Provided?</b>	<b>Completion Date (Actual or Expected):</b>
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401.A.2	Yes	11/12/2020
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**Corrective Action:**

We have provided retraining to our health center staff on required consent procedures. Our Health Center Manager and other patient-facing staff have been retrained on obtaining signed consent as part of the pre-procedure patient education process. Our physicians and nurses have been retrained on the need to confirm presence of the signed consent form prior to performing procedure.

**Preventive Action:**

We are completing monthly audits of abortion chart documentation which includes confirmation of signed consent in all patient charts. We will immediately address any findings identified in the monthly abortion chart audit related to documentation of patient consent.

**Optional Comments:**

**Response Approved:**

Yes

<b>Section:</b>	<b>Was Completion Date Provided?</b>	<b>Completion Date (Actual or Expected):</b>
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403.B	Yes	11/10/2020
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**Corrective Action:**

The incident identified was reported to the state via the reporting website on 11/10/20.

**Preventive Action:**

We have developed a protocol which outlines the procedure for reporting required accidents and incidents to Vital Records and Public Health Statistics: The Health Center Manager (HCM) will immediately log any accident or incident occurring in the facility which involves patients, staff, or visitors in the site complication log. In the case a patient is transferred to the hospital as a result of an accident or incident, the HCM will create a follow-up plan in the medical chart in EHR. Within 48 hours of the hospital transfer time, the HCM will contact the patient and update the medical chart with information detailing patient disposition following hospital evaluation. In the case of patient hospitalization as a result of an accident or injury, the HCM will work with the Risk and Quality Management Director (RQMD) immediately to begin the outside medical records request process. Within 10 days of the date the HCM is informed of the patient hospitalization a report will be filed to DHEC by the HCM using the online portal: <https://apps.dhec.sc.gov/health/AIReports/DefaultAIPublic.aspx>

**Optional Comments:**

**Response Approved:**

Yes

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**LOG INFORMATION SECTION**

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**Report of Visit Delivery Date:**

**Plan of Correction Due Date:**

**Date Plan of Correction was Reviewed:**

11/23/2020

**Reviewed by:**

Ashley Grant

**Comments:**

**Plan of Correction Approved:**

Yes

**Decision By:**

Ashley Grant

**Decision Date:**

11/23/2020

**Remove POC:**

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**UPLOAD DOCUMENTS**

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**File Upload**

**Plan of Correction Log Number:**

MPC11028-20

DHEC Form 0284 (05/2014)