



## FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
<b>Permit:</b>	AB-0002	<b>Audit Name:</b>	Abortion Clinic ROV 20161020
<b>Facility Name:</b>	PLANNED PARENTHOOD OF SOUTH ATLANTIC	<b>Type:</b>	L01 Routine
<b>Address:</b>	2712 MIDDLEBURG DR STE 107	<b>Start Date:</b>	04 Nov 2020 09:00 AM
<b>City/State/Zip:</b>	COLUMBIA, SC 29204-2478 Richland	<b>End Date:</b>	04 Nov 2020 03:30 PM
<b>Phone 1:</b>	803-256-4908	<b>Inspector:</b>	Ivy Wilkes
<b>Phone 2:</b>			
<b>Fax:</b>			
<b>Email:</b>	PSADMIN@PPSAT.ORG		
<b>Contact Name:</b>	LISA LOWE-HALL		
<b>Contact Email:</b>	null		
<b>Contact Phone:</b>	919-833-7526		

**Overall Score**  
**0.0%**

### 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>• 11/19/2020</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?	YES

## AC Regulation Parts I-VII 61-12

Question ID	Question	Answer
R-61-12-204.F1	<p>204.F.1. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Infection control, to include as a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as handwashing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members; (Class III Violation)</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li>• For two (2) of six (6) staff records reviewed, there was no documentation available for review of</li> </ul>	OUT

	<p><i>infection control training.</i></p> <p>1.) <i>Staff A</i></p> <p>2.) <i>Staff B</i></p>	
R-61-12-204.F4	<p>204.F.4. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Licensing regulations. (Class III Violation)</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li> <p><i>For three (3) of six (6) staff records reviewed, there was no documentation available for review of Licensing Regulations training.</i></p> <p>1.) <i>Staff A</i></p> <p>2.) <i>Staff B</i></p> <p>3.) <i>Staff C</i></p> </li> </ul>	OUT
R-61-12-401.B	<p>401.B. The attending physician must complete and sign the medical record within 72 hours following discharge. (Class II Violation)</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li> <p><i>For three (3) of twenty-five (25) medical records reviewed, there was no documentation available for review that the medical record was signed within 72 hours following discharge.</i></p> <p>1.) <i>Patient A, date of procedure [REDACTED] date signed [REDACTED]</i></p> <p>2.) <i>Patient B, date of procedure [REDACTED] date signed [REDACTED]</i></p> <p>3.) <i>Patient C, date of procedure [REDACTED] date signed [REDACTED]</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-0002

**Facility Type:**

HL- Abortion Clinic

**Facility Name:**

PLANNED PARENTHOOD OF SOUTH ATLANTIC

**Inspection Date:**

11/04/2020

**Submission Date:**

11/17/2020

**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:**

PSADMIN@ppsat.org

**Phone:**

(803) 256-4908

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## RESPONSE TO CITATIONS

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Section:	Was Completion Date Provided?	Completion Date (Actual or Expected):
204.F.1.	Yes	11/10/2020

**Corrective Action:**

Documentation of licensing regulation-missing attestations. Infectious Waste and AB regs required annually, missing 3 staff.

**Preventive Action:**

The requirement to complete mandatory training will be met by adding this to annual Risk and Quality Management Plan and Mandatory Training Calendar overseen by the VP of Compliance and RQM Director.

**Optional Comments:****Response Approved:**

No

**Section:**                      **Was Completion Date Provided?    Completion Date (Actual or Expected):**

401.B                              Yes                                      11/10/2020

**Corrective Action:**

The attending physician must complete and sign the medical record within 72 hours following discharge. 3 of 25 medical records reviewed were not signed within 72 hours following discharge.

**Preventive Action:**

The requirement was reviewed on 11/10/20 with the provider cited. To prevent future errors, the HM or designee will run a report at the end of every AB clinic day to ensure that all patients have a visit summary, and that it has been signed by the provider prior to their departure from clinic.

**Optional Comments:**

**Response Approved:**

No

**Section:**                      **Was Completion Date Provided?    Completion Date (Actual or Expected):**

204.F.4.                              Yes                                      11/10/2020

**Corrective Action:**

Documentation of licensing regulation-missing attestations. AB regs.

**Preventive Action:**

The requirement to complete mandatory training will be met by adding this to the annual Risk and Quality Management Plan and Mandatory Training Calendar overseen by the VP of Compliance and RQM Director.

**Optional Comments:**

**Response Approved:**

No

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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:**

The Plan of Correction does not include a corrective action for the citation.

**Plan of Correction Approved:**

No

**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:**

MPC11030-20

DHEC Form 0284 (05/2014)



# PLAN OF CORRECTION REPORTING FORM BUREAU OF HEALTH FACILITIES LICENSING

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**Program Area:**

Licensing

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## ADMINISTRATOR'S CERTIFICATION

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Checked

**Administrator Name:**

Paige Johnson

**E-mail:**

PSADMIN@ppsat.org

**Phone:**

(803) 256-4908

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## RESPONSE TO CITATIONS

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Section:	Was Completion Date Provided?	Completion Date (Actual or Expected):
204.F.1	Yes	11/10/2020

**Corrective Action:**

All staff ( [REDACTED] ) have reviewed and signed attestations for AB regs, and Infectious Waste. This was completed on 11/10 and 11/13/20.

**Preventive Action:**

The requirement to complete mandatory training will be met by adding this to the annual Risk and Quality Management Plan and Mandatory Training Calendar, overseen by the VP of Compliance and RQM Director.

**Optional Comments:****Response Approved:**

Yes

**Section: Was Completion Date Provided? Completion Date (Actual or Expected):**

204.F.4 Yes 11/10/2020

**Corrective Action:**

All staff ( [REDACTED] ) have reviewed and signed attestations for AB regs, and Infectious Waste. This was completed on 11/10 and 11/13/20.

**Preventive Action:**

The requirement to complete mandatory training will be met by adding this to the annual Risk and Quality Management Plan and Mandatory Training Calendar, overseen by the VP of Compliance and RQM Director.

**Optional Comments:**

**Response Approved:**

Yes

**Section: Was Completion Date Provided? Completion Date (Actual or Expected):**

401.B Yes 11/10/2020

**Corrective Action:**

This requirement was reviewed on 11/10/20 with the provider cited.

**Preventive Action:**

To prevent future errors, the HCM or designee will run a report at the end of every AB clinic day to ensure that all patients have a visit summary and that it has been signed by the provider prior to their departure from clinic.

**Optional Comments:**

**Response Approved:**

Yes

**LOG INFORMATION SECTION**

**Report of Visit Delivery Date:**

**Plan of Correction Due Date:**

**Date Plan of Correction was Reviewed:**

12/14/2020

**Reviewed by:**

Ashley Grant

**Comments:**

**Plan of Correction Approved:**

Yes

**Decision By:**

Ashley Grant

**Decision Date:**

12/14/2020

**Remove POC:**

**UPLOAD DOCUMENTS**

**File Upload**

DHEC Attestations.pdf (FileHandler.ashx?formItemResponseFileId=9953)



**Plan of Correction Log Number:**

MPC12015-20

DHEC Form 0284 (05/2014)