

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY	STREET ADDRESS, CITY, STATE, ZIP CODE 8645 CONNECTICUT ST MERRILLVILLE, IN 46410
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	<p>INITIAL COMMENTS</p> <p>This visit was for a licensure survey.</p> <p>Facility Number: 011116</p> <p>Survey Date: 9-15-2020</p> <p>Planned Parenthood Of Indiana And Kentucky, is in compliance with 410 IAC 26.5, Abortion Clinics Performing Drug Induced Abortions Licensure Rules.</p> <p>QA: 9/17/20</p>	D 000		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X8) DATE _____

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T 000	<p>INITIAL COMMENTS</p> <p>This visit was for a licensure survey.</p> <p>Facility Number: 011116</p> <p>Survey Date: 9-15-2020</p> <p>QA: 9/17/20</p>	T 000		
T 184	<p>410 IAC 26-10-1 PATIENT CARE AND NURSING SERVICES</p> <p>410 IAC 26-10-1(a)(1)</p> <p>(a) All patient care services must: (1) meet the needs of the patient, within the scope of the service offered, in accordance with acceptable standards of practice;</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow their policy/procedure for post-surgical abortion recovery assessment criteria for 4 (patient 11, 12, 13 and 14) of 15 surgical abortion closed medical records (MR) reviewed.</p> <p>Findings:</p> <p>1. Policy/procedure 18.1.2, Recovery Area Assessment Criteria, revised/reapproved 6/2016 indicated on page 2 "1. A. Patients receiving minimal or no sedation who are post surgical abortion....must assess the following at initiation of recovery and then at least every 15 minutes during the recovery process until discharge. Blood pressure, respiratory rate, pulse (a minimum of 2 sets)".</p>	T 184		

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T 184	<p>Continued From page 1</p> <p>2. Review of patient 11, 12, 13 and 14's MR lacked documentation of post-surgical vital signs during recovery.</p> <p>3. On 9/15/20 at approximately 1230 hours, staff N1 (Clinic Manager) was interviewed and confirmed patient 11, 12, 13 and 14's MR lacked documentation of post-surgical vital signs. Staff N1 confirmed review of patient 11's MR indicated the patient underwent a surgical abortion procedure on 4/1/20 at 1041 hours and lacked documentation of vital signs/assessment after the procedure stop time. Staff N1 confirmed review of patient 12's MR indicated the patient underwent a surgical abortion procedure on 4/1/20 at 1437 hours and confirmed the MR lacked documentation of vital signs after 1437 hours. Staff N1 confirmed review of patient 13 and 14's MR indicated each patient underwent a surgical abortion procedure on 5/16/20. Staff N1 confirmed patient 13 and 14's MR lacked documentation of the surgical abortion procedure start/stop times. Staff N1 confirmed he/she was not able to determine if staff followed the facility's policy/procedure for post-surgical recovery assessment due to patient 13 and 14's MR lacked documentation of procedure start/stop times.</p>	T 184		