

### ACTS Complaint/Incident Investigation Report

#### PROVIDER INFORMATION

Name: PLANNED PARENTHOOD OF HUDSON PECONIC, INC  
Address: 175 TARRYTOWN ROAD  
City/State/Zip/County: WHITE PLAINS, NY, 10607, WESTCHESTER  
Telephone: (914) 428-7876

License #: 5902208R  
Type: DTC  
Medicaid #:  
Administrator:

#### INTAKE INFORMATION

Taken by - Staff: VISICARO, MARIANNE M.  
Location Received: P & A C - C H I P - C O  
Intake Type: Complaint  
Intake Subtype: State-only, licensure  
External Control #:  
SA Contact: LEIB, HELAINE B.  
RO Contact:  
Responsible Team: P & A C - M A R O - N E W R O C H E L L E  
Source: State Survey Agency

Received Start: 06/12/2009 At 10:59  
Received End: 06/12/2009 At 10:59  
Received by: E-Mail  
State Complaint ID:  
CIS Number:

#### COMPLAINANTS

Name	Address	Phone	E-Mail
DOH DOH (Primary) <a href="#">Link ID: 04GCKN</a>			

#### RESIDENTS/PATIENTS/CLIENTS

Name	Admitted	Location	Room	Discharged	Link ID
[REDACTED]					[REDACTED]

#### ALLEGED PERPETRATORS - No Data

#### INTAKE DETAIL

Date of Alleged Time: Shift:

Standard Notes: The complaint involves prenatal care provided to the patient/client at the Planned Parenthood located at 20 South Broadway, Yonkers, NY. The patient's states that a lab test, performed on the prenatal visit of [REDACTED]/08, was reactive for [REDACTED] however, the patient alleges that she was not notified and treatment was not initiated.

A repeat test on the second visit on [REDACTED]/08 was also positive. She states that she was contacted on [REDACTED]/08 and directed to contact the Westchester County Health Department. A third test was performed and treatment was initiated. The complainant states the [REDACTED] with [REDACTED] on [REDACTED]/09. She alleges a delay in notification and initiation of

Extended RO Notes:

Extended CO Notes:

#### ALLEGATIONS

Category: Quality of Care/Treatment

Subcategory: Standards of Care

Seriousness: Moderate

Findings: Substantiated:State deficiencies related to the alleg are cited

Deficiencies Cited: State-T-0000-INITIAL COMMENTS ()

Details: The complaint involves prenatal care provided to the patient/client at the Planned Parenthood located at 20 South Broadway, Yonkers, NY. The patient's states that a lab test, performed on the prenatal visit of [REDACTED]/08, was reactive for [REDACTED] however, the patient alleges that she was not notified and treatment was not initiated.

A repeat test on the second visit on [REDACTED]/08 was also positive. She states that she was contacted on [REDACTED]/08 and directed to contact the Westchester County Health Department. A third test was performed and treatment was initiated. The complainant states the [REDACTED] with [REDACTED] on [REDACTED]/09. She alleges a delay in notification and initiation of

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**Findings Text:**

1. Results of prenatal screening blood work for MR #1, drawn on [REDACTED]/08, revealed [REDACTED] culture as well as a positive [REDACTED].
2. A confidential case report to the Bureau of Communicable Disease related to this "[REDACTED] culture" on DOH form 389 is dated [REDACTED]/08. It was not done within 24 hours of diagnosis and does not meet NYS DOH requirements for reporting such communicable diseases immediately by mail. In addition, positive [REDACTED] results are not mentioned in this report.  
  
Positive [REDACTED] tests results for blood work drawn on [REDACTED]/08 were not reported to ECLRS until [REDACTED]/2009 based on the minutes of conference call of [REDACTED]/09 and credible statements of the [REDACTED] Coordinator at [REDACTED]. Minutes also confirm that results of the second specimen for [REDACTED] drawn on [REDACTED]/08 were reported on ECLS on [REDACTED]/09.  
  
Nursing note of [REDACTED]/09 reveals that DOH called the facility and requested it to provide to faxed copies of [REDACTED] results to them with "[REDACTED]". Positive [REDACTED] result [REDACTED] must be reported to the local health department or the NYS Bureau of Communicable Disease Control, immediately, by phone.
3. Review of the facility [REDACTED] Standards and Guidelines and [REDACTED] Policy, Revised December reveals that health professional must review all lab results, "and all abnormal results must be followed up appropriately." There is no contact person with phone number or address and it lacks the name/title of the responsible staff member.

#### SURVEY INFORMATION

Event ID	Start Date	Exit Date	Team Members	Staff ID
1IWE11	09/16/09	09/16/09	Leib, Helaine B.	22414

Intakes Investigated: [REDACTED] (Received: 06/12/2009)

Event ID	Exit Date	Tag	SUMMARY OF CITATIONS:
1IWE11	09/16/2009		State - Link to This Intake T0000-INITIAL COMMENTS

#### EMTALA INFORMATION - No Data

#### ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Schedule Onsite Visit	09/16/2009	09/16/2009	09/16/2009	LEIB, HELAINE B.
Hold for Written Report	01/05/2010		01/05/2010	BRATHWAITE-HARRIS, PATRICIA
File Review	04/19/2010		04/19/2010	BRATHWAITE-HARRIS, PATRICIA

Printed: 06/28/2021 3:47:48PM

Due Date: 09/14/2009

Priority: Non-IJ Medium

Intake ID: [REDACTED]

Facility ID: HP0931D / DTC

Provider Number:

Mgmt.Unit: 6NROC

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### INVESTIGATIVE NOTES



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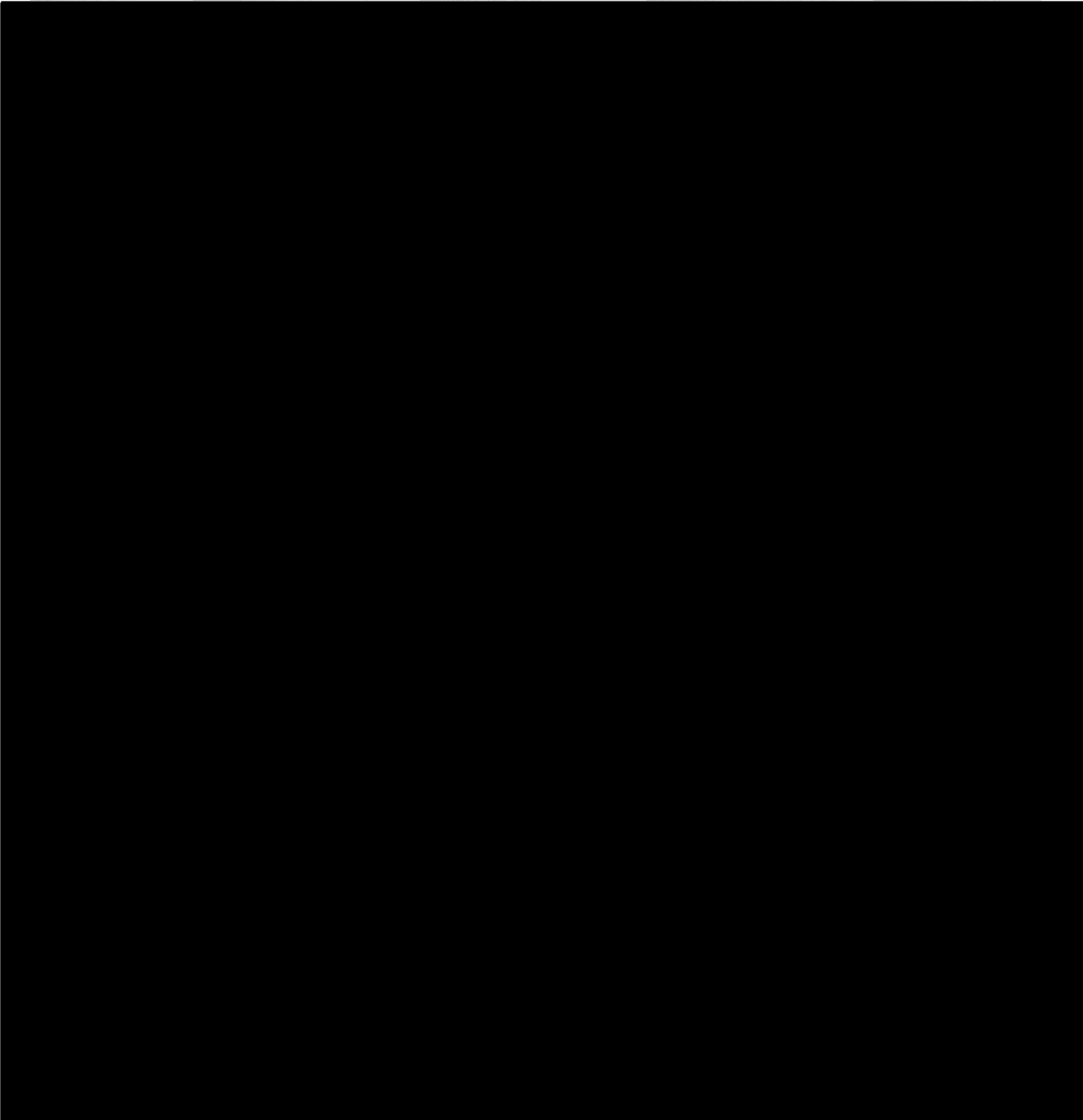
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CONTACTS - No Data

AGENCY REFERRAL - No Data

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LINKED COMPLAINTS - No Data

DEATH ASSOCIATED WITH THE USE OF RESTRAINTS/SECLUSION - No Data

Reason for Restraint:

Cause of Death:

NOTICES

#### PROPOSED ACTIONS

<u>Proposed Action</u>	<u>Proposed Date</u>	<u>Imposed Date</u>	<u>Type</u>
State Only Actions	06/04/2010	06/04/2010	Federal
POC (No Sanction)	06/04/2010	06/04/2010	State

Closed: 07/22/2010

Reason: Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION