



Planned Parenthood of
Metropolitan Washington DC, Inc.

PPMW DOH Responses-7/19/2021

Per your request, please see below: (I did not receive the response PDF document in Word format, so I created a new sheet with answers)

1. During the survey, documentation was not available to show that equipment (rolling/portable vital sign machines) was checked and tested for accuracy by Biomedical Department at least once per year Provider's Signature as recommended by the manufacturer.

All equipment has been previously checked and approved by our vendor Med Electronics who maintains all of PPMW's Preventative Maintenance. Please see the attached report from 11/24/2020, which is done 2x a year for our Surgical Services.

2. The faucet in the Decontamination Room was not secured to the sink in one (1) of one (1) observed.

Corrective Action: On June 12, 2021, the faucet in the decontamination room was tightened by PRP Plumbers. Please see attached service invoice. A monthly facilities checklist with this item specifically named will prevent future deficiencies in this area.

3 The water pressure was very low in the Biohazard Room. A small stream of water flowed from the spigot when the surveyor turned the water on in one (1) of one (1) observed.

Corrective Action: On June 4, 2021, the entire biohazard faucet was replaced by PRP Plumbers. Please see attached service invoice. A monthly facilities checklist with this item specifically named will prevent future deficiencies in this area.

4. During a review of the documentation provided by the facility, the surveyor determined that the Emergency Generator odometer readings were not consistent or recorded correctly to show 30-minute exercises.

Corrective Action: Our Security & Facilities Manager has created a formal log sheet to manage and maintain monthly generator testing moving forward. Please see attached sheet. A monthly facilities checklist with this item specifically named will prevent future deficiencies in this area.

5. The documented dates (December 2020, January, and February 2021) of exercises were not consistent to indicate that the staff exercised the Generator under load. The data/information presented to the surveyor was recorded on legal size notebook paper. Also, the facility did not present information to substantiate generator exercises for March and April 2021.

There was no indication of Log Sheets to substantiate that the staff exercised the Generator consistently for at least 30 minutes each month as required. ***A monthly facilities checklist with this item specifically named will prevent future deficiencies in this area.***



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Corrective Action: Our Security & Facilities Manager has created a formal checklist sheet for all of these items (and the ones listed above) to be checked and documented consistently on a monthly basis moving forward. Please see attached sheet. This will help prevent future deficiencies in this area.

Thank you!

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