Mailing Address: PO Box 94986
ɔln, NE 68509-4986
Deliveries: Centennial Mall South 3rd Floor/ Licensure Unit

DHHS
Nebraska Department of Health and Human Services

State of Nebraska
Dave Heineman, Governor

May 13, 2008

Ms. Christine Funk, Administrator
Planned Parenthood of Nebraska & Council Bluffs
3705 South Street
Lincoln, NE 68506

REVISED

Dear Ms. Funk:

An unannounced visit was completed to Planned Parenthood of Nebraska & Council Bluffs on March 13, 2008, by Diana Winkelman, Registered Nurse and Mary Arends, Laboratorian. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

The following are the general allegation(s) of non-compliance and conclusions:

ALLEGATION:
The facility failed to ensure adequate documentation in medical charts to ensure assessments are completed.

FINDINGS:
The facility did fail to ensure 3 of 30 patient records reviewed included assessment information in the recovery room as directed by their policies and procedures. Refer to violation cited at G114, 7-006.06 on the enclosed State Form.

ALLEGATION:
The facility failed to maintain and provide qualified staff to meet the patients needs during and after a surgical procedure.

FINDINGS:
Based on staff interviews, a review of personnel qualifications and record reviews, the allegation could not be substantiated.

ALLEGATION:
The facility failed to ensure adequate medical supplies are available for all patients.

FINDINGS:
Based on a review of the contents of the emergency medical supplies, maintenance records for patient care equipment, staff interviews and patient record reviews, the allegation is not substantiated

Please see the enclosed letter for instructions on completion and submission of the plan of correction for the deficiency(ies) found during the complaint investigation. Please contact this office if you have questions.

Sincerely,

Joann Erickson

Joann Erickson, Administrator
Office of Acute Care Facilities
Licensure Unit - Division of Public Health
(402) 471-3484 FAX: (402) 471-0555

JE/smm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HC026	A. BUILDING _____ B. WING _____	C 03/13/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF NEBRASKA & C(	3705 SOUTH STREET LINCOLN, NE 68506

(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
G 111	7-006.04 Patient Rights Each health clinic must protect and promote each patient's rights. This includes the establishment of written policies and procedures and enforcement of such to ensure the operations of the clinic afford patients the opportunity to exercise their rights. At a minimum, each patient must have the right to: 1. Respectful and safe care by competent personnel; 2. Be informed of patient rights during the admission process; 3. Be informed in advance about care and treatment and related risks; 4. Make informed decisions regarding care and treatment and to receive information necessary to make those decisions; 5. Refuse care and treatment and to be informed of the medical consequences of refusing such; 6. Formulate advance directives and to have the health clinic comply with the directives unless the clinic notifies the patient of the inability to do so; 7. Personal privacy and confidentiality of medical records; 8. Be free from abuse, neglect and exploitation; 9. Access information contained in his/her medical record within a reasonable time when requested; 10. Receive health clinic services without discrimination based upon race, color, religion, gender, national origin, or payer. Health clinics are not required to provide uncompensated or free care and treatment unless otherwise required by law; and 11. Voice complaints and grievances without discrimination or reprisal and have those complaints and grievances addressed. This Standard is not met as evidenced by:	G 111	Please see attached LICENSURE UNIT MAY 22 2008 RECEIVED	

Licensure Unit

Steve Durbin Director of Q./Risk
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

(X6) DATE 5-16-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HC026	A. BUILDING _____ B. WING _____	C 03/13/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF NEBRASKA & C(	3705 SOUTH STREET LINCOLN, NE 68506

(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
G 111	Continued From page 1 Surveyor: 04526 Based on review of patient medical records and staff interviews, the facility failed to ensure that for 1 patient reviewed, who was legally incompetent (Patient 4), there was documentation to show that the patient's legal guardian received the information necessary to make informed decisions regarding Patient 4's care and treatment and care following the procedure. Findings: A. Record review on 01/30/08 at 2:00 PM revealed Patient 4 presented to the facility with guardian on 05/18/07 for an outpatient surgical procedure. Record had document titled "Letters and Acceptance of Guardianship" dated 8/20/02 for Patient 4, an incapacitated person, showing appointment of guardianship and the guardian's responsibilities which included arranging for medical care, giving necessary consent, approval or releases on Patient 4's behalf, and making health care decisions, including consent. Record had documents titled "Request for the Provision of Surgery or other Special Services and "Parent Notification and Authorization" signed by both Patient 4 and the patient's guardian on 5/18/07. The document titled "Patient Certification" which outlines medical risks and information required by Nebraska Revised Statutes was signed by Patient 4 on 5/18/07 with no guardian signature included. The document titled "Client Information and Informed Consent" which describes care before the procedure, the procedure and possible complications, care after the procedure, side effects, risks and alternatives was signed by Patient 4 on 5/18/07 with no guardian signature included.	G 111		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HC026	A. BUILDING _____ B. WING _____	C 03/13/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF NEBRASKA & C(	3705 SOUTH STREET LINCOLN, NE 68506

(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
G 111	Continued From page 2 B. Interview with the facility social worker on 01/30/08 at 2:30 PM acknowledged interviewing and initiating the admission process for Patient 4's surgical procedure. Social worker was not sure why the legal guardian did not sign or cosign the above mentioned forms.	G 111		
G 114	7-006.06 Patient Care and Treatment Each health clinic must establish and implement written policies and procedures that encompass all care and treatment provided to patients. The policies and procedures are consistent with prevailing professional standards, delineate the scope of services provided in the health clinic and encompass aspects to protect the health and safety of patients. This Standard is not met as evidenced by: Surveyor: 15990 Based on patient record reviews, review of facility policies and procedures and staff interview, the facility failed to ensure that 3 of 30 patient records reviewed had documentation of assessment of the patients vital signs when admitted to recovery room following the procedure, vital signs prior to patients discharge from the facility and who accompanied patient upon discharge. (Patients 26, 27, 28). Findings include: A. Review of the Surgical Protocols - PPNCB, Version 1/2005, Section III: Post-Operative Management, Section F. Recovery Room on 01/29/08 reads: c. Procedure 1). All patients must have vital signs taken and documented upon admission and prior to discharge.	G 114		

...MENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HC026	A. BUILDING _____ B. WING _____	C 03/13/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF NEBRASKA & C(	3705 SOUTH STREET LINCOLN, NE 68506

(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
G 114	Continued From page 3 5) The patient should be accompanied to the waiting room when discharged. (Patient) should be accompanied by a friend or relative when (patient) leaves the clinic. B. Review of the "Client Information for Informed Consent" form signed by Patient 26 states that the patient will be: --given pain medication prior to procedure --taken to a recovery area following the procedure for rest and observation --given instructions on what to expect and how to care for self --scheduled for an appointment for a check-up in 2 weeks --able to leave, usually in about 30 minutes following the procedure, if someone is available to drive the patient home when patient had medication for sedation during the procedure. Review of Patient 26's medical record on 01/29/08 at 3:30 PM revealed patient presented to the facility for an outpatient surgical procedure on 10/12/07. Record indicates Valium 5 mg was given to the patient but the time of medication administration is occluded by the ultrasound picture. Record lacks documentation that Patient 26 received an assessment in the recovery room that included admission or discharge vital signs. The facility failed to document if someone accompanied patient home and if patient was stable for discharge according to facility procedure. C. Review of the "Client Information for Informed Consent" form signed by Patient 27 states that the patient will be: --given pain medication prior to procedure --taken to a recovery area following the procedure for rest and observation	G 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HC026	A. BUILDING _____ B. WING _____	C 03/13/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF NEBRASKA & C(	3705 SOUTH STREET LINCOLN, NE 68506

(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
G 114	Continued From page 4 --given instructions on what to expect and how to care for self --scheduled for an appointment for a check-up in 2 weeks --able to leave, usually in about 30 minutes following the procedure, if someone is available to drive the patient home when patient had medication for sedation during the procedure Review of Patient 27's medical record on 01/29/08 at 3:30 PM revealed patient presented to the facility for an outpatient surgical procedure on 10/19/07. Record lacks documentation that Patient 27 received an assessment in the recovery room that included admission or discharge vital signs. It could not be determined if Patient 27 received sedatives at the start of the procedure as the ultrasound picture covered that information in the medical record. The discharge information did not indicate if the patient was accompanied by someone to drive patient home. The facility failed to ensure Patient 27 was assessed as stable for discharge and accompanied by someone as per facility policy/procedure. D. Review of the "Client Information for Informed Consent" signed by Patient 28 states that the patient will be: --given pain medication prior to procedure --taken to a recovery area following the procedure for rest and observation --given instructions on what to expect and how to care for self --scheduled for an appointment for a check-up in 2 weeks --able to leave, usually in about 30 minutes following the procedure if someone is available to drive the patient home when patient had medication for sedation during the procedure	G 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HC026	A. BUILDING _____ B. WING _____	C 03/13/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF NEBRASKA & C(	3705 SOUTH STREET LINCOLN, NE 68506

(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
G 114	Continued From page 5 Review of Patient 28's medical record on 01/29/08 at 3:30 PM revealed patient presented to the facility for an outpatient surgical procedure on 10/26/07. Record lacks documentation that Patient 28 received an assessment in the recovery room that included admission and discharge vital signs. It could not be determined if Patient 28 received sedatives on the date of the procedure as the ultrasound picture covered that information in the medical record. The discharge information did not indicate if the patient was accompanied by someone to drive the patient home. Facility failed to ensure Patient 28 was assessed as stable for discharge and accompanied by someone as per facility policy/procedure. E. Interview with the Medical Director on 2/13/08 between the hours of 2:15 PM and approximately 3:30 PM revealed that patients that have this type of abbreviated procedure usually are able to get off the table and leave the facility, they do not require the recovery room, and that new policies pertaining to the after care of a patient that received this procedure became effective on 01/01/08. Surveyor requested that a copy of the revised policies/procedures for this type of procedure be faxed to their office and as of 02/19/08 at 12:45 PM nothing had been received from the facility.	G 114		
G 126	7-006.07A Medical Record Established Every patient who receives care or treatment in a health clinic must have a medical record established. Medical records must contain sufficient information to clearly identify the patient and document the diagnosis, care, treatment, and results accurately.	G 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HC026	A. BUILDING _____ B. WING _____	C 03/13/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF NEBRASKA & C(	3705 SOUTH STREET LINCOLN, NE 68506

(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
G 126	Continued From page 6 This Standard is not met as evidenced by: Surveyor: 15990 I. Based on patient medical record reviews, staff interviews, and review of policies and procedures, the facility failed to document in 30 of 30 patient medical records reviewed, the admission time to the recovery room and the method of transportation utilized to the recovery room as required by facility policy. (Patients 1-30) Findings: A. Review of Surgical Protocols-PPNCB, Version 1/2005, Section 111: Post-Operative Management F. Recovery Room 6) on 01/30/08 at 3:00 PM reads: The following items must be documented in the recovery room record: a) Admission/discharge time b) Method of transportation to the recovery room. B. Records reviewed on 01/30/08 at approximately 3:00 PM identified 30 of 30 patient medical records lacked documentation as to the admission time in the recovery room following the procedure and the method of transportation to the recovery room. (Patients 1-30) Example: Review of Patient 25's medical record on 01/29/08 at 11:30 AM revealed Patient 25 presented to the facility for an outpatient surgical procedure on 10/05/07. There was no documentation for the mode of transportation to the recovery room nor the time of arrival. II. Based on review of patient medical records and facility policies and procedures, the facility failed to ensure that medical records included pertinent information relating to patient care and	G 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HC026	A. BUILDING _____ B. WING _____	C 03/13/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF NEBRASKA & C(	3705 SOUTH STREET LINCOLN, NE 68506

(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
G 126	Continued From page 7 treatment. (Patients 1 and 25) Findings: A. Review of facility policy titled Patient Care Records, Section IB, Appendix B-1, Revised January 2005 on 01/29/08 at 11:00 AM under Content of the Patient Record states: The medical record describes the care rendered to each patient. It should be sufficiently complete to allow those not treating the patient to review care and assume continuing care when necessary. A record is complete if it contains information to show what treatment the patient received and why it was or was not given. Under section titled In Review states: Document each encounter, including phone calls and family communication, at the time it happens. B. Review of Patient 1's medical record on 01/30/08 at 1:00 PM revealed Patient 1 presented to the facility for an outpatient surgical procedure on 08/17/07. After the procedure, Patient 1 was taken to the Recovery Room where patient exhibited fainting, diaphoresis, paleness, hypotension, and abdominal cramping. Review of entries to the Patient Progress Record dated 8/17/07 and 8/21/07 revealed entries detailing care provided to Patient 1; however the following entries did not include the time each occured: --when patient was admitted to the recovery room --when patient went to bathroom and exhibited symptoms --when blood pressures were taken --when ambulance was called. C. Review of Patient 25's medical record on 01/29/08 at 11:30 AM revealed Patient 25 presented to the facility for an outpatient surgical procedure on 10/05/07. Review of the patient	G 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HC026	A. BUILDING _____ B. WING _____	C 03/13/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF NEBRASKA & C(	3705 SOUTH STREET LINCOLN, NE 68506

(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
G 126	Continued From page 8 progress record dated 10/08/07, and 10/12/07 noted 4 entries pertaining to medication orders, call to local pharmacy, and the patient returning to the clinic for another ultrasound with no documented times for these entries.	G 126		
G 143	7-006.09E Storage of Drugs, Devices, and Biologicals All drugs, devices, and biologicals must be stored in secured areas and stored in accordance with the manufacturer's, distributor's, packager's, or dispensing pharmacist's instructions for temperature, light, humidity, and other storage instructions. Only authorized personnel, designated by policy and procedure of the health clinic as responsible for administration, provision, or dispensing, must have access to drugs, devices, and biologicals. The supply of drugs, devices, and biologicals must be protected and restricted to use for legally authorized purposes and must be checked on a regular basis to ensure expired, mislabeled, unlabeled, or unusable products are not available for patient use. This Standard is not met as evidenced by: Surveyor: 04526 Based on direct observation and staff interview, the facility failed to ensure expired medications were not available for patient use. Findings: A. Review of the contents of the emergency first aid kit on 12/04/07 at 2:40 PM revealed one of two Epi-pens expired 6/07, one of two intravenous kits expired 6/07. B. Interview with the Clinic Manager confirmed these expired items should have been removed	G 143		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HC026	A. BUILDING _____ B. WING _____	C 03/13/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF NEBRASKA & C(	3705 SOUTH STREET LINCOLN, NE 68506

(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
G 143	Continued From page 9 from the area.	G 143		

May 16, 2008

Office of Acute Care Facilities
Licensure Unit – Division of Public Health
PO Box 94986
Lincoln, NE 68509-4986

RE: Amended Plan of Correction

Dear Ms. Erickson:

I received your correspondence dated May 13, 2008, in regards to the modified inspection report. You will notice that I have amended several of the completion dates on various items. We have temporarily suspended abortion services while our medical director is on leave. We anticipate starting services again in mid-June. As a result, I won't be able to do spot checks of certain systems until the end of June. Below is our amended Plan of Correction:

G 111 7-006.04 Patient Rights
I. PPNCB's written protocols on providing abortion care do not specifically address the requirements of a co-signer when an adult client is under legal guardianship of another person. "Section I – E, Patient Information and Informed Consent" will be amended to direct employees to obtain the legal guardian's signature in addition to the client's signature on all education documents and consent forms. All employees providing abortion services will be provided with the amended protocol. The Director of Quality & Risk Management will do a spot check of 10 files after the new protocol has been in place for 30 days. Adherence to the protocol will continue to be audited during the clinic's semi-annual quality assurance audits in July and January. **Date of completion: June 30, 2008**

G 114 7-006.06 Patient Care & Treatment
I. Prior to January 1, 2008, PPNCB did not require vitals to be taken on early aspiration abortion clients or require them to be accompanied from the facility upon discharge. The written protocol has been revised as of January 1, 2008, to state that all patients, even those undergoing early aspiration procedures, are required to have two sets of vitals taken while in recovery. The protocol will be further revised to state that early aspiration clients are not required to have anyone accompanying them upon discharge and that ultrasound pictures should be attached to the medical record in a manner that does not obscure dates or times of medication/treatment. All employees providing abortion services will be provided with the amended protocol. The Director of Quality & Risk Management will do a spot check of 10 files after the new protocol has been in place for 30 days. Adherence to the protocol will continue to be audited during the clinic's semi-annual quality assurance audits in July and January. **Date of completion: June 30, 2008**

G 126 7-006.07A Medical Record Established
I. PPNCB's written protocol will be revised to state that the time for the first set of vitals is considered the "admission time" to recovery. Another revision will be made stating that conveyance to recovery is considered to be "ambulatory" in all cases unless otherwise noted. All employees providing abortion services will be provided with the amended protocol. The Director of Quality & Risk Management will do a spot check of 10 files after the new protocol has been in place for 30 days. Adherence to the protocol will continue to be audited during the clinic's semi-annual quality assurance audits in July and January. **Date of completion: June 30, 2008**

II. PPNCB conducted Emergency Medical Refresher Training on March 19, 2008. A portion of this training was devoted to documentation in the medical record. Emphasis was placed on accurate and timely entries, including the time of day events take place. Further training was provided on this topic during mock emergency drills conducted in April and May 2008. Adherence to the documentation standards will continue to be audited during the clinic's semi-annual quality assurance audits in July and January. **Date of completion: June 30, 2008**

G 143 7-006.09E Storage of Drugs, Devices, and Biologicals

I. At the Emergency Medical Refresher Training on March 19, 2008, staff was advised to assign the responsibility for routine review of the emergency first aid kit to a specific employee. This employee will be held accountable for disposing of expired, mislabeled, unlabeled, or unusable products. The Director of Quality & Risk Management completed a spot check in April 2008 of the emergency first aid kit. Adherence to state standards will continue to be audited during the clinic's semi-annual quality assurance audits in July and January. **Date of completion: May 1, 2008**

Please contact me directly if you have any questions about our Plan of Correction.

Sincerely,

Tracy Durbin
Director of Quality & Risk Management
Planned Parenthood of Nebraska & Council Bluffs
4610 Dodge St.
Omaha, NE 68132
402-554-1045