ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

July 15, 2019

Ms. Gretchen Pacheco, Administrator
Acacia Women's Center
1615 East Osborn Road
Phoenix, AZ 85016

RE: OTCAC4111
Acacia Women's Center
1615 East Osborn Road
Phoenix, AZ 85016

Dear Ms. Pacheco:

Enclosed is the license to operate a(n) Outpatient Treatment center. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

REMINDER: Renewal Applications are processed via the online portal system only. It is your responsibility to register and access the online portal system to renew your license, refer to rules 9 A.A.C. 10, Article 1 regarding "renewal license application". Pursuant to Arizona Revised Statutes (A.R.S.) 36-425 (C)(2), a health care institution's license becomes invalid if the fees are not paid before the licensing fee due date. It is a violation of A.R.S. 36-407(a) to operate a health care institution without a current and valid license. Once your license is no longer valid, an initial application is required to recommence operations.

Sincerely,

William Alcock, R.N., J.D.
Bureau Chief
Bureau of Medical Facilities Licensing

WA:ED

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4111	A. BUILDING: _____ B. WING _____	08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACACIA WOMEN'S CENTER	1615 EAST OSBORN ROAD PHOENIX, AZ 85016

(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
X 000	Initial Comments Based on a deficiency free compliance survey conducted on 09-26-14 for the licensing period of 11-01-14 through 10-31-15, the Department will issue the annual license for the licensing period of 11-01-15 through 10-31-16 without an onsite compliance survey according to ARS 36.425.E. _____ ADHS Representative Date	X 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4111	A. BUILDING: _____ B. WING _____	09/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACACIA WOMEN'S CENTER	1615 EAST OSBORN ROAD PHOENIX, AZ 85016

(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
A 000	Initial Comments There were no deficiencies cited during the State Compliance survey of an Outpatient Treatment Center providing Abortion Services, conducted on 9/24/14 and 9/26/14. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4111	A. BUILDING: _____ B. WING _____	08/28/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACACIA WOMEN'S CENTER	1615 EAST OSBORN ROAD PHOENIX, AZ 85016

(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
A 000	Initial Comments Based on a deficiency free compliance survey conducted on 12-21-12 for the licensing period of 11-01-12 through 10-31-13 , the Department will issue the annual license for the licensing period of 11-01-13 through 10-31-14 without an onsite compliance survey according to ARS 36.425.E. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4111	A. BUILDING: _____ B. WING _____	12/21/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACACIA WOMEN'S CENTER	1615 EAST OSBORN ROAD PHOENIX, AZ 85016

(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
A 000	Initial Comments There were no deficiencies cited during the State Compliance survey conducted on 12/19/12 and 12/21/12. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4111	A. BUILDING: _____ B. WING _____	09/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACACIA WOMEN'S CENTER	1615 EAST OSBORN ROAD PHOENIX, AZ 85016

(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
A 000	Initial Comments Based on a deficiency free compliance survey conducted on 11-02-10 for the licensing period of 11-01-10 through 10-31-11, the Department will issue the annual license for the licensing period of 11-01-11 through 10-31-12 without an onsite compliance survey according to ARS 36.425.E. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4111	A. BUILDING: _____ B. WING _____	11/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACACIA WOMEN'S CENTER	1615 EAST OSBORN ROAD PHOENIX, AZ 85016

(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
A 000	Initial Comments No deficiencies were found at the time of the state compliance survey conducted on October 6, 2010 and November 2, 2010. --- ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4111	A. BUILDING: _____ B. WING _____	10/06/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACACIA WOMEN'S CENTER	1615 EAST OSBORN ROAD PHOENIX, AZ 85016

(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
A 000	Initial Comments The facility was found to be in substantial compliance with the Abortion Clinic Rules, R9-10-1500, during the onsite survey that was conducted on 10/06/2010. _____ _____ ADHS Signature Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ARIZONA DEPARTMENT OF HEALTH SERVICES
LICENSING

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

April 12, 2019

Mr. James Washington, Administrator
Planned Parenthood Arizona, Inc.
4751 North 15th Street
Attention: Catherine Pisani
Phoenix, AZ 85014

RE: OTCAC8393
Planned Parenthood Tempe
1837 East Baseline Road
Tempe, AZ 85283

Dear Mr. Washington:

Enclosed is the license to operate a(n) Outpatient Treatment Center Providing Abortion Services. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

REMINDER: Renewal Applications are processed via the online portal system **only**. It is your responsibility to register and access the online portal system to renew your license, refer to rules 9 A.A.C. 10, Article 1 regarding "renewal license application". Pursuant to Arizona Revised Statutes (A.R.S.) 36-425 (C)(2), a health care institution's license becomes invalid if the fees are not paid before the licensing fee due date. It is a violation of A.R.S. 36-407(a) to operate a health care institution without a current and valid license. Once your license is no longer valid, an initial application is required to recommence operations.

Sincerely,

William Alcock, R.N., J.D.
Bureau Chief
Bureau of Medical Facilities Licensing

WA:das

Americans United for Life

MED0319

DOCUMENTS GO TO COMPLAINT INTAKE AZ00123593

08/25/2014
Please file ☺
C/O # 00123593
Planned Parenthood Tempe
This is a closed C/O & will remain closed @ this time.
CB

ALLIANCE DEFENDING FREEDOM
FOR FAITH FOR JUSTICE

RECEIVED
14 AUG 11 PM 3:05
AZDHS
DIRECTOR'S OFFICE

25 pages TOTAL

August 7, 2014

Will Humble, Director
Arizona Department of Health Services
150 North 18th Avenue
Phoenix, Arizona 85007

Tom Jelow

Re: Complaint Against Planned Parenthood AZ, Inc.

Dear Mr. Humble:

We represent Arizona citizens, including residents of Tempe, who are concerned about the recent allegations that the Planned Parenthood Arizona facility, 1250 E. Apache Blvd., No. 108, Tempe, AZ violated Arizona's mandatory reporting law relating to sex abuse of a minor.

It is the purpose of this letter to serve as a formal complaint on behalf of our clients and others and to request that, pursuant to the Women's Health Protection Act (HB 2284) which took effect on July 24, 2014, your agency immediately investigate this Planned Parenthood Arizona Tempe facility and all other Planned Parenthood AZ facilities in the State of Arizona.

As you are no doubt aware, the Women's Health Protection Act authorizes your agency to immediately inspect and investigate an abortion facility if there is "reasonable cause" to believe that the abortion facility is not adhering to licensing requirements, or any other Arizona rule or law regarding abortions. Arizona law, specifically A.R.S. § 13-3620, unequivocally requires that Planned Parenthood must immediately report allegations involving the sexual assault on a minor to law enforcement. This statute provides that failure to report such a sexual assault constitutes a class six felony. A failure to report such a serious crime puts Arizona children at risk of continued abuse by the perpetrator – just what happened here.

As you may know, the [redacted] County Sheriff's Office has conducted an investigation of [redacted] and has reported the identification of eighteen alleged victims in twenty-nine felony count charges being pursued against [redacted] This investigation also revealed the very serious criminal allegation that the Planned Parenthood AZ Tempe facility failed to report the alleged rape of a minor as required by Arizona law because it was too much of a "hassle." Reportedly after the rape became known to the Planned Parenthood AZ Tempe facility, [redacted] then sexually molested at least four additional victims.

According to police reports in the [redacted] case, attached hereto, one of the victims named in the [redacted] indictment went to the Planned Parenthood AZ Tempe facility for an abortion after being impregnated as a result of a sexual assault by [redacted] According to the young woman and her mother, they reported the sexual assault to a Planned Parenthood AZ Tempe employee, but

Americans United for Life

the employee deliberately miscoded the sexual assault to reflect that the pregnancy was a consequence of consensual sex. The young girl and her mother were advised that the Planned Parenthood AZ Tempe facility did not want to undergo the "hassle" of reporting the rape to criminal justice authorities. Furthermore, according to the police report, the Planned Parenthood AZ Tempe employee specifically acknowledged that Planned Parenthood AZ is a mandatory A.R.S. § 13-3620 reporter, thereby demonstrating actual knowledge of that legal obligation and an apparent deliberate violation of an Arizona law intended to protect children from predators.

According to the mother of the victim, the appointments occurred on [redacted] 2013, and [redacted] 2014. If the required report had been made to authorities on or before [redacted] 2014, it appears that at least four other victims could have been spared sexual abuse by [redacted] The criminal indictment, attached hereto, names four other victims of sex abuse that appear to have occurred after [redacted] 2014. If a report would have been "immediately" made by Planned Parenthood AZ as required by A.R.S. § 13-3620, a criminal investigation could have been initiated in time to have prevented these additional crimes of sexual abuse. Instead, Planned Parenthood AZ made no required report and [redacted] has been charged with victimizing at least four other young girls.

The allegations against Planned Parenthood AZ and its employees are not that it merely remained silent, which is itself a crime. The allegations are that Planned Parenthood deliberately misrepresented sexual abuse on a minor by [redacted] by deliberately miscoding a sexual assault as "consensual." Moreover, because A.R.S. § 36-2161 requires abortion providers to file a report that includes the reason for an abortion, it is reasonable to conclude that this mandatory report form, even if filed, also contained false information.

What happened at the Planned Parenthood AZ Tempe facility is consistent with what is happening at Planned Parenthood facilities across the Nation. There are currently approximately 68 Planned Parenthood Federation of America affiliates in the United States. Like Planned Parenthood AZ, each such affiliate operates abortion facilities in its geographic area.[1] Planned Parenthood Federation of America, an umbrella organization, directs that all the activities, programs, services, and pronouncements of each of its affiliates, including Planned Parenthood AZ.[2] Consequently, issues that arise in Arizona are very likely to emulate other Planned Parenthood affiliates, as evidenced by the number of times Planned Parenthood affiliates have

[1] *See* http://www.plannedparenthood.org/about-us/who-we-are.

[2] By way of example, it has been reported that Planned Parenthood Federation of America, Inc. (hereinafter "PPFA") has mandated that all of its affiliates must provide abortions by the end of 2013. http://nysrighttolife.org/planned-parenthood-fast-facts; http://townhall.com/news/religion/2011/01/12/p_parenthood_affiliates_must_do_abortions . Pursuant to PPFA's bylaws, among other things, Planned Parenthood Affiliates must: (a) "conform[] to the purposes, written policies and standards of PPFA"; (b) "develop a program to further those purposes and policies"; (c) "provide services consistent with the purposes of PPFA"; and (d) financially support PPFA.

been caught on tape engaging in outrageous misconduct.[3]

This most recent incident in Tempe is not the only allegation of wrongdoing by Planned Parenthood facilities in Arizona or in other parts of the Nation. Planned Parenthood facilities across the country have repeatedly violated the law and frequently put children at risk. For example, Planned Parenthood facilities are currently teaching and encouraging *young teens* to participate in sado-masochistic sexual activities, including gagging, whipping, asphyxiation, shopping at sex stores (which is illegal for minors), and viewing pornography. Planned Parenthood employees even advised that young women should not say, "Stop," because it really doesn't always *mean* "stop."[4]

Over and over again, in Arizona and across the country, Planned Parenthood facilities stand accused of repeatedly ignoring mandatory reporting laws, inevitably resulting in the continued victimization of young children. Previously, two different Planned Parenthood facilities in Arizona were caught on tape failing to report statutory rape. The Maricopa County District Attorney then in office conducted a criminal investigation but declined to prosecute because the incident did not involve medical staff.[5]

In Ohio, Planned Parenthood allowed a soccer coach who impregnated a [redacted]-year old child to sign off on her abortion without her parents' knowledge or consent. As in the Tempe situation involving [redacted], Planned Parenthood failed to report the sexual abuse of the minor to the required authorities and violated informed consent laws.[6]

In Colorado, Planned Parenthood reportedly failed to inquire about or report the suspected sexual abuse of a 13-year-old child by her stepfather that began when she was only six. When the

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[3] An excellent source of actual video footage from numerous Planned Parenthood facilities in Arizona and around the country can be found on Live Action's website. http://www.liveaction.org/projects/.

[4] http://www.lifenews.com/2014/06/10/shock-video-catches-planned-parenthood-teaching-teens-sm-sex-gagging-whipping-and-asphyxiation/; http://liveactionnews.org/new-live-action-video-reveals-more-disturbing-sex-advice-from-planned-parenthood-to-kids/ http://www.lifenews.com/2014/07/02/parents-outraged-that-planned-parenthood-encourages-teens-to-have-sm-sex/; http://plannedparenthoodexposed.com This link allows you to see the actual undercover footage from the Littleton and Lakewood, Colorado locations.

[5] http://www.liveaction.org/monalisa/phoenix-az/ .

[6] http://www.adfmedia.org/News/PRDetail/4740; http://exposeplannedparenthood.net/get-the-facts/planned-parenthood's-history-of-exploiting-women-2/. Live Action, through its undercover investigations, has repeatedly caught Planned Parenthood employees deliberately ignoring age disparities between young girls and the men who prey on them, or advising the girls not to tell Planned Parenthood the age of the man, or how to circumvent parental notification laws. http://www.lifesitenews.com/news/vindicated-live-action-busted-indy-planned-parenthood-for-covering-up-statu. Several videos of these undercover operations can be viewed at: http://www.liveaction.org/monalisa/

sexual abuse resulted in the child becoming pregnant at age thirteen, it is reported that the predator took her to a Planned Parenthood facility where an abortion was performed without her mother's knowledge or consent. Allegedly, not a single Planned Parenthood employee asked about the nature of the child's relationship with the predator or why their last names were different, or about potential abuse despite their actual knowledge that the girl was only thirteen and that abuse was evident. After the abortion, Planned Parenthood reportedly sent the child back home with her rapist where she continued to be abused for months.[7]

It is your agency's obligation to thoroughly investigate Planned Parenthood AZ and this and related allegations so as to ensure that Planned Parenthood AZ is held accountable for violations of A.R.S. § 13-3620. In a letter to Arizona Attorney General Tom Horne, attached hereto, Pinal County Sheriff Paul Babeu has also called for a criminal investigation of Planned Parenthood AZ and has offered the assistance of his agency. We understand that Sheriff Babeu possesses the full names, dates of birth, and appropriate contact information of all persons involved in this matter, as well as complete witness statements.

While we are hopeful that you agree that your agency now has, with the enactment of the Women's Health Protection Act, the necessary tools to work with law enforcement to investigate Planned Parenthood regarding this and other extremely serious allegations, if we can be of assistance during your investigation, please do not hesitate to contact us.

Sincerely,

Michael J. Norton
Natalie L. Decker
ALLIANCE DEFENDING FREEDOM

Enclosures:
[redacted] Indictment
[redacted] County Sheriff's Letter Requesting Investigation
[redacted] County Sheriff's Office Report

Americans United for Life

[7] http://www.lifenews.com/2014/07/11/planned-parenthood-sued-for-doing-abortion-on-raped-13-year-old-returning-her-to-rapist/

APACHE JUNCTION
JUSTICE COURT
2014 MAY -5 PM 4:49

JUSTICE COURT OF ARIZONA

NO. 7 PRECINCT, PINAL COUNTY, STATE OF ARIZONA CLERK INITIALS:_____

THE STATE OF ARIZONA,	)	
	)	
Plaintiff,	)	No [redacted]
	)	
vs.	)	**COMPLAINT**
	)	
[redacted]	)	
	)	
Defendant(s).	)	
_____	)	

The undersigned, by and through Pinal County Attorney, M. Lando Voyles, hereby makes this complaint of her own knowledge, information, and belief against [redacted] charging that in No. 7 Precinct, Pinal County, Arizona, said defendant committed the crime of:

COUNT 1

Between [redacted] 2009 and [redacted] 2009, in or near [redacted] Arizona, [redacted] committed Sexual Conduct with a Minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years, to wit: oral penile (1st time), in defendant's bedroom-same incident as Count 2, in violation of A.R.S. §§13-1405, 13-1401, 13-705, 13-610, 13-702, 13-712, and 13-801, class 2 felony, a Dangerous Crime Against Children, in the first degree.

COUNT 2

Between [redacted] 2009 and [redacted] 2009, in or near [redacted] Arizona, [redacted] committed Sexual Conduct with a Minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years, to wit: oral penile (2nd time), in defendant's bedroom-same incident as Count 1, in violation of A.R.S. §§13-1405, 13-1401, 13-705, 13-610, 13-702, 13-712, and 13-801, class 2 felony, a Dangerous Crime Against Children, in the first degree.

COUNT 3

Between [redacted] 2009 and [redacted] 2009, in or near [redacted] Arizona, [redacted] committed Sexual Conduct with a Minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years, to wit: manual/vaginal "rubbing clit" (1st time), in defendant's bedroom-same incident as Count 4, in violation of A.R.S. §§13-1405, 13-1401, 13-705, 13-610, 13-702, 13-712, and 13-801, class 2 felony, a Dangerous Crime Against Children, in the first degree.

COUNT 4

On or between [redacted]/2009 and [redacted]/2009, in or near [redacted], Arizona, [redacted] committed Child Molestation by intentionally or knowingly engaging in or causing a person, [redacted] a [redacted] years of age, to engage in sexual contact, except sexual contact with the female breast, to wit: manual/vaginal (2nd time), in defendant's bedroom-same incident as Count 3, in violation of A.R.S. §§13-1410, 13-1401, 13-705, 13-610, 13-702, 13-712, and 13-801, a class 2 felony, a Dangerous Crime Against Children, first degree.

COUNT 5

Between [redacted]/2011 and [redacted]/2011, in or near [redacted] Arizona [redacted] committed Sexual Conduct with a Minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years, to wit: penile/vaginal penetration (1st time) in defendant's bedroom-same incident as Counts 6, 7 and 8, in violation of A.R.S. §§13-1405, 13-1401, 13-705, 13-610, 13-702, 13-712, and 13-801, class 2 felony, a Dangerous Crime Against Children, in the first degree.

COUNT 6

Between [redacted]/2011 and [redacted]/2011, in or near [redacted] Arizona, [redacted] committed Sexual Conduct with a Minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years, to wit: penile/vaginal penetration (2nd time) in defendant's bedroom- same incident as Counts 5, 7 and 8, in violation of A.R.S. §§13-1405, 13-1401, 13-705, 13-610, 13-702, 13-712, and 13-801, class 2 felony, a Dangerous Crime Against Children, in the first degree.

COUNT 7

Between [redacted]/2011 and [redacted]/2011, in or near [redacted], Arizona, [redacted] committed Sexual Conduct with a Minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years, to wit: penile/vaginal penetration (3rd time) in defendant's bedroom-same incident as Counts 5, 6 and 8, in violation of A.R.S. §§13-1405, 13-1401, 13-705, 13-610, 13-702, 13-712, and 13-801, class 2 felony, a Dangerous Crime Against Children, in the first degree.

COUNT 8

Between [redacted]/2011 and [redacted]2011, in or near [redacted] Arizona, [redacted] committed Sexual Abuse by intentionally or knowingly engaging in sexual contact with the female breast of [redacted] a person [redacted] of age, to wit: breast fondling-same incident as Counts 5, 6 and 7, in violation of A.R.S. §§13-1404, 13-1401, 13-705, 13-610, 13-702, 13-712, and 13-801, a class 3 felony, a Dangerous Crime Against Children, first degree.

COUNT 9

Between [redacted]/2012 and [redacted]/2012, in or near [redacted] Arizona, [redacted] committed Sexual Abuse by intentionally or knowingly engaging in sexual contact with the female breast of [redacted] a person [redacted] years of age, to wit: breast fondling, 1st time, in truck while at Little Mexico, in violation of A.R.S. §§13-1404, 13-1401, 13-705, 13-610, 13-702, 13-712, and 13-801, a class 3 felony, a Dangerous Crime Against Children, first degree.

COUNT 10

Between [redacted]/2012 and [redacted]/2012, in or near [redacted] Arizona, [redacted] committed Sexual Abuse by intentionally or knowingly engaging in sexual contact with the female breast of [redacted] a person [redacted] years of age, to wit: left breast touch, 2nd time, in truck while outside defendant's driveway, in violation of A.R.S. §§13-1404, 13-1401, 13-705, 13-610, 13-702, 13-712, and 13-801, a class 3 felony, a Dangerous Crime Against Children, first degree.

COUNT 11

During [redacted]/2012 through [redacted]/2012, in or near [redacted] Arizona, [redacted] committed Sexual Assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years of age or older, without consent, to wit: digital/vaginal penetration ("fingering"), on couch at victim's house-same incident as Counts 12 and 13, in violation of A.R.S. §§13-1406, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 2 felony.

COUNT 12

During [redacted]/2012 through [redacted]/2012, in or near [redacted] Arizona, [redacted] committed Sexual Assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years of age or older, without consent, to wit: oral/vaginal penetration, on couch at victim's house-same incident as Counts 11 and 13, in violation of A.R.S. §§13-1406, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 2 felony.

COUNT 13

During [redacted]/2012 through [redacted]/2012, in or near [redacted] Arizona, [redacted] committed Sexual Abuse by intentionally or knowingly engaging in sexual contact with [redacted] a person [redacted] or more years of age, without consent, to wit: breast fondling, 1st time, on couch at victim's house-same incident as Counts 11 and 12, in violation of A.R.S. §§13-1404, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 5 felony.

COUNT 14

On or about [redacted] 2012, in or near [redacted] Arizona, [redacted] committed Sexual Abuse by intentionally or knowingly engaging in sexual contact with [redacted] a person [redacted] or more years of age, without consent, to wit: breast fondling, 1st time, on upstairs couch at defendant's house, in violation of A.R.S. §§13-1404(A), 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 5 felony.

COUNT 15

On or about [redacted] 2012, in or near [redacted] Arizona, [redacted] committed Sexual Abuse by intentionally or knowingly engaging in sexual contact with [redacted] a person [redacted] or more years of age, without consent, to wit: vaginal touch, 1st time, on upstairs couch at defendant's house, in violation of A.R.S. §§13-1404(A), 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 5 felony.

COUNT 16

On or about [redacted] 2012, in or near [redacted] Arizona, [redacted] committed Sexual Assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years of age or older, without consent, to wit: digital/vaginal penetration on upstairs couch at defendant's house, in violation of A.R.S. §§13-1406, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 2 felony.

COUNT 17

On or about [redacted] 2012, in or near [redacted] Arizona, [redacted] committed Sexual Assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years of age or older, without consent, to wit: penile/vaginal penetration on upstairs couch at defendant's house, in violation of A.R.S. §§13-1406, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 2 felony.

COUNT 18

On or about [redacted] 2012, in or near [redacted] Arizona, [redacted] committed Sexual Conduct with a Minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person under the age of [redacted] years, to wit: penile/vaginal penetration, downstairs on carpeted floors in the living room of defendant's house, in violation of A.R.S. §§13-1405, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 6 felony.

COUNT 19

During [redacted]/2013 through [redacted]2013, in or near [redacted] Arizona, [redacted] committed Sexual Abuse by intentionally or knowingly engaging in sexual contact with [redacted] a person [redacted]r more years of age, without consent, to wit: vaginal touch, loft at defendant's house, in violation of A.R.S. §§13-1404, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 5 felony.

COUNT 20

During [redacted]/2013 through [redacted]/2013, in or near [redacted]rizona, [redacted] committed Sexual Assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years of age or older, without consent, to wit: penile/vaginal penetration at park near victim's house, in violation of A.R.S. §§13-1406, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 2 felony.

COUNT 21

On or about [redacted]/2014, in or near [redacted] Arizona, [redacted] committed Sexual Abuse by intentionally or knowingly engaging in sexual contact with [redacted] a person [redacted] or more years of age, without consent, to wit: breast fondling while in the car's driver seat outside [redacted] Restaurant, in violation of A.R.S. §§13-1404(A), 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 5 felony.

COUNT 22

On or about [redacted]/2014, in or near [redacted], Arizona, [redacted] committed Sexual Abuse by intentionally or knowingly engaging in sexual contact with [redacted] a person [redacted] or more years of age, without consent, to wit: vaginal touch while in the car's driver seat outside [redacted]Restaurant, in violation of A.R.S. §§13-1404(A), 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 5 felony.

COUNT 23

During [redacted]/2014 through [redacted]/2014, in or near [redacted] Arizona, [redacted] committed Sexual Assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted] years of age or older, without consent, to wit: penile/vaginal penetration on defendant's bed, in violation of A.R.S. §§13-1406, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 2 felony.

COUNT 24

During [redacted]/2014 through [redacted]/2014, in or near San Tan Valley, Arizona, [redacted] committed Sexual Abuse by intentionally or knowingly engaging in sexual contact with [redacted] a person [redacted] or more years of age, without consent, to wit: breast touch, on defendant's bed, in violation of A.R.S. §§13-1404, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 5 felony.

COUNT 25

During [redacted]/2014 through [redacted]2014, in or near [redacted] Arizona, [redacted] committed Sexual Assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person [redacted]ears of age or older, without consent, to wit: penile/vaginal penetration, the last time at the defendant's house, in violation of A.R.S. §§13-1406, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 2 felony.

COUNT 26

Between [redacted]/2014 and [redacted]/2014, in or near [redacted] Arizona, [redacted] committed Sexual Conduct with a Minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person under the age of [redacted]ears, to wit: penile/vaginal penetration-incident at [redacted] community room supply room, in violation of A.R.S. §§13-1405, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 6 felony.

COUNT 27

Between [redacted]/2014 and [redacted]/2014, in or near San Tan Valley, Arizona, [redacted] committed Sexual Conduct with a Minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with [redacted] a person under the age of [redacted]ears, to wit: penile/vaginal penetration- incident on mattress in desert area, in violation of A.R.S. §§13-1405, 13-1401, 13-610, 13-701, 13-702, 13-712, and 13-801, a class 6 felony.

Carolina Escalante
State Bar No. 026233

6/5/14
Date

Investigative Agency: [redacted]o. Sheriff's Office

[redacted]

[redacted]

May 13, 2014

Arizona Attorney General's Office
Attn: Attorney General Tom Horne
1275 West Washington Street
Phoenix, AZ 85007-2926

Re: *Alleged Criminal Violations – Planned Parenthood*

Dear Attorney General Tom Horne

On [redacted] 2014 the [redacted] County Sheriff's Office began a criminal investigation after a witness disclosed numerous allegations of sexual assault committed by [redacted] The investigation has continued to grow as we have identified a total of 18 victims which have resulted in 29 felony charges being filed.

One of the victims and her mother has made a criminal allegation against the Planned Parenthood in Tempe, Arizona. They have alleged, the victim completed an ultrasound at Planned Parenthood on [redacted] 2013 and had an abortion on [redacted] 2014. They informed the counselor at the appointment that the pregnancy was the result of a sexual assault. The counselor *(according to the mother and victim)* coded the sexual assault as consensual. The counselor told them she did not want the hassle of having to report the sexual assault to law enforcement as they were a mandatory reporter.

This allegation is documented on page 20 of the attached probable cause statement and booking paperwork related to the [redacted] investigation.

I am asking that your office conduct a criminal investigation into this allegation made by the victim and parent. I have directed [redacted] from my office to assist your office with the victims contact information and anything else you may need from our office to investigate this matter. [redacted] is in charge of this investigation and can be reached by phone at [redacted] or email at [redacted]

Respectfully,

[redacted]

[redacted]

Americans United for Life

Arizona Department of Health Services

Public Health Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

July 29, 2014

[redacted]

Re: Planned Parenthood - Tempe - Complaint Intake #AZ00123593
1250 East Apache Boulevard, Suite 108
Tempe, AZ 85281

[redacted]

The complaint regarding the above referenced facility has been received and reviewed by the Arizona Department of Health Services (Department), Bureau of Medical Facilities Licensing.

This review process takes place on all complaints received prior to investigation. During the review process, the complaint is broken down into areas that correspond to the Department's rules and, if applicable, Federal regulations. At this time, the complaint is also prioritized, based upon the level of health and safety involved.

Based on the results of the review, the above referenced complaint has been handled through the Department's case disposition process. This complaint does not fall within the Department rules found within A.A.C. Title 9, Chapter 10.

If you would like further information regarding this disposition, please call our office at (602) 364-3030. The public file for this facility is also available for review at this office.

Sincerely,

Connie Belden, R.N.
Bureau Chief
Bureau of Medical Facilities Licensing

CB:st

Americans United for Life

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF LICENSING SERVICES
CASE DISPOSITION FORM

Facility Name: Planned Parenthood - Tempe	Facility ID: MED0319
Complaint Number: AZ00123593	Review Date: July 28, 2014

CASE DISPOSITION CRITERIA

Complaint/Case Disposition criteria is applicable for allegations which:

___ 1. Involve miscellaneous allegations limited to issues that **do not involve patient harm** such as, gossiping, personality disputes, mis-communication, claims of unfair management practices, employer's policy violations which do not involve patient related concerns, i.e. EEOC or grievance.

___ 2. Involve litigation regarding a facility that was named as a defendant and the case against the facility **was dismissed** on its merit, or the facility was not named as a defendant in the lawsuit. Court documents and/or written confirmation from attorney of record must be obtained and reviewed prior to dismissal under this category.

___ 3. Involve allegations submitted that duplicate previously investigated complaints upon which the Program has already taken action and offers no additional or new information to that previously filed.

___ 4. Involve anonymous or other allegations that do not include sufficient information to perform an investigation, and, after reasonable efforts, sufficient information cannot be obtained or complainants/witnesses cannot be located.

___ 5. Involve allegations that have been retracted, in writing, by complainant.

___ 6. Involve allegations filed by an individual that previously demonstrated a lack of credibility and/or has unsubstantiated complaints to DLS and/or other allied governmental agencies, and those involving retribution/retaliation that do not involve rule violation.

_X_ 7. Involve allegations that do not relate to any violations of FEDERAL REGULATIONS, ARIZONA STATUTE or RULE. Refer to other State Agencies if appropriate.
REFERRED TO:_____.

___ 8. Involve single or time limited minor issues that do not result in patient harm that can be confirmed with a telephone call and the facility documents corrective action.

___ 9. Involves complaints greater than 2 years from date received where the investigation determined minimal risk or no harm to the public.

___ 10. Involve allegations of unfair business practices related to billing or fee disputes; allegation of advertising not found to be false, misleading, or fraudulent; allegation of solicitation of patients for commercial purposes.

___ 11. Allegation occurred prior to CHOW; No action necessary.

Comments: No action required at this time, unable to contact complainant.

Reviewed by (Program Manager):	Date:

AZ 00123593
MED0319
Mon IJ High
✓ process

Create a Complaint PDF

HS\BELDENC | ADMIN
5/15/2014 3:52:18 PM

Medical Provider Complaint Data

Submitted Complaint Information

Transaction ID :	2014-AL439
Date Submitted :	5/14/2014 12:19:00 PM
Complainant Name :	[redacted]
Complainant Address :	[redacted]
Complainant Phone :	[redacted]
Alternate Phone :	
Complainant Email :	[redacted]
Report to be sent :	No
Complainant Source :	Other: [redacted]
Facility Name :	Planned Parenthood
Facility Address :	1250 E Apache Blvd, Tempe, AZ
Facility License :	
Facility Phone :	
Nearest Cross Streets :	
Patient Name :	
Patient DOB :	
Printed :	5/15/2014 8:12:24 AM
Printed By :	RICEJ

Complaint:

Complaint: [redacted] became pregnant as a result of unwanted sexual contact. [redacted] and her mother went to her ultrasound on [redacted]/13 and to her abortion on [redacted]/14. These appointments were at the Planned Parenthood in Tempe. [redacted] disclosed the assault to a counselor at Planned Parenthood. The counselor intentionally miscoded the assault as a consensual encounter. The counselor told them that they did not want the hassle of having to report the assault to law enforcement as they were a mandatory reporter. Evidence: Report made to law enforcement in reference to the sexual assault. Disclosure of the Planned Parenthood incident was made at that time. Documents have been obtained from Planned Parenthood regarding the incident. Contact: Planned Parenthood has been notified of the incident, and provided a copy of their records. Other Info [redacted] County Sheriff's Office, investigation of the sexual assault is ongoing.

TRANSMITTAL SHEET
ACTS COMPLAINT PROCESS

FACILITY NAME:

FACILITY (LICENSE)_____MED NUMBER_____

SURVEYOR (S)_____DATE OF INVESTIGATION:_____

SURVEYOR:

1. Enter Complaint Intake(s) into ACTS and Print each Intake Information Form

Intake Number(s)

_____

2. SURVEYOR:
(a.) Give Intake Form(s) to Support Staff to prepare the Receipt Letter.

SUPPORT STAFF:
(b.) If there is an identifiable complainants. Prepare the RECEIPT LETTER to be sent.

_____

(c.) Place Complaint Intakes(s) and copy of the Receipt letter into the PENDING TEAM LEADER REVIEW FOLDER-Yellow.

_____

3. TEAM LEADER:
(a.) Review Complaint Intake(s) and Enter in ACTS the "Priority" and "Surveyor" assigned to conduct investigation.
NAME OF TEAM LEADER AND DATE: _____ _____

_____ _____

_____ _____

(b.) Print the Intake Form (it now has priority and surveyor assigned) and attach to the 1st intake form and return to Support Staff to create working file. (ONE WORKING FILE FOR MULTIPLE COMPLAINTS THAT ARE LINKED TOGETHER FOR THE SAME FACILITY-DONE BY THE SURVEYOR-SEE NEXT STEP.)

_____

(c.) Give Yellow Folder to Support Staff to Prepare a Working File. Check the Complaint file cabinet for a working file in the case of linked complaints.

4. SURVEYOR:
Create investigation event, link intake(s) to investigation. The EVENT ID is the complaint number.

_____

NOTES FOR SURVEYOR:
Surveyor of the Day taking complaint calls: Use the Complaint Intake number to identify the complaint intake on your T & E entries. Example: AZ0000045

After Team Leader assigns priority and surveyor: Use the complaint investigation EVENT ID to identify the complaint investigation on T & E entries. Example: C6F811

5. SURVEYOR:
Once you have conducted the investigation(s): Enter allegation finding type (substantiated, unsubstantiated, etc.), write your findings and link the deficiencies for each allegation, complete the 2567 and 670, Print HARD COPIES of your 2567, 670 and Complaint Investigation Report(s), Forward to Team Leader for Review.
REMINDER: ELECTRONIC REDACTING AS YOU TYPE.

_____

6. **REVIEWED AND APPROVED BY TEAM LEADER**

_____
T/L Signature

7. SUPPORT STAFF:
If deficiencies were cited - Prepare the Cover Letter and Mail the Statement of Deficiencies to facility.

_____

SOD sent to facility
⊃ State _____
⊃ Medicare _____

8. SURVEYOR:
When POC comes in: Review Plan of Correction. If POC is acceptable and it is approved by Team Leader (if applicable) AND you are sure that the facility is NOT going to dispute any of the deficiencies (IDR). Then give file to Support Staff to prepare the FINDING LETTERS (To the Complainant and the Facility).

9. SUPPORT STAFF: Prepare the Finding Letters.
Letters
⊃ Complainant _____
⊃ Facility _____

GENERATE LETTERS FROM ACTS

10. SUPPORT STAFF:
If the investigation was a Medicare survey upload the complaint to the National Server. _____
Do NOT "upload" if the survey was state only.

11. SURVEYOR:

Conduct Follow-Up survey, prepare 2567B and 670. _____

12. SUPPORT STAFF:
After follow-up is conducted and you are instructed to close the complaint; print 562 (if Medicare survey conducted), print "Summary for Public Viewing", complaint kit is Uploaded to National a final time. Investigation Event is closed in ACO.

13. SUPPORT STAFF:
File is broken down into permanent files.

REMEMBER TO REDACT ALL CORRESPONDENCE GOING INTO THE PUBLIC FILE (SEE ACTS PROCEDURES FOR ELECTRONIC REDACTING)

SPECIAL INSTRUCTIONS: 07/22/2014 Please close C6. Do not need to send letter to [redacted] they have stated they are not the complainants. CB

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06-13-10
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Americans United for Life

[redacted]

From: [redacted]
Sent: Tuesday, May 13, 2014 9:19 AM
To: [redacted]
Subject: Fwd: Licensing issue with Planned Parenthood

[redacted]

[redacted]

Begin forwarded message:

From: [redacted]
Date: May 7, 2014 at 4:57:05 PM MST
To: "connie.belden@dhs.gov" <connie.belden@dhs.gov>
Cc: [redacted]
Subject: Licensing issue with Planned Parenthood

Connie,

I'm emailing you again to follow-up on my initial e-mail I sent you on 05-06-14 at 1611 hours in reference to a licensing issue with Planned Parenthood.

I received your contact information from Jim Schwegel (Supervisor Investigator) with the Arizona Attorney General's Office and I just want to confirm that you received my e-mail and that you will be contacting me and following up on the allegations.

Please respond to my e-mail and contact me as soon as possible.

Thanks,

[redacted]

Americans United for Life

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4144	A. BUILDING: _____ B. WING _____	09/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - TEMPE	1250 EAST APACHE BOULEVARD, SUITE 108 TEMPE, AZ 85281

(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
A 000	01 Initial Comments No deficiencies were found during the State Complaint investigation conducted 8/26/2014 through 9/11/14 for complaints submitted to the Department of Health Services prior to October 1, 2013 for the following intakes: AZ00114335 AZ00114109 Jeanne M Roush RN for Kristy Benton RN ADHS Representative Date 9-23-14	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Arizona Department of Health Services

Public Health Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

September 30, 2014

Patricia Gross, Administrator
Planned Parenthood - Tempe
5651 North 7th Street
Phoenix, AZ 85014

RE: OTCAC4144
Planned Parenthood - Tempe
1250 East Apache Boulevard, Suite 108
Tempe, AZ 85281

Dear Patricia Gross:

Thank you for the time extended to the Department of Health Services ("Department") during the recent complaint investigation of your facility.

Enclosed is the State Statement of Deficiency form, which constitutes the inspection report and indicates that no deficiencies were cited at the time of the inspection. A copy of this form will become a part of the Department's public file for the facility. Please keep this current inspection report in the facility and available for review, ensuring that confidentiality requirements specified by law are followed.

Should you have any questions, please contact our office at (602) 364-3030.

Sincerely,

Jeanne Roush, R.N.
Team Leader
Bureau of Medical Facilities Licensing

JR:mco

Americans United for Life

Health and Wellness for all Arizonans

Arizona Department of Health Services

Public Health Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

09/30/2014

[redacted]

Re: **Complaint Intake #AZ00114109**
Investigation # MRCM11

[redacted]

The Arizona Department of Health Services (Department) has concluded its investigation of the above referenced complaint. The Bureau of Medical Facilities Licensing determined that the issue(s) that were raised in your complaint corresponded to the rules or statutes that regulate Planned Parenthood - Tempe.

Through the Department's investigation process, one or more surveyors conducted interviews with staff of the facility, patients that received services from the facility, and anyone else that may have been able to provide pertinent information. Surveyors also made observations during their time on site and reviewed records. The investigation may have also included the review of hospital, police, and other facility or state agency reports.

Unfortunately, the Department was not able to find enough evidence to verify your allegation(s); it is appreciated that you took the time to make the Department aware of your concerns.

It may help you to know that, with few exceptions, each of our licensed facilities undergoes an unannounced annual inspection. During this inspection the facility is checked to see if they are following the rules that govern the Bureau of Medical Facilities Licensing facilities. Since your complaint did pertain to the Bureau of Medical Facilities Licensing rules, this area will be checked during this annual inspection.

During the annual inspection, if the Surveyor finds rule violations, the Surveyor would cite the Facility. The Facility would then receive a report from the Department, known as a Statement of Deficiencies, which describes each violation(s) identified during this investigation. The Facility would then be required to submit a plan to Department describing how they are going to correct the violation(s) and prevent it from occurring again.

If you would like to see a three year history of all of the inspection results (either annual of verified complaints) for this facility, as well as any enforcement actions, please visit our website at www.azcarecheck.com.

Thank You for bringing these concerns to the Department's attention. If you have further questions, you may call the Bureau of Medical Facilities Licensing at (602) 364-3030.

Sincerely,

for:
Connie Belden, R.N.
Bureau Chief
Bureau of Medical Facilities Licensing

CB: mco

Arizona Department of Health Services

Public Health Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

09/30/2014

Patricia Gross, Administrator
Planned Parenthood - Tempe
5651 North 7th Street
Phoenix, AZ 85014

Re: OTCAC4144 - Investigation State Event ID# MRCM11
Complaint Intake #AZ00114109
Planned Parenthood - Tempe
1250 East Apache Boulevard, Suite 108
Tempe, AZ 85281

Dear Patricia Gross:

Surveyors of the Arizona Department of Health Services (Department), Licensing Services have thoroughly investigated the above referenced complaint. Prior to being investigated, this complaint was broken down into allegations that correspond to the Department's rules for the facility.

The overall finding of this investigation is that the allegations were unable to be substantiated.

Sincerely,

Kendra Patterson mcco
for:
Connie Belden, R.N.
Bureau Chief
Bureau of Medical Facilities Licensing

CB:mco

Public Health Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

09/30/2014

[redacted]

Re: Planned Parenthood - Tempe
Complaint Intake #AZ00114335
Investigation # MRCM11

[redacted]

The Arizona Department of Health Services (Department) has concluded its investigation of the above referenced complaint. The Bureau of Medical Facilities Licensing determined that the issue(s) that were raised in your complaint corresponded to the rules or statutes that regulate Planned Parenthood - Tempe.

Through the Department's investigation process, one or more surveyors conducted interviews with staff of the facility, patients that received services from the facility, and anyone else that may have been able to provide pertinent information. Surveyors also made observations during their time on site and reviewed records and other facility documents.

The Department was able to find enough evidence to verify your complaint(s).

Since your allegations were verified, the Facility will receive a report from the Department, known as a Statement of Deficiencies, which describes each violation(s) identified during this investigation. The Facility will be required to submit a plan to the Department describing how they are going to correct the violation(s) and/or prevent this from occurring again.

Thank You for bringing these concerns to the Department's attention. The Statement of Deficiencies may be viewed at www.azcarecheck.com. If you have further questions, you may call Medical Facilities Licensing at (602) 364-3030.

Sincerely,

Kindra Ritzman MSRD
for:
Connie Belden, R.N.
Bureau Chief
Bureau of Medical Facilities Licensing

CB:mco

Arizona Department of Health Services

Public Health Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

09/30/2014

Patricia Gross, Administrator
Planned Parenthood - Tempe
5651 North 7th Street
Phoenix, AZ 85014

Re: Complaint Intake #AZ00114335 - Investigation # MRCM11
Planned Parenthood - Tempe
1250 East Apache Boulevard, Suite 108
Tempe, AZ 85281

Dear Patricia Gross:

Surveyors of the Arizona Department of Health Services (Department), Licensing Services have thoroughly investigated the above referenced complaint. Prior to being investigated, this complaint was broken down into allegations that correspond to the Department's rules for the facility.

The overall finding of this investigation is that at least one of the allegations was found to be substantiated.

Sincerely,

Cynthia Pattison MSHA
for:
Connie Belden, R.N.
Bureau Chief
Bureau of Medical Facilities Licensing

CB:mco

Americans United for Life

TRANSMITTAL SHEET
ACTS COMPLAINT PROCESS

Facility Name & Address:

Planned Parenthood-Tempe
1250 E. Apache Blvd, Ste 108
Tempe AZ 85281

MED/License #: MED 0319
Surveyor: KRISTY BENTON
Survey Date: 8/26 - 9/11, 2014

Comments/Directions: 9/24/14 OK to process to provider and close out c/o in Acts TKS JR No deficiencies found

Reviewed by: JRoush Date: 9/22/14

If deficiencies were cited, prepare the cover letter and mail the 2567 to facility (Support Staff)
Date 2567 sent to facility State _____ Medicare _____

Surveyor

1. Enter complaint intake(s) into ACTS and print each intake information form (Surveyor):
   Intake #: AZ00114335
   AZ00114109

Support Staff

2. Email sent to support staff to prepare receipt letter to complainant(s). _____

Team Leader

3. Review complaint intake(s) and enter in ACTS the 'Priority' and 'Surveyor' assigned to conduct investigation
   Team Leader signature and date: _____
   Print the intake form (it now has the priority and survey assigned) and attach to the 1st intake form and return to support staff to create working file. (One working file for multiple complaints that are linked together for the same facility done by the surveyor)

Surveyor

4. Create investigation event, link intake(s) to investigation. The event ID is the complaint number. ~~R0F0H~~ MRCM11
5. Once you have conducted the investigation(s), enter allegations finding type (substantiated, unsubstantiated, etc), write your findings and link the deficiencies for each allegation, complete the 2567 and 670. Print hard copies for your 2567, 670, and complaint investigation report(s), forward to Team Leader for review. (Surveyor)
   REMINDER: Electronic redacting as you type.
6. Reviewed and approved by Team Leader _____
8. When POC comes in: Review POC. If POC is acceptable and it is approved by Team Leader (if applicable) and you are sure that the facility is not going to dispute any of the deficiencies (IDR). Then give file to support staff to prepare the 'Findings Letter' (to the complainant and the facility).

Support Staff

9. Prepare the Findings Letter Complainant _____ Facility _____
10. If the investigation was a Medicare survey, up the complaint to the Nation Server. _____
    Do not 'upload' if the survey was State only.
11. Conduct Follow-up survey, prepare 2567B and 670 (Surveyor) _____
12. After follow-up is conducted and you are instructed to close the complaint, print 562 (if Medicare survey conducted), print 'Summary for Public View', complaint kit is uploaded to National and final time. Investigation event is closed in ACO. _____
13. File is broke down into permanent files (Support Staff) _____

Americans United for Life

REMINDER, REDACT ALL CORRESPONDENCE GOING INTO THE PUBLIC FILE

Tempe

Building Safety Division

Correction Notice

Permit No. BP170177

Job Location 1837 E Baseline

This work has been inspected and requirements have not been complied with.
Please correct as noted below and call 480-350-8072 for re-inspection before proceeding.

☐ Footing	☐ Shear and/or Roof Nailing	☐ Masonry	☐ Wallboard
☐ Stem Steel	☐ Framing	☐ Sewer	☐ Lath
☐ UG Plumbing	☐ Mechanical	☐ Water Service	☐ Above Ceiling Inspection
☐ UG Electric	☐ Electrical	☐ Pre-Gunite (Pool)	☐ Final
☐ Pre-pour (Floor)	☑ Plumbing	☐ Other	

NOTE: Water Meter Size Wrong
1) Replace Water Line To 1" ADOP
2) Reduce Fixture count To work with 3/4" Line
3) Show a modified Fixture use showing Not All Fixtures being used at Same Time

Inspection Completed: Yes ____ No ____ Partial ____ Not Ready ____

Date 6-13-17 By CH Inspector

For information or questions phone 480-350-8341, Option 1
Inspectors available between 6:00 and 6:30 a.m.

Temporary
Certificate of Occupancy

City of Tempe
Development Services
Department
Building Safety Division
P.O. Box 5002
31 E 5th St.
Tempe, AZ 85280

Tempe

Address of Building: 1837 E BASELINE RD **Suite Number:**

Note: Any change of use or occupancy must be approved by the Building Safety Division.

This certifies that so far as ascertained by or made known to the undersigned, the building or area specified at the above address complies with the applicable requirements of the Tempe City Code as to permitted uses for the following occupancies. This approval is for the specific dates and event name below only.

Certificate Issuance Date: 06/23/2017 **Permit No.: BP170177** **Code Addition: 2012**

Building Description: Type: IIIA construction **AFES: No**

Uses: MEDICAL CLINIC

Occupancy Groups: B
Square Footaage: 6106
Occupancy Load: 95

Time Limit: 30 Days

TCO Conditions: Per attached letter

Building Official By Craig Hofeldt

Post in a conspicuous location

'17 JUN 23 VALIDATED

RECEIVED
JUN 23 2017
ADHS BUREAU OF MEDICAL FACILITIES LICENSING

Americans United for Life

Tempe

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING SAFETY DIVISION
INSPECTION RECORD

___Building Inspection Requests - (IVR) 480-350-8072

_____Building Inspections Information 480-350-8341 - (Option 1)**

** For estimated time of arrival call between 6:00 a.m - 6:30 a.m. day of inspection **

Address: 1837 E BASELINE RD **Suite/Lot#:**

Permit#: BP170177 **Date Issued:** 24 March 2017

Type: Tenant Improvement

DO NOT COVER WORK UNTIL INSPECTOR HAS SIGNED THE APPROPRIATE SPACE(S)

Code	STRUCTURE	Date/Inspector
101	*Footing Trench and Rebar	
103	*Stem Wall/Retaining Wall	
105	*Building Pre-Slab	
107	*Reinforced Masonry Grout	
109	*Structural Steel Frame	
111	*Tilt Panels	
113	*Deck Weld/Welding	
115	*Structural Concrete	
117	*Epoxy Anchors	
125	Exterior Strap & Shear	
127	Roof Nail	
131	Framing (includes any MEP)	
132	Rough Energy	
133	Insulation (Sound/Energy)	
134	*Stucco/Energy Lath	
145	Gypsum Wallboard	
151	*Fire Safing/Spray Applied Fire- Proofing	
153	*Fire Caulking/Sound Control Caulking	
155	*Smoke/Fire Dampers/Test	
161	Above Ceiling (Suspended)	
191	Building Demolition Final	
198	Energy Final	
199	Building Final	

Code	PLANNING	Date/Inspector
605	Site Lighting Photometric Night Test (Wednesday Only)	
699	Planning Final	
	ENGINEERING	
799	Final Approval	
	ENVIORMENTAL	
344	Grease Trap/Interceptor	

Turn card over for a list of additional codes

When requesting an inspection through the automated inspection line 480-350-8072, select the preferred date. If you would like to leave a message for the inspector, you will be prompted to do so. A confirmation number will be given at the end of the process. Please NOTE this number. If you have difficulty scheduling an inspection, call 480-350-4311 for assistance between the hours of 8 a.m. and 5 p.m. Monday through Friday.

(*) Indicates a Special Inspection MAY be required. Special Inspections are in addition to, not in lieu of the Building Safety Inspections

POST THIS CARD AT OR NEAR THE FRONT OF BUILDING

Code	ELECTRICAL	Date/Inspector
205	Ufer	
206	Underground	
207	Rough-In	
208	Panels	
235	*Service Equipment	
255	Tempe Pole/Pedestal	
256	Service/Panel(s) Power	
265	Service Upgrade/Replacement	
291	Demolition Final	
299	Electrical Final	
	PLUMBING	
305	Drain, Waste & Vent (Underground)	
335	Water Piping (Underground)	
341	Sewer	
345	Water Service	
351	Rough (Water Piping/DWV)	
352	Tub/Showerpan Test	
355	Medical Gas/Test	
357	Roof Drain	
361	Gas Piping/Test	
391	Demolition Final	
399	Plumbing Final	
	MECHANICAL	
405	Underground	
435	Rough	
436	Duct Sealant	
437	Duct Insulation	
460	Hood System	
475	Duct Smoke Detector/Test	
491	Demolition Final	
499	Mechanical Final	

	POOL/SPA	
805	Pre-Gunite	
835	Electric	
841	Gas Piping/Test	
891	Pool Demo	
898	Pool/Spa Energy Final	
899	Pre-Plaster Final	
Code	MISCELLANEOUS	Date/Inspector

City of Tempe
1400 E APACHE BL
P.O. Box 5002
Tempe, AZ 85280

NVN-01 No Violation Notice

Friday August 22, 2014

Planned Parenthood
1250 E APACHE BL
108
Tempe, AZ 85281

Email [redacted]

C65 Inspections-State Licensing Other
An inspection of your facility on Friday August 22, 2014 revealed no violations to the Fire Code of the City of Tempe.

Notes:

08/22/2014 08:13:49 CarlosEl

No violations noted at time of inspection.

Thank you for your cooperation.

Elzy, Carlos /Fire Insp II
Inspector

Jeff Stitzinger
Responsible Party

Americans United for Life

Printed: 10/28/2019 1:01:06PM
Due Date: 05/07/2018
Priority: Non-IJ Medium

Intake ID: AZ00147371
Facility ID: MED7157 / OTC-AC
Provider Number:
Mgmt.Unit: MED

ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: PLANNED PARENTHOOD TEMPE
Address: 1837 EAST BASELINE ROAD
City/State/Zip/County: TEMPE, AZ, 85283, MARICOPA
Telephone: (602) 200-2129

License #: OTCAC8393
Type: OTC-AC
Medicaid #:
Administrator: JAMES WASHINGTON

INTAKE INFORMATION

Taken by - Staff: OHTON, MARGARET
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact: OHTON, MARGARET
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 03/23/2018 At 16:13
Received End: 03/23/2018 At 16:13
Received by: Written
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] (Primary)			

Link ID: 02UIWZ

RESIDENTS/PATIENTS/CLIENTS - No Data

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged: Time: Shift:

Standard Notes: joint complaint

Written complaint received 2/14/18 via the Arizona Attorney General's Office and alleges the following:

Complainant reports:

8/2017:
1) reports to the after hours number/clinician regarding post abortion complications seemed to be due to one clinician, Dr. X.
2) when said complaints of complications were brought to attention of a clinician there was no follow up or apparent investigation by management.
No surgical abortions were performed at this facility during this time frame.

8-9/2017:
3) Five (5) HCA's complained on different days that one clinician Dr. X was requiring them to sign and certify they reviewed products of conception (POC) and that all body parts were present post abortion when they were not.
4) MA (HCA) reports clinician Dr. X performed an abortion on a patient that was 12-13 weeks pregnant. MA concluded the clinician's abortion procedure was not complete based on POC viewed.
5) same patient (as #4): Clinician Dr. X refused to re-evaluate procedure before inserting IUD (intrauterine device). MA obtained ultrasound machine and confirmed abortion procedure was incomplete based on body parts viewed on ultrasound. Clinician removed IUD and completed abortion procedure.
No surgical abortions were performed at this facility during this time frame

mid-to late 9/2017:
6) MA reported incomplete abortion procedure with IUD incident to supervisor, and staff falsifying abortion reports. Supervisor validated concerns according to MA, and would look into it. No follow up.
No surgical abortions were performed at this facility during this time frame

mid-9/2017:
8) Daily inventory access to storage medicine room that is open during working hours.

ACTS Complaint/Incident Investigation Report

refer to attachment: 33 pages

entered at 17:30 on 2/15/18//m0

2/28/18 Email sent "Mr. Ray: I left you a voicemail earlier today regarding written allegations submitted to the department, via interoffice mail, and addressed to Kathryn McCanna, Branch Chief. I have been assigned to conduct the investigation. It should not take more than 15-20 minutes to clarify my questions. Margaret Ohton, RN."//m0

3/7/18 14:00**Call to complainant at 602-542-8328 and asked how the intake was received in his legal division. Originally it was filed with the Civil Rights enforcement group for discrimination. The Civil Rights attorney reviewed it and did not identified any possible civil rights violations and forwarded it to the health law division. The health law attorney identitifed wrongful termination and retaliation as one of the allegations. Further review identified issues related to the medical licensing bureau and forwarded it to BMFL.
The AG's office did not do any investigation of the allegations. I asked the health attorney if he is able to identify the physicians, any patients affected, and a more narrow the timeline and he could not.
I asked if it is possible for me to speak with the plaintiff's attorney and/or the plaintiff [redacted] regarding the above information. He will contact the plaintiff's attorney and f/u with me via email//m0

3/8/18 17:05 Email received from complainant: "Hi [redacted] I received your VM and understand that you are out of state dealing with a family emergency, so we can discuss my request for information next week when you get back into town.

Specifically, ADHS needs to know the identities of the physicians referenced in the complaint for proper follow-up; in addition, ADHS would like to meet with your client to discuss additional details needed for the investigation into the alleged licensing violations. We can discuss this next week.

Kevin D. Ray, Section Chief Counsel
Office of the Attorney General."//m0

3/8/18 17:08 email response from complainant: "FYI; they have no problem meeting with you/ADHS to discuss additional details. [redacted] mentioned that there has been a Protective Order issued in the case so I will discuss the terms of that Order next week-hopefully, it is to protect the patients and not the physician identities."//m0

3/14/18 1:13 PM email response: '[redacted]
I received your VM today. My primary client contact is out of the office until 3/21. So, I propose contacting you next week with the name(s) of the DHS personnel who will be contacting [redacted] by telephone to gather additional information for the DHS investigation. Once you are satisfied that we have a protocol in place for that discussion, you can provide me or the DHS staff with the contact info for [redacted]

Let me know if this doesn ' t work for you or your client.

Kevin D. Ray, Section Chief Counsel
Office of the Attorney General"//m0

3/14/18 13:14 email response from complainant: "Here ' s the game plan for contacting [redacted] Let me know who will be on the call with [redacted] and I can facilitate contact info for you. Neither attorney will need to be on the call."//m0

3/21/18 11:57 email response: "Margaret, here is the response from [redacted] lawyer on how he would like the call to be handled. I have a settlement conference at the same date/time so I won ' t be on the telephone does that concern you? If so, I can see if another AAG can participate in on the call. Let me know."//m0

3/21/18 12:05 "Mr. Ray:

No, that is fine with me. I will call him at the " Direct " number.

Margaret Ohton, RN."//m0

3/23/18 13:00-13:30 Telephone conference conducted today to clarify information included in the allegations to the AG's attorney. Will expand complaint to a this licensed OTC based on information provided.//m0

Extended RO Notes:

Extended CO Notes:

ALLEGATIONS

ACTS Complaint/Incident Investigation Report

Category: Injury of Unknown Origin
Subcategory:
Seriousness:

Findings: Unsubstantiated:Lack of sufficient evidence

Details: R9-1-1504 A. 2. A licensee shall ensure that the Department is notified of an incident for a serious injury, written notification within 10 calendar days after the date of the serious injury.

Allegation: Observed trend identified physician #2 X, patients undergoing a surgical abortion have had surgical complications such as extensive bleeding, painful cramping, and perforated uteruses diagnosed by emergency department physicians.

Findings Text: The surveyor conducted an unannounced onsite State complaint investigation with the following documents for the allegations:

1. Facility policy Chapter 1 Abortion revised 6/2016/implemented 9/2016
2. Incident/Adverse Event log 8/16/17-10/22/17
3. Employee complaint log 2017
4. External Customer Complaint Policy 2017
5. Ch 13: Pregnancy Complications: Evaluation and Management revised 6/2016/implemented 11/16
6. Paragard IUC - patient pamphlet
7. Chapter 6: Contraception -Reversible revised October 2016/Implemented November 2016
8. Controlled Substances dated 8/26/16
9. Cultural Diversity Training Assessment
10. Mandatory Reporting: Certification of Understanding and Compliance
11. Reporting of Teen Sexual Activity in Arizona diagram
12. Employee Concerns Hotline
13. Transfer Medication Supplies dated 10/28/16
14. Viable Fetus form
15. Compliance/Standards of Conduct
16. Standards of Conduct
17. Emergency After Hours Phone Coverage
18. Emergency After Hours Call documentation 9/16/17 - 10/22/17
19. Personal Protective Equipment or "PPE" dated 8/2016
20. Job descriptions: Clinician NP), Lead Clinician (NP), Staff Physician, Registered Nurse-II, Center Manager, Licensed Practical Nurse, and Health Care Assistants
21. Planned Parenthood-Tempe Health Center online comments
22. Duty to Report log 2017-2018
23. Duty to Report, Warn, or Protect-Mandated Reporting policy
24. Clinical Privileging for Specialized Services revised 10/2015
25. Physician staffing schedule 7/1/17 through 11/1/17

Interview:

Employee #1
Employee #2 HCA
Employee #3 HCA
Employee #4 HCA
Employee #5 HCA
Employee #6 HCA Former employee
Physician #1 Dr. Y
Physician #2 Dr. X
Physician #3 Dr. A
Physician #4 Dr. Z
Employee #7 VP of Patient Services

Medical Record reviews:

Patient #1
Patient #2
Patient #3

ACTS Complaint/Incident Investigation Report

Summary of Events 8/2017:

Review of the physician weekly schedule for this location revealed no surgical abortion procedures were performed at this location from 7/10/17 through 11/16/17.

Review of Tempe Fire Inspection report revealed: "Inspection comments: 07/10/2017 16:45:14 A_DavidFabak...Procedures that render a person incapable of responding as an individual to an emergency situation shall cease until such time that the facility is code compliant as an Ambulatory Care facility...."

The local fire jurisdiction required this facility to install a new fire monitoring system prior to approving the facility for compliance with local building codes. The facility already received approval to begin services on 6/29/17, however the local fire jurisdiction decided a more elaborate detection and alarm system was required if patients were going to be sedated.

Dr. #1 Y and Dr. #3 A continued to provide Pregnancy Verification Services, Preabortion Counseling Services, and Abortion by Pill (medication) Services from 7/10/17 through 11/16/17. Dr. #2 X only provided surgical abortion services on Saturday, 6/24/17 and Saturday, 7/8/17.

The full surgical abortion services resumed the Friday, 11/17/17, which is outside the complaint time frame.

Review of the facility Incident/Adverse Events/After Hours call log revealed no evidence of surgical complications such as extensive bleeding, painful cramping, and perforated uteruses diagnosed by emergency department physicians.

Review of facility Incident/Adverse Event log for 8/2017 through 10/2017 revealed 7/2/17, 7/15/17, 8/1/17, and 9/27/18 failed medication abortions only.

Interview:

Employee #1 and #7 verified, during an interview conducted on 8/29/18, that there has not been any documented trending or discussion at the Quality Assurance Committee that identifies physician #2 X has more post-surgical abortion complications then physician #1 Y and physician #4 Z at this facility.

Conclusion:

Review of the facility 2017 Incident Reports, 2017 Quality Assurance Committee reports, interviews, and medical records from 7/1/17 through 11/1/17 do not support the allegation that physician #2 X is having more post-surgical abortion complications than physician #1 Y and physician #4 Z at this facility.

No State deficiencies related to the allegation were substantiated. No State citation is issued.

Category: Resident/Patient/Client Abuse
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1003 E. 1. 2. If abuse or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted, an administrator shall report the alleged or suspected abuse or exploitation of the patient for a patient under 18 years of age, according to A.R.S.(Arizona Revised Statute) 13-3620.

Allegation: The administrator failed to report a minor was undergoing a surgical abortion when her male partner was of majority age in 9/2017 per A.R.S. 36-2152 (sic).

Findings Text: Refer to tag 04 for interviews and documentation reviewed during this investigation.

Summary of Events:

Failure to report a minor under going a surgical abortion when her male partner is of a majority age is not delineated in the A.R.S. 36-2152.
Review of Arizona statute "A.R.S. 36-2152" revealed: "...a person shall not knowingly perform an abortion on a

ACTS Complaint/Incident Investigation Report

pregnant unemancipated minor unless the attending physician has secured the written and notarized consent from one of the minor's parents or the minor's guardian or conservator or unless a judge of the superior court authorizes the physician to perform the abortion...the notarized statement of parental consent and the description of the document or notarial act recorded in the notary journal are confidential and are not public records...."
This statute delineates the procedure to be followed when a minor wishes to have an abortion.
The Arizona statute that requires reporting a minor having intimate relations with a male partner of a majority age is delineated in A.R.S.13-3620 per R9-10-1003 E.2.
Review of Arizona statute "A.R.S. 13-3620" revealed: "...Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care...exception; violation; classification...Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this information to a peace officer, to the department of child safety...except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only...exemption applies only to the communication or confession...For the purposes of this subsection, "person" means:..Any physician, physician's assistant...behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient...Any peace officer...The parent, stepparent or guardian of the minor...Any other person who has responsibility for the care or treatment of the minor...A report is not required under this section either...For conduct prescribed by sections 13-1404 and 13-1405 if the conduct involves only minors who are fourteen, fifteen, sixteen or seventeen years of age and there is nothing to indicate that the conduct is other than consensual...."
Review of Arizona statute that defines majority age and minor age is found in A.R.S. 18-1-215 as follows: "...In the statutes and laws of this state, unless the context otherwise requires:..."Adult" means a person who has attained the age of eighteen years..."Child" or "children" as used in reference to age of persons means persons under the age of eighteen years...Majority" or "age of majority" as used in reference to age of persons means the age of eighteen years or more..."Minor" means a person under the age of eighteen years...."
There were no surgical abortion procedures provided on 9/15/17 at this facility due to "cease" order from the local fire jurisdiction.

Conclusion:

There is no Arizona statute or state rule that requires reporting a minor having a surgical abortion. There is an Arizona statute that delineates required reporting of a minor having intimate relations with a male partner of a majority age is delineated in A.R.S.13-3620 per R9-10-1003 E.2.

No State deficiencies related to the allegation were substantiated. No State citation is issued.

Category: Quality of Care/Treatment
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1503 C. 1. A medical Director shall ensure written policies and procedures are established, documented, and implemented for personnel qualifications, duties, and responsibilities.

Allegation: A medical assistant/HCA concluded that Dr. X was not thorough in performing a surgical abortion based on her review of the human remains and observing that some body parts were missing.

Findings Text: Refer to tag 04 for interviews and documentation reviewed during this investigation.

Summary of events 8-9/2017:

There were no surgical abortions performed at this facility from 7/10/17 through 11/16/17.

Planned Parenthood Arizona does not title medical assistants as medical assistants. They are identified as Health Care Assistants or HCAs.

Employee #6 does not identify the medical assistant/HCA that reported the above allegation to her. There is no patient identified in the allegation.

Review of the facility policy "Chapter 1: Abortion" (revised 6/2016/Implemented 9/2016) revealed:

ACTS Complaint/Incident Investigation Report

"...Post-Procedure Management...Tissue Evaluation...Gross examination of all tissue specimens must be performed by the clinician who performed the procedure or by clinic personnel with special training and clinician supervision in the performance of this task...." Facility created the word "must" in bold letters.

Review of the facility job description for a "Health Care Assistant" (dated 10/14) does not include checking the POC.

Employee #1 and #7 verified, during interview on 8/29/18, that the HCAs are not authorized to check the POC. This task is restricted to the clinician (physician) that performed the abortion procedure.

HCAs #2 and #3 verified, during interview on 8/29/18, that they prepare the products of conception (POC) in a clear plate placed over a light box prior to the physician confirming the required POC are present. HCA #3 verified, during interview on 8/29/18, that Dr. #2 X on several cases has placed an IUD (intrauterine device) prior to checking the POC. She is unable to identify any specific patients or dates when these events occurred.

Conclusion:

Medical assistants/HCAs are not qualified to check the POC for completeness based on facility policy, job description, and interviews.

No State deficiencies related to the allegation were substantiated. No State citation is issued

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Category: Pharmaceutical Services
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1503 C. 4. A medical director shall ensure written policies and procedures are established, documented, and implemented for the storage and accessibility of medications.

Allegation: Medication storage room door is left open during work hours.

Findings Text: Refer to tag 04 for interviews and documentation reviewed during this investigation.

Summary of Events:

Observation on tour on 8/28/18 and 8/29/18 with employee #1 revealed the medication/supply storage room door was closed and locked throughout the open clinic hours.

Employee #1 confirmed during an interview on 8/28/18 and 8/29/18 that medication/supply storage room door remains locked during the hours of operation.

Conclusion:

Observation on tour on 8/28/18 and 8/29/18 found the Medication storage room door locked throughout the clinic hours.

No State deficiencies related to the allegation were substantiated. No State citation is issued

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Category: Falsification of Records/Reports
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1508 F. A medical director shall ensure that an abortion is performed according to the abortion clinic's policies and procedures and this Article.

Allegation: In 8/2017-9/2017 five (5) medical assistants/HCAs complained, on different dates, that physician #2 Dr. X was requiring them to sign an affidavit to comply with A.R.S. 36-449.03, which attest all products of conception (POC) are present before the surgical abortion procedure was performed.

ACTS Complaint/Incident Investigation Report

Findings Text: Refer to tag 04 for interviews and documentation reviewed during this investigation.

Summary of Events 8/2017-9/2017:

Review of Arizona statute 36-449.03 revealed: "...Abortion Clinics: rules: civil penalties...The director shall adopt rules for an abortion clinic's physical facilities...prescribe abortion clinic supplies and equipment standards...adopt rules relating to abortion clinic personnel...adopt rules relating to the medical screening and evaluation of each abortion clinic patient...adopt rules relating to the abortion procedure...adopt rules that prescribe minimum recovery room standards...adopt rules that prescribe standards for follow-up visits...adopt rules to prescribe minimum abortion clinic incident reporting...adopt rules relating to enforcement of this article...The department shall not release personally identifiable patient or physician information...rules adopted by the director pursuant to this section do not limit the ability of a physician or other health professional to advise a patient on any health issue...."

The aforementioned statute does not require signing an affidavit to verify the presence of the POC post surgical abortion.

Review of Arizona statute 36-2301 revealed: "...Duty to promote life of fetus or embryo delivered alive...If an abortion is performed and a human fetus or embryo is delivered alive, it is the duty of any physician performing such abortion and any additional physician in attendance as required by section 36-2301.01 to see that all available means and medical skills are used to promote, preserve and maintain the life of such fetus or embryo...."
The aforementioned statute requires physician(s) present to sign the affidavit that the fetus was not viable or born alive.
The aforementioned statute does not require signing an affidavit to verify the presence of the POC post-surgical abortion.
Review of the facility affidavit "Viable Fetus Form" revealed:
"...Provider...I, ____...observed the fetus or embryo during or immediately after an abortion on...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Provider...
Resident...(if applicable) I, ____...(name of Resident) observed the fetus or embryo during or immediately after an abortion on ...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Resident...
Nurse...(if applicable) I, ___...(Name of Nurse) observed the fetus or embryo during or immediately after an abortion on ...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Nurse...
Health Care Assistant I, ___...observed the fetus or embryo during or immediately after an abortion on ...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Assistant I...
Health Care Assistant I, ___...(Name of Assistant I) observed the fetus or embryo during or immediately after an abortion on...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Assistant I...
Health Care Assistant II (if applicable), ___...(Name of Assistant II) observed the fetus or embryo during or immediately after an abortion on...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Assistant II...."
Three (3) of six (6) HCAs #2, #3, & #4 verified, during private interviews on 8/29/18, that they sign the Viable Fetus form to verify the fetus was not delivered alive.

Conclusion:
The A.R.S. 36-449.03 does not delineate attesting that all POC are present after a surgical abortion. There were no surgical abortions performed at this facility from 7/10/17 through 11/16/17.
No State deficiencies related to the allegation were substantiated. No State citation is issued

SURVEY INFORMATION

Event ID	Start Date	Exit Date	Team Members	Staff ID
RXUT11	08/28/18	09/20/18	Ohton, Margaret	30966

Intakes Investigated: AZ00147371(Received: 03/23/2018)

ACTS Complaint/Incident Investigation Report

SUMMARY OF CITATIONS:

Event ID	Exit Date	Tag
RXUT11	09/20/2018	

State - Not Related to any Intakes
A0000-Initial Comments

EMTALA INFORMATION - No Data

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Telephone Contact - Complainant	03/08/2018		03/09/2018	OHTON, MARGARET
Assigned Complaint Investigation	03/23/2018		03/23/2018	OHTON, MARGARET
Complaint Initiated	08/28/2018		10/02/2018	OHTON, MARGARET
Schedule Onsite Visit	08/28/2018	08/28/2018	09/20/2018	OHTON, MARGARET

INVESTIGATIVE NOTES

ENTRANCE CONFERENCE

An Entrance Conference was conducted on 8/28/18 at 0953 hours with the Regional/Site Administrator. The purpose of the survey was identified as an unannounced Complaint investigation of allegations received through the Department complaint process. The Notice of Inspection Rights was reviewed with and signed by the Site Administrator. A review of the planned complaint investigation process was reviewed to include a discussion of the specific documents identified to complete the Complaint investigation. The Providers was informed that if at any time during the survey process the provider has questions or information that would assist with the complaint investigation to please let the Surveyor know. The provider was informed that the details of the allegations could not be shared at this time. There would be an exit conference at the end of the complaint investigation that would reveal the findings found during the investigation.

EXIT CONFERENCE

An exit conference was conducted on 9/20/18 at 1600 hours with the Vice President of Patient Services. The preliminary findings were shared with the provider. The provider was notified that the unsubstantiated findings will be documented in a Statement of Deficiency that will identify the absence of deficient practices found during the onsite complaint investigation. As stated in the Notice of Inspection Rights, the provider can always call the Department with questions. The provider was given an opportunity to ask questions related to the complaint investigation and related rules. This will close the complaint investigation.

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
10/02/2018	MED ALLEGA UNSUB COMPLAINANT FIND LTR/Facility
10/02/2018	MED PHX UNSUB FACILITY FINDINGS LETTER/Facility

PROPOSED ACTIONS

Proposed Action	Proposed Date	Imposed Date	Type
State Only Actions	10/02/2018		Federal

Closed: 10/02/2018 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Printed: 10/28/2019 1:01:54PM
Due Date: 02/28/2018
Priority: Non-IJ High

Intake ID: AZ00146558
Facility ID: MED7157 / OTC-AC
Provider Number:
Mgmt.Unit: MED

ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: PLANNED PARENTHOOD TEMPE
Address: 1837 EAST BASELINE ROAD
City/State/Zip/County: TEMPE, AZ, 85283, MARICOPA
Telephone: (602) 200-2129

License #: OTCAC8393
Type: OTC-AC
Medicaid #:
Administrator: JAMES WASHINGTON

INTAKE INFORMATION

Taken by - Staff: OHTON, MARGARET
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact: OHTON, MARGARET
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 02/13/2018 At 11:45
Received End: 02/13/2018 At 11:45
Received by: Online
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] (Primary)	[redacted]	[redacted]	[redacted]

Link ID: 18E16Q

RESIDENTS/PATIENTS/CLIENTS

Name	Admitted	Location	Room	Discharged	Link ID
[redacted]					2722903

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged [redacted]/2018 Time: 9:30 AM Shift:
Standard Notes: 2018-MED168

Online complaint submitted on 2/12/18 and alleges the following:
"Two ambulances came to the Planned Parenthood and removed a woman on a stretcher. I do not know the condition of the woman or her name but it was during a time that abortions were being conducted at the clinic. Evidence: Pictures and video are available Other Info: Police were at the clinic following the incident."
refer to online document
2018-MED168

Online complaint submitted on 2/12/18 and alleges the following:
"Two ambulances came to the Planned Parenthood and removed a woman on a stretcher. I do not know the condition of the woman or her name but it was during a time that abortions were being conducted at the clinic. Evidence: Pictures and video are available Other Info: Police were at the clinic following the incident."
Refer to online document
Entered at 11:50 on 2/13/18//m0
Note: "...I do believe that this is a potential for a 10 day complaint although there is limited information. - Have we received any reports from Planned Parenthood of the transfer of the patient? The rule for Abortion clinics is: That R9-10-1504. Incident Reporting A. A licensee shall ensure that the Department is notified of an incident as follows: 1. For the death of a patient, verbal notification the next working day; and 2. For a serious injury, written notification within 10 calendar days after the date of the serious injury. B. A medical director shall conduct an investigation of an incident and document an incident report that includes: 1. The date and time of the incident; 2. The name of the patient; 3. A description of the incident; 4. Names of individuals who observed the incident; 5. Action taken by patient care staff and employees during the incident and immediately following the incident; and 6. Action taken by the patient care staff and employees to prevent the incident from occurring in the future. C. A medical director shall ensure that the incident report is: 1. Submitted to the Department and, if the incident involved a licensed individual, the applicable professional licensing board within 10 calendar days after the date of the notification in subsection (A); and 2. Maintained in the physical facilities for at least two years after the date of the incident. ... " If not an abortion patient then the OTC rules would apply.

ACTS Complaint/Incident Investigation Report

May want to try to see if there is a police report that is available prior to initiating the investigation and then the priority may change. Complainant states pictures are available as well so the complainant may need to be contacted as I am sure would be done anyway.
**Police report requested today.//m0

2/13/18 No telephone, faxed, or written complaints have been submitted to the Dept. from this organization regarding this location.//m0
Email to complainant to clarify date and time of incident. Also, to request he provide any additional information to assist with this investigation.//m0
2/21/2018-completed close out letter and closed out complaint intake. AC

Extended RO Notes:

Extended CO Notes:

ALLEGATIONS

Category: Quality of Care/Treatment
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1504 A. 2. Incident Reporting: A licensee shall ensure that the Department is notified of a serious injury, written notification within 10 calendar days after the date of the serious injury.

Complainant reports a patient was transported out of the facility via ambulance on [redacted]2018, a day that abortion procedures are performed.

Findings Text:

This entity is licensed under the Article 10-Outpatient Treatment Center and Article 15-Abortion Clinic rules.

A phone call was made to the complainant on 2/13/18 and a message was left to return call.
An email was sent to complainant on 2/13/18 at 10:27 AM and read at 12:25 PM.
A phone video of the ambulance transfer of patient #1 was received via email on [redacted]/18 at 1:46 PM.

An unannounced, onsite State Complaint Investigation survey was conducted on 2/14/18 with a review of the following documents:

1. Medical Record for patient #1 from [redacted]/18 through [redacted]/18 belonging to Planned Parenthood Tempe
2. Facility policy and procedure for Medication Abortions dated 8/10/17
3. Facility policy and procedure for Surgical Abortions dated 8/10/17
4. Facility policy and procedure for Incident Reporting dated 8/10/17
5. Facility policy and procedure for Transport dated 8/10/17
5. Medical Record for patient #1 from [redacted]/18 through [redacted]
6. [redacted] Police Report dated [redacted]/18

Interviews:
1. Site Administrator #1
2. Physician #5
3. Physician #6

Summary of Events:

Wednesday, [redacted]/18 at 9:30 AM:
Patient #1 becomes a new patient for a [redacted] was calculated as [redacted]17. Ultrasound (U/S) confirmed Estimated Gestational Age (EGA) as [redacted]
Ultrasound was performed by HCA #2 and interpreted by physician #6.
Spotting began on [redacted]/17 and was frequently intermittent lasting four (4) days. No lower abdominal/pelvic pain since LMP, nor nausea or breast tenderness.
General and Surgical history were negative for bleeding disorders or anemia.

[redacted]/18 at 10:40 AM
Patient #1 agreed to 24 hour [redacted] appointment was scheduled for [redacted]/18.
Patient opted for the [redacted] Counseling was conducted by physician #6.

Friday, [redacted]/18 at 11:30 AM
Patient #1 presented for [redacted] by [redacted] She is not on any prior medications. EGA was recalculated at [redacted]

ACTS Complaint/Incident Investigation Report

[redacted] per LMP. EGA by ultrasound determined EGA at [redacted] Patient #1 did agree to a [redacted] if needed should medication fail to complete abortion. Vital signs were assessed at 1:14 PM weight: [redacted] Pulse (P)-[redacted] Pulse Oximetry-[redacted] Blood pressure (BP): [redacted] The physical exam was performed by physician #5. Hematocrit (Hct) was at [redacted] (normal range 37 or above); High Sensitivity Pregnancy Test (HSPT) was [redacted]; and RH (Rhesus) factor was [redacted] Abortion and medical history was reviewed along with labs, U/S, and current medications. Plan was reviewed with Patient #1 and she voiced understanding. She was deemed an appropriate medical abortion candidate.
[redacted] and [redacted] was explained and reviewed. [redacted] was administered at 1:34 PM.
The second medication, [redacted] was dispensed, by physician #5, to take 24 hours later at home. Patient #1 was instructed to contact clinic if little or no bleeding 24 hours after taking [redacted]. After hours emergency information was provided and the post [redacted] follow up plan was discussed.
Education material provided was the Mifeprex Medication Guide and Patient Agreement, a picture of how she is to take the [redacted] of [redacted] on [redacted]/18.

There were no documentation indicating Patient #1 used the 24 hour emergency call procedures.

Friday, [redacted]/18 at 8 AM
Post [redacted] by [redacted] visit was within the 7-21 day required for follow up after the first dose of medication. Patient #1 took [redacted] on [redacted]/18 at 1:34 PM and on [redacted]/18 1:30 PM took [redacted] did not complain of nausea or vomiting.
[redacted]/18 no current complaints of cramping. Within 24 hours after [redacted] bleeding was heavier than she expected, cramping pain was relieved with [redacted] and [redacted]
More than 24 hours after the [redacted] bleeding was at one (1) pad per hour which began on [redacted]/18 and continued for 14 days. Vital signs were checked at: P-[redacted] Pulse Oximetry-[redacted] BP [redacted]
An U/S was performed and revealed [redacted]. U/S was performed by HCA #4 and interpreted by physician #5. There was no [redacted], no [redacted] no [redacted]
Laboratory test this visit: Hct: [redacted] (normal 37% or above), Lower Sensitivity Pregnancy Test (LSPT) [redacted], unspecified. Assessment: Pregnancy test positive, elective termination of pregnancy. Plan: Reviewed diagnosis and plan with Patient #1 and she voiced understanding. Patient #1 states understanding risk, benefits, and follow up instructions. Medications prescribed during this visit: [redacted] dispensed by physician #5. Additional visit comments: Surgical aspiration in one (1) week from today due to [redacted] (patient #1) schedule. Patient #1 was given all instructions post [redacted] and pre surgical by HCA #4. Return to clinic time frame: one (1) week; Return to clinic: Aspiration per physician #5.

Tuesday, [redacted]/18 at 9:45 AM
Reason for visit: [redacted] post: Patient #1 presents for post medical abortion follow up visit and U/S visit. [redacted] and surgical details: current bleeding at four (4) pads per day with no cramping, nausea/vomiting, or fever.
Within 24 hours after taking [redacted] had bleeding, cramping which was moderate pain level and relieved with [redacted] and [redacted] More than 24 hours after taking [redacted] had bleeding at 4 pads per day with cramping which was mild pain level and relieved with [redacted] and [redacted] Vital Signs: Weight: [redacted], P [redacted] BP: [redacted] Ultrasound: [redacted]. Ultrasound performed by HCA #3 and interpreted by physician #5. Plan: [redacted] scheduled on [redacted]/18. Patient #1 states understanding risk, benefits, and follow up instructions. Physician #5.

Friday, [redacted]/18 at 8:05 AM
Reason for visit: Abortion. Reproductive history: EGA [redacted] based on LMP. Pregnancy History: problems with a pregnancy or abortion: No. NPO (Non per os) status per protocol: Nothing to eat after midnight: last meal: [redacted]/18 at 7:00 PM and last liquids at 7:00 PM. History/Screening: Historical data imported from [redacted]/18 visit. Historical data was reviewed and updated. Surgical abortion history: Is positive for [redacted] Medication Abortion History: Able to follow up to confirm pregnancy terminated: yes; willing to have vacuum aspiration: yes. Risk of anomalies and need to complete abortion discussed. [redacted]
Symptoms: Spotting or bleeding since her last LMP that began on [redacted]/18, frequency is intermittent, lasting > 14 days and she describes the quality as moderate. No lower abdominal/pelvic pain since [redacted]. Vital Signs: Weight: [redacted], P [redacted], Pulse Oximetry at Rest [redacted] BP: [redacted] Physical Exam findings; completed by physician #5. Laboratory completed this visit: Hct [redacted] (normal: 37 or above), HSPT: [redacted] ASA Physical Status Classification [redacted] Meds Prescribed during this visit: [redacted]) 1 table; [redacted] 1 vial; [redacted] administered po to patient in clinic [redacted] in clinic [redacted] (1 vial); [redacted] and [redacted] po administered to patient in clinic.
Procedures/Services: Sedation administration: IV started at 8:40 AM for moderate sedation.
Nurse #7 assisting with sedation and procedure:
Vital Signs:
8:54 AM BP [redacted] P[redacted], Resp [redacted] Pulse Oximetry [redacted] LoC-(level of consciousness) [redacted] Pain Score [redacted]

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9:00 AM BP [redacted] P [redacted] Resp [redacted] Pulse Oximetry [redacted] LoC-Alert, Pain Score [redacted]
9:05 AM BP [redacted], P [redacted] Resp [redacted], Pulse Oximetry [redacted], LoC-Alert, Pain Score [redacted]
Prior to start of procedure Patient #1 reported [redacted] had [redacted] with [redacted] had [redacted] in [redacted] and [redacted] upon exam. [redacted] did not require [redacted]).
[redacted] Procedure start: 9:07 AM
Procedure stop: 9:10 AM
9:10 AM Patient #1 began [redacted]. [redacted] administered. Patient #1 alert and oriented. Suction completed without complications. EBL (estimated blood loss) [redacted] At end of suction Patient #1 was bleeding profusely from the [redacted]
9:13 AM [redacted] placed in [redacted] to [redacted], which did not stop bleeding. Patient #1 alert and oriented.
9:15 AM BP [redacted] P [redacted] Resp [redacted] Pulse Oximetry [redacted] LoC-Alert, Pain Score [redacted] Patient became cool and clammy, slurred speech, started nasal oxygen placed on patient at [redacted] [redacted] of [redacted] infusion started
9:17 AM Second dose of [redacted] administered. EMS (Emergency Medical Services) 911 called. [redacted] [redacted] pr [redacted] administered.
[9:20 AM Patient #1 received [redacted] and [redacted] massage with no decrease in post procedure bleeding. BP [redacted] P [redacted] Resp [redacted] Pulse Oximetry [redacted] LoC-Alert, Pain Score [redacted] EMS arrived and prepped patient for transfer to [redacted]
9:25 AM BP [redacted] P [redacted] Resp [redacted] Pulse Oximetry [redacted] LoC-Alert, Pain Score [redacted] Patient #1 placed on EMS gurney with EMT (Emergency Medical Technician) assistance.
9:27 AM Patient #1 en route to local hospital. Physician #5 spoke with emergency and OB/GYN physician called to perform D&C procedure at 9:43 AM.
11:26 AM Physician #5 contacted [redacted] and spoke with emergency physician. Patient #1 is "...stable and vital signs are good...." Hgb is [redacted] and she is awake and talking with relative. Consult with OB/GYN (Obstetrics/Gynecology) physician for a D&C (Dilatation & Curettage) now. "...ER physician released [redacted] from [redacted]...." Physician #5.
Facility policies "TRANSFERRING A CLIENT BY AMBULANCE"; and "HOSPITAL TRANSFER FOLLOW-UP" were followed.
[redacted]/18: Arrival to acute care hospital [redacted] 1:59 PM. Admitting diagnosis: [redacted] Abortion, [redacted]
[redacted]/18: Discharge diagnosis: [redacted] failed with [redacted] following [redacted]
Hospital course: Arrived with Hgb (hemoglobin) of [redacted] and was [redacted] followed with [redacted] of [redacted]. [redacted] continued postoperatively, however Patient #1 was [redacted]
Present Illness: "...[redacted] Reports taking [redacted] on [redacted]/18 and [redacted]/18 for [redacted] at [redacted] and within 20 minutes had cramping and bleeding...states since then [redacted] has been bleeding every day and is [redacted]...denies abdominal pain or any other symptoms...."
OB/GYN course: "...to go to operating room for a [redacted] and [redacted]...2 units packed red blood cells infusing and [redacted] systolic blood pressure is [redacted] after a [redacted] of [redacted] Procedure:... [redacted] placed into [redacted] for [redacted] General...EBL: [redacted] [redacted] IV fluids given [redacted], 2 units [redacted] completed in OR...Findings: enlarged 10 wks size [redacted] slightly deviated to right side with multiparous [redacted] moderate products of conceptions (POC)...continued hemorrhage during procedure, controlled with [redacted] [redacted] [redacted] [redacted] and [redacted] [redacted] [redacted] Given continued bleeding and question of [redacted] anatomy, in OR ultrasound technician was called to perform transabdominal ultrasound guidance for remainder of procedure...No uterine perforation...All products appear to be evacuated with no retained products...hemostasis was assured with watching for several minutes...Aside from brisk bleeding as above, no additional complications were noted...."
Surgical Pathology Final Report: "...[redacted] [redacted] identified...Description: products of conception...no vesicles or fetal parts are identified...."

[redacted]/18
Complainant identified [redacted] is a neighbor to this facility.
The complainant provided a 40 second video, taken on [redacted] phone from the commercial property next door to this facility. The video identifies the local Fire Department Rescue Mobile Unit, a partial view of an ambulance, three to four (3-4) firemen, and one (1) facility patient escort. Patient #1 is not visible.
Also, included in the email was a still photo of what is describe above.

2/2/18 at 9:31 AM
[redacted] Police report were called to this facility to address three (3) male individuals who were deemed to be trespassing on a commercial property next door to this facility. One individual identified he was "...on the property trying to film an ambulance that was taking a patient from this Planned Parenthood...." "...All three (3) males

ACTS Complaint/Incident Investigation Report

were given a trespass warning...."

Conclusion of investigation:
Patient #1 experienced [redacted], however did not identified she was in an emergency situation at any time during [redacted] treatment at this facility. The hospital OB/GYN physician identified there was no perforation of the uterus or other type of physical injury that caused the excessive bleeding. The physicians and HCA staff followed their Medication and Surgical abortion policy and procedures, including investigating the incident by with a root cause analysis. Patient #1 was discharged the next day and returned home.

Allegation: Complainant reports a patient was transported out of the facility via ambulance on a day that abortion procedures are performed.

The surveyor was able to verify that a patient was transported via ambulance out of the facility on a day that abortion procedures are performed.

There is no evidence the Outpatient Treatment Center providing Abortion services was not in compliance with the Abortion Clinic rules related to the ambulance transfer.

No deficiencies are cited related to the allegation.

SURVEY INFORMATION

Event ID	Start Date	Exit Date	Team Members	Staff ID
TQ7311	02/14/18	02/23/18	Ohton, Margaret	30966

Intakes Investigated: AZ00146558(Received: 02/13/2018)

SUMMARY OF CITATIONS:

Event ID	Exit Date	Tag
TQ7311	02/23/2018	
		State - Not Related to any Intakes
		A0000-Initial Comments

EMTALA INFORMATION - No Data

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Schedule Onsite Visit	02/13/2018		03/16/2018	OHTON, MARGARET
Complaint Initiated	02/13/2018		03/16/2018	OHTON, MARGARET
Telephone Contact - Complainant	02/13/2018		02/13/2018	OHTON, MARGARET
Telephone Contact - Complainant	02/13/2018		02/13/2018	OHTON, MARGARET
Assigned Complaint Investigation	02/13/2018		02/23/2018	OHTON, MARGARET
Schedule Onsite Visit	02/14/2018	02/14/2018	02/23/2018	OHTON, MARGARET
Letter to Complainant	03/15/2018		03/16/2018	ANDERSON, MICHELLE

ACTS Complaint/Incident Investigation Report

INVESTIGATIVE NOTES

ENTRANCE CONFERENCE

An Entrance Conference was conducted on 2/14/18 at 0930 hours with the Site Administrator and Health Care Assistant (HCA). The purpose of the survey was identified as an unannounced Complaint investigation of allegations received through the Department complaint process. The Notice of Inspection Rights was reviewed with and signed by the Site Administrator. A review of the planned complaint investigation process was reviewed to include a discussion of the specific documents identified to complete the Complaint investigation. The Providers was informed that if at any time during the survey process the provider has questions or information that would assist with the complaint investigation to please let the Surveyor know. The provider was informed that the details of the allegations could not be shared at this time. There would be an exit conference at the end of the complaint investigation that would reveal the findings found during the investigation.

EXIT CONFERENCE

An exit conference was conducted on 2/23/18 at 1400 hours with the Vice President of Patient Services. The allegations of the complaint were shared with the provider. The survey process included document review and interviews that resulted in the Department finding the event did occur, however there was no evidence that the clinic/providers were not incompliance with the Abortion clinic rules. The provider was notified that the unsubstantiated findings will be documented in a Statement of Deficiency that will identify the absence of deficient practices found during the onsite complaint investigation. As stated in the Notice of Inspection Rights the provider can always call the Department with questions. The provider was given an opportunity to ask questions related to the complaint investigation and related rules. This will close the complaint investigation.

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
03/15/2018	MED PHX UNSUB FACILITY FINDINGS LETTER/Facility
02/21/2018	MED CASE DISPOSITION COMPLAINTANT LTR/Complainant
03/15/2018	MED ALLEGA UNSUB COMPLAINANT FIND LTR/Complainant

PROPOSED ACTIONS

Proposed Action	Proposed Date	Imposed Date	Type
State Only Actions	03/16/2018		Federal

Closed: 03/16/2018 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Americans United for Life

ARIZONA DEPARTMENT OF HEALTH SERVICES
LICENSING

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

August 6, 2019

Mr. James Washington, Administrator
Planned Parenthood Arizona, Inc.
4751 North 15th Street
Attention: Catherine Pisani
Phoenix, AZ 85014

RE: OTCAC4848
Planned Parenthood - Glendale
5771 West Eugie Avenue
Glendale, AZ 85304

Dear Mr. Washington:

Enclosed is the license to operate a(n) Outpatient Treatment Center. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

REMINDER: Renewal Applications are processed via the online portal system only. It is your responsibility to register and access the online portal system to renew your license, refer to rules 9 A.A.C. 10, Article 1 regarding "renewal license application". Pursuant to Arizona Revised Statutes (A.R.S.) 36-425 (C)(2), a health care institution's license becomes invalid if the fees are not paid before the licensing fee due date. It is a violation of A.R.S. 36-407(a) to operate a health care institution without a current and valid license. Once your license is no longer valid, an initial application is required to recommence operations.

Sincerely,

William Alcock, R.N., J.D.
Bureau Chief
Bureau of Medical Facilities Licensing

WA:ED

Americans United for Life

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	A. BUILDING: _____ B. WING _____	C 02/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

(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
A 000	Initial Comments The following deficiencies were cited following an onsite unannounced Complaint Investigation (AZ00115791) on 2/10/14. Jeanne M Roush RN for Margaret Olton RN ADHS Representative Date 6-6-14	A 000		
A 088	R9-10-1503.C.6.d. Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are developed and implemented for: 6. Abortion procedures including recovery and follow-up care; and the minimum length of time a patient remains in the recovery room or area based on: d. The physiologic signs including vital signs and blood loss; This REQUIREMENT is not met as evidenced by: Based on a review of facility policy and procedure, medical records, and staff interviews, the Department determined the Medical Director failed to require the facility policy and procedure was followed that required every 15 minutes vital signs during recovery and until discharge. for 1 of 1 patient. (Patient # 1). Findings include: Review of facility policy "SURGICAL ABORTION SERVICES-ANALGESIA AND SEDATION SERVICES-POST -SEDATION MANAGEMENT" revealed: "...Clients may continue to be at risk	A 088	-Revised Analgesia and Sedation protocol (attached) to clarify post-operative management in relation to discharge criteria. -Monitor post-op care through internal audits -Ongoing training of nursing and physician staff	1/1/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	A. BUILDING: _____ B. WING _____	C 02/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

(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
A 088	Continued From page 1 during recovery due to...decreased procedural stimulation...delayed drug absorption...slow drug elimination...Recovery Area...Vital signs must be taken at initiation of recovery and then every 15 minutes during the recovery process until discharge...." Patient # 1 Review of the "IN-CLINIC ABORTION RECORD-RECOVERY ROOM RECORD" dated [redacted]13 revealed: "Time Arrived: 12:32...12:46...13:00...P__R__BP___O2Sat___... 13:27...P__R__O2Sat___ 14:00...See Progress Notes...13:45...O2Sat___...Patient released...at 14:45...." The patient's vital signs should have been monitored at 12:47,13:02,13:17,13:32,13:47, 14:02, 14:17 and 14:32. The COO and Risk/Quality Manager verified, during an interview conducted on 2/10/14, that the staff did not follow the facility policy for monitoring post-operative vital signs.	A 088		
A 291	R9-10-1511.A.1.f. Medical Records R9-10-1511. Medical Records A. A licensee shall ensure that: 1. A medical record is established and maintained for a patient that contains: f. The ultrasound results, if applicable, including the original print as required in R9-10-1508(D); This REQUIREMENT is not met as evidenced by:	A 291	An electronic health record system was implemented at all Planned Parenthood of Arizona abortion health centers as of December 12, 2013. The system allows for documentation of the staff member performing the ultrasound, the provider interpreting the ultrasound, and the interpretation of the ultrasound.	4/2/14

Cont'd on page 2

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	A. BUILDING: _____ B. WING _____	C 02/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

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A 291	Continued From page 2 Based on a review of facility policy and procedures, medical records, ultrasound films and staff interview, the Department determined the clinic failed to ensure that the staff documented the identifying information on each ultrasound performed as required by the facility policy for 1 of 1 patients (patient # 1). Finding include: Review of facility policy "SURGICAL ABORTION SERVICES-ULTRASOUND SERVICES-DOCUMENTATION" revealed: "...For every ultrasound examination there must be a permanent record consisting of the images and interpretation...IMAGES...Official documentation for the ultrasound image should include but not be limited to client's name and other identifying information...date of ultrasound examination...INTERPRETATION/WRITTEN REPORT...The written final report includes...name(s) of person(s) performing and interpreting the ultrasound...comparison with previous ultrasounds for the same condition...." Patient # 1 Review of the medical record ultrasound films found in this patient's chart revealed three (3) ultrasound images as follows: "...12:17:14..[redacted]/2013...Post-op ...12:17:36..[redacted]2013...Post-op ...14:22:32[redacted]/2013 (sic)...2nd post op US [redacted]/13 @1422...." There is no patient name or other personal identifiers or identification of the staff member that performed the ultrasound or which staff member wrote the post-op notations on the area surrounding the image.	A 291	Cont'd From page 2.. This type of documentation in the EHR system was implemented at time of training with completion as above, December 12, 2013. All pre-operative ultrasounds are documented in the EHR as described. The original print is affixed to a form with the patient identifying information and scanned into the electronic chart. Intra-operative documentation of ultrasounds has also been changed to this process. All intra-operative ultrasounds will be ordered in the EHR therefore allowing documentation of the staff member performing the ultrasound, the provider interpreting the ultrasound, and the interpretation of the ultrasound. The original print will then be affixed to a form with the patient indentifying information and scanned into the electronic chart. Training for this process has been completed as of April 2, 2014. Monitoring will be completed through the quality assurance audit system. Dr. Laura Dalton is responsible for training and implementation.	

ADHS LICENSING SERVICES

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

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A 291	Continued From page 3 The COO and Risk/Quality Manager verified, during an interview conducted on 2/10/14, that there are no patient or staff identifying information recorded on the post-op ultrasound films per facility policy.	A 291		
A 333	R9-10-1511.C.1. Medical Records R9-10-1511. Medical Records C. A medical director shall ensure that only personnel authorized by an abortion clinic's policies records or signs an entry in a medical record and: 1. An entry in a medical record is dated and legible; This REQUIREMENT is not met as evidenced by: Based on a review of facility policy and procedure, medical records and staff interview, the Department determined the Medical Director failed to require the clinical staff members create legible entries in the medical record of 1 of 1 patients (patient # 1). Findings include: Review of clinic's policy "SURGICAL ABORTION SERVICES-CLINICAL PROGRAM STRUCTURE-MAINTAINING AFFILIATE MEDICAL RECORDS" revealed: "...Each affiliate must maintain complete medical records for every client in accordance with accepted professional standards and any applicable laws/regulations...Records must be...factual, complete, concise, and professional...legible (to other than the author)...readily accessible...signed	A 333	An electronic health record system was implemented at all Planned Parenthood of Arizona abortion health centers as of December 12, 2013. The system requires staff member log-on for all chart entries, with a signature pad function that demands completion of all signature and witness lines for client informed consent items. This system has been thoroughly trained and is routinely monitored by Dominique Lee and the quality assurance audit system.	12/12/13

ADHS LICENSING SERVICES

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A 333	Continued From page 4 with the full name and title (position) of the signer...." Review of patient # 1's medical record dated [redacted]13 through [redacted]13 revealed: Patient # 1 "...Visit Summary...[redacted]/13...Date...Visit type...." There is no signature or initials associated with the entries on the Visit Summary form dated [redacted]13. "...Surgical Services Initial History...[redacted]/13[redacted]13...Client signature...[redacted]3...Interviewer signature___[redacted]/13...." There is no documentation to identify why the date of [redacted]/13 was lined through and the [redacted]/13 date written above it when the patient and interviewer signed the document on [redacted]/13. There is no documentation to identify why there are two (2) additional signatures added to the form and dated [redacted]/13. The initial interviewer's signature and one (1) additional signature is a series of circles and horizontal lines. ...[redacted]/13...Ultrasound Documentation...Interpreted by: (Licensed Provider)___...." The documented interpreters signature is a series of circles/horizontal lines. "...[redacted]/13...Date...Visit type...BP/Wt...Hematacrit...RH...."	A 333		

ADHS LICENSING SERVICES

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A 333	Continued From page 5 There is no signature or initials associated with the entries on the Visit Summary form dated [redacted]/13. "..[redacted]13...Client Information for Informed Consent...In-Clinic Abortion...Suction...Signature of Witness___ ..[redacted]/13...Abortion Decision-Making and Emotional Support Tool...Staff signature___ ..[redacted]/13...Moderate Sedation Intravenous (IV) Sedation...Witness___ ..[redacted]13... Request for Surgery or Special Procedure and acknowledgement of receipt of Notice of Health Information Privacy Practices...Signature of Witness___ ..[redacted]/13...Consent and Fact Sheet Audit...Staff signature___ ..[redacted]/13...Pre Sedation Assessment...Date: [redacted]/13...Assessment completed by:___ [redacted]13...In-Clinic Abortion Pre-Operative Report...Intake and Lab test results...Staff signature___(x 2) [redacted]13...In-Clinic Abortion Report...Preoperative Medication Orders...IV Angiocatheter...RN Signature___Medication...Time...0938...Given by___Time...0938...Given by___Postoperative Recovery...Initials...Signature___ ...Licensed Staff Signature___ ..[redacted]13...Progress Notes...13:35...14:00...14:30...2nd Post op US [redacted]13 @ 1422...pasted over the note dated [redacted]/13 at 1400 ...Progress Notes..[redacted]/13...Procedure & Adverse Event Note...." There are no legible signatures or initials to identify who created the entries on the medical record forms dated [redacted]/13.	A 333		

ADHS LICENSING SERVICES

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A 333	Continued From page 6 The clinical staff signatures/initials are a series of circles/horizontal lines. There is no signature or initials documented with the notes created on [redacted]/13 at 13:45, 14:00 and 14:30. "..[redacted]/13...Date...Visit type...BP/Wt...Hematacrit...pulse...temp...." There is no signature or initials associated with the entries on the Visit Summary form dated [redacted]/13. "..[redacted]13...Ultrasound Documentation...Performed by___Interpreted by: (Licensed Provider)___...." The documented interpreters signature is a series of circles/horizontal lines. "[redacted]/13...Information sheet for Ultrasound Examination...Witness___[redacted]2/13 [redacted]13...Male/Female Examination Form...Clinician Signature___Date: [redacted]/13...Progress Notes..[redacted]/13...." There are no legible signatures or initials to identify who created the entries on the medical record forms dated [redacted]/13. The COO verified, during an interview conducted on 2/10/14, that the signatures by the clinical staff are not legible; there is no explanation of why dates have been changed on the some of the forms; and there is no policy for creating or correcting entries in the medical record. The facility leadership has communicated to the department that as of December 2013 the facility	A 333		

ADHS LICENSING SERVICES

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A 333	Continued From page 7 implemented a new documentation system that will clearly identify the providers and accurately document the personnel who are performing functions related to patient care.	A 333		

Acceptable POC 7-1-14 jc

PRINTED: 05/22/2014
FORM APPROVED

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 000	Initial Comments The following deficiencies were cited following an onsite unannounced Complaint Investigation (AZ00115791) on 2/10/14. Jeanne M Roush RN for Margaret Oldton RN ADHS Representative Date 6-6-14	A 000	RECEIVED JUL 01 2014 ADHS Bureau of Medical Facilities Licensing	
A 088	R9-10-1503.C.6.d. Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are developed and implemented for: 6. Abortion procedures including recovery and follow-up care; and the minimum length of time a patient remains in the recovery room or area based on: d. The physiologic signs including vital signs and blood loss; This REQUIREMENT is not met as evidenced by: Based on a review of facility policy and procedure, medical records, and staff interviews, the Department determined the Medical Director failed to require the facility policy and procedure was followed that required every 15 minutes vital signs during recovery and until discharge. for 1 of 1 patient. (Patient # 1). Findings include: Review of facility policy "SURGICAL ABORTION SERVICES-ANALGESIA AND SEDATION SERVICES-POST -SEDATION MANAGEMENT" revealed: "...Clients may continue to be at risk	A 088	-Revised Analgesia and Sedation protocol (attached) to clarify post-operative management in relation to discharge criteria. -Monitor post-op care through internal audits -Ongoing training of nursing and physician staff	1/1/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Patricia Bruen TITLE COO DATE 6/20/14

STATE FORM 6899 MOJZ11 Page 1 of 1

Arizona Department of Health Services

Public Health Licensing Services
Office of the Assistant Director

150 N. 18th Avenue, Suite 510
Phoenix, Arizona 85007-3247
(602) 364-2536
(602) 364-4808 FAX

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

June 5, 2014

Beth Otterstein, Administrator
Patricia Gross, COO
Planned Parenthood
5651 N 7th Street, Suite 105
Phoenix, AZ 85014
OTCAC4848

Dear Ms. Otterstein and Ms. Gross:

Thank you for the documentation submitted for the informal review regarding the Statement of Deficiencies for your facility's survey conducted on February 10, 2014.

The management team has reviewed the citations and your documentation and has made the following decision:

A135. R9-10-1505.5.b. will be deleted. Evidence of compliance for the above citations was not available at the time of the onsite investigation. In the future, surveys will require evidence of compliance and this evidence will need to be available to the surveyors at the time of the onsite survey to prevent a citation of non-compliance.

A137. R9-10-1505.5.d. will be deleted. Evidence of compliance for the above citations was not available at the time of the onsite investigation. In the future, surveys will require evidence of compliance and this evidence will need to be available to the surveyors at the time of the onsite survey to prevent a citation of non-compliance.

A193. R9-10-1508.A.3.d. will be deleted. Evidence of compliance for the above citations was not available at the time of the onsite investigation. In the future, surveys will require evidence of compliance and this evidence will need to be available to the surveyors at the time of the onsite survey to prevent a citation of non-compliance.

A222. R9-10-1508.H.1. will be changed to A088. R9-10-1503.C.6.d.

A291. R9-10-1511.A.1.f. will be revised.

A333. R9-10-1511.C.1. will be revised.

A new Statement of Deficiencies is enclosed with this response. If you haven't already sent in an acceptable Plan of Correction for your Statement of Deficiencies, please submit it to this office no later than 10 working days after receipt of this letter. Please retain a copy of the Plan of Correction for your files. If the Plan of Correction is not received by the office on or before this date, enforcement action may be taken. Please mail the Plan of Correction to:

Department of Health Services
Public Health Licensing Services/Bureau of Medical Facilities Licensing
150 N. 18th Avenue, Suite 450
Phoenix, AZ 85007-3247

Should you have any questions or concerns, please contact Connie Belden, Bureau Chief, at 602-364-3030.

Sincerely,

Cara Christ, MD
Acting Assistant Director

CC/cmw

Arizona Department of Health Services

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

March 19, 2014

Patricia Gross, Administrator
Planned Parenthood
5651 N 7th Street, Suite 105
Phoenix, AZ 85014

RE: OTCAC4848 - State SOD#: MOJZ11
Planned Parenthood - Glendale
5771 West Eugie Avenue
Glendale, AZ 85304

Dear Patricia Gross:

Thank you for the time spent with the Arizona Department of Health Services, Bureau of Medical Facilities Licensing staff during the complaint investigation of your facility on February 10, 2014.

Enclosed is the statement of Deficiencies for the State compliance survey. The Department requires immediate correction of any deficiency that presents a threat to the health or safety of a client, resident, patient or agency personnel, and urges correction of all deficiencies at the earliest possible date. Most deficiencies can be corrected within thirty (30) days.

Please place your plan of correction in the space provided in the right column of the Statement of Deficiencies and return the original. If you need to attach additional pages, place the date of correction on the Statement of Deficiencies and reference the tag number on the attachment. Plans of correction sent by fax will not be accepted. The Plan of Correction must outline the specific steps taken to correct each deficiency noted, and must include the following:

1. How the deficiency is to be corrected, on both a temporary and permanent basis.
2. The date the correction will be completed.
3. The responsible person by title, and/or position of the person responsible for implementing the corrective action.
4. A description of the monitoring system you will use to prevent the deficiency from recurring.
5. Your signature, and the date you approve the plan of correction, on the first page.
6. Copies of any additions to, or revisions of, required documents. Please Identify attachments.

An example of the type of information necessary for an acceptable Plan of Correction is attached to this letter.

The original Statement of Deficiencies with the Plan of Correction must be returned to the office on the above letterhead **by April 2, 2014** Please retain a copy in the facility to be available for public review. If the Plan of Correction is not received on or before this date, further action may be taken.

Please be advised that the Statement of Deficiencies and Plan of Correction will become a part of the Department's public file for your facility and is available for review.

Deficiencies noted during the inspection may be refuted regarding the accuracy of the deficiency through the Informal Dispute Resolution Process. The professional judgement of the Department's staff may not be refuted regarding the level, extent, scope, or severity of the deficiency. The Informal Dispute Resolution Process will not delay the effective date of any enforcement action.

To refute deficiencies, please send a written request for an Informal Dispute Resolution on a document separate from the Plan of Correction to the office on the above letterhead **by April 2, 2014.**

The request and documentation supporting the refuted deficiencies must be received by and must identify:

1. Each specific deficiency being refuted;
2. An explanation of why the deficiency is being refuted; and
3. Any supporting documentation which shows the facility was in compliance at the time of the inspection.

Thank you for your cooperation. Should you have any questions or concerns, please contact our office at (602) 364-3030.

Sincerely,

Jeanne M Roush RN

Jeanne Roush, R.N.
Team Leader
Bureau of Medical Facilities Licensing

JR:mco

Americans United for Life

Health and Wellness for all Arizonans

Arizona Department of Health Services

Public Health Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

July 8, 2014

Cynthia Locke
Risk Management
5771 W. Eugie
Glendale, AZ 85304

Re: Planned Parenthood - Glendale
Complaint Intake #AZ00115791
Investigation # MOJZ11

Dear Cynthia Locke:

The Arizona Department of Health Services (Department) has concluded its investigation of the above referenced complaint. The Bureau of Medical Facilities Licensing determined that the issue(s) that were raised in your complaint corresponded to the rules or statutes that regulate Planned Parenthood - Glendale.

Through the Department's investigation process, one or more surveyors conducted interviews with staff of the facility, patients that received services from the facility, and anyone else that may have been able to provide pertinent information. Surveyors also made observations during their time on site and reviewed records and other facility documents.

The Department was able to find enough evidence to verify your complaint(s).

Since your allegations were verified, the Facility will receive a report from the Department, known as a Statement of Deficiencies, which describes each violation(s) identified during this investigation. The Facility will be required to submit a plan to the Department describing how they are going to correct the violation(s) and/or prevent this from occurring again.

Thank You for bringing these concerns to the Department's attention. The Statement of Deficiencies may be viewed at www.azcarecheck.com. If you have further questions, you may call Medical Facilities Licensing at (602) 364-3030.

Sincerely,

Jeanne M Roush RN for

Connie Belden, R.N.
Bureau Chief
Bureau of Medical Facilities Licensing

CB:st

Planned Parenthood
Arizona

5651 North 7th Street
Phoenix, AZ 85014-2500

602.277.7526 Tel
602.277.5243 Fax

2255 North Wyatt Drive
Tucson, AZ 85712-2150

520.624.1761 Tel
520.622.8743 Fax

ppaz.org

April 2, 2014

Jeanne Roush, R.N.
Team Leader
Bureau of Medical Facilities Licensing
150 North 18th Avenue, Suite 450
Phoenix, AZ 85007-3242

Re: OTCAC4848 – State SOD# MOJZ11

Dear Ms. Roush:

Enclosed please find ADHS' original Statement of Deficiencies and our Plan of Correction regarding the February 10, 2014, complaint investigation of our facility at 5771 West Eugie Avenue in Glendale.

As noted in our Plan, we are requesting an Internal Dispute Resolution on Tag Numbers A135, A137, A193, A222, and A291. The reason for refuting each deficiency, and the documentation, are included with the Plan of Correction. While the Plan of Correction is submitted as required, we understand that we can make changes to the plan, dependent upon the outcome of the IDR. We also understand that ADHS' findings are not final until the completion of the IDR process, and that therefore public posting of any deficiencies in dispute will be delayed until that has occurred.

We are requesting that Director Humble be present at the Internal Dispute Resolution meeting.

Please contact me at your convenience, at 602.263.4275, to discuss scheduling the IDR meeting.

Sincerely,

Patricia Gross
COO

Americans United for Life

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 000	Initial Comments The following deficiencies were cited following an onsite unannounced Complaint Investigation (AZ00115791) on 2/10/14. Margaret S Dalton PA 3/18/14 ADHS Representative Date	A 000	RECEIVED APR 3 2014 ADHS Bureau of Medical Facilities Licensing	
A 135	R9-10-1505.5.b. Personnel Qualifications and Records R9-10-1505. Personnel Qualifications and Records A licensee shall ensure that: 5. A personnel file for each member of the patient care staff and each volunteer is maintained either electronically or in writing and includes: b. Verification of qualifications, training, or licensure, if applicable; This REQUIREMENT is not met as evidenced by: Based on a review of policy and procedure, documents related to employee records and job descriptions, the Department determined the clinic failed to: 1. verify licenses and certifications for 2 of 2 registered nurses (# 2 & 3) who provided nursing services to patient #1; 2. verify health care assistant (HCA) #9 who provided services to Patient #1, completed and documented the education and/or experience required by the clinic's policy and procedure; and	A 135		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	A. BUILDING: _____ B. WING _____	R-C 03/27/2015

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{Z 000}	Initial Comments Based on an acceptable Plan of Correction (POC) submitted to the Arizona Department of Health services on 3/18/15, with additional information submitted on 3/23/15, 3/24, and 3/25/15, for Event #JGOP12, no onsite State Compliance follow up survey was conducted. Margaret Ohlson RN 3/27/2015 ADHS Representative Date	{Z 000}		
{Y 000}	Initial Comments Based on an acceptable Plan of Correction (POC) submitted to the Arizona Department of Health services on 3/18/15, with additional information submitted on 3/23/15, 3/24, and 3/25/15, for Event #JGOP12, no onsite State Compliance follow up survey was conducted.	{Y 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS TROLLER'S OFFICE
CA.. RECEIPTS UNIT PRINTED: 03/05/2015
FORM APPROVED

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	MAR 23 2015 RECEIVED A. BUILDING: _____ B. WING _____	C 02/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

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Z 000	Initial Comments The following deficiencies were cited during the State Compliance Survey (Event #JGOP11) conducted on 2/9/15, 2/12, 2/13, and 2/23/15. Margaret B. Ortman RN 3/5/2015 ADHS Representative Date	Z 000	SEE Attachment of corrective action plan	
Z 270	R9-10-1003.D.2.d Administration R9-10-1003. Administration D. An administrator shall ensure that: 2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that: d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances; This RULE is not met as evidenced by: Based on observation on tour, review of facility laboratory manual, review of center manager job description, review of facility CLIA (Clinical Laboratory Improvement Amendments) audit, and staff interviews, the Department determined the Administrator failed to demonstrate current monitoring of medications and supplies for expiration, which have a potential risk for expired medications being administered to a patient or risk of a non sterile item being utilized on patients. Findings include:	Z 270		

RECEIVED
MAR 23 2015
ADHS Bureau of Medical Facilities Licensing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Director of Patient Services | 3/5/15 (X6) DATE

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Z 270	Continued From page 1 During tour of the entire facility, the Surveyors identified the following expired and/or not dated medications and supplies currently available for use in the clinic: 13 "...PDI Povidone-iodine swabsticks exp...10/2014...." 1 "...16 fluid ounce bottle of Hibiclens chlorhexidine gluconate solution exp...1/13/15...." 1 "...16 fluid ounce bottle of Aplicare povidone-iodine solution exp...5/2014...." 1 "...30 ml tube Xylocaine jelly 2%, 20 mg/ml exp...6/13...." 1 "...Oxytocin 10 u/ml (units per milliliter) expiration...1/15...." 1 "...Insyte autoguard shielded IV catheter exp...10/2014...." 1 "...Specimen container of Ferric Subsulfate solution: mixed on 7-18-14 and expiration date of 9/8/14...." Review of facility Laboratory Manual policy "CH 13 FERRIC SULFATE SOLUTION" revealed: "...Ferric Sulfate Solution (Monsel's solution)...Note: on the label place date mixed and the expiration date (two months from mix date)...." Ferric Sulfate Solution (Monsel's solution) may be used as a styptic or hemostatic agent. The medication and supplies identified above were located in the examination rooms and procedure rooms.	Z 270		

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Z 270	Continued From page 2	Z 270		

1 of 1 "...Tubersol vial...opened 10/19/14...."

Review of the manufacturer's instructions revealed: "...A vial of TUBERSOL which has been entered and in use for 30 days should be discarded...."

36 "...Compro suppositories 25 mg each...expire 1/15...."

4 "...Compro suppositories 25 mg each...expire 1/15...."

10 bags "0.9% NaCl 1000 ml (milliliter) intravenous solution...exp...12/31/2014...."

The Tubersol, suppositories and intravenous solutions was located in the medication area.

8 "...BD Probe Tec-Q Collection Kit-Endocervical or lesion Specimens...expire 3/31/14...."

7 blue angiocaths, not in their sterile manufacturer's packaging, placed in a pink emesis basin in one of the small laboratory drawers.

5 pink angiocaths, not in their sterile manufacturer's packaging, placed in a pink emesis basin with the blue angiocaths identified above.

The probes and blue and pink angiocaths were located in the laboratory room.

1 of 1 "...18 gauge angiocath...exp...8/13...."

The 18 gauge angiocath was located in the IV start container placed on the top shelf in one of

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Z 270	Continued From page 3 the laboratory closets. 1 "...0.9% normal saline solution...IV...exp...8/13...." The bag of normal saline solution identified above was located in a procedure room. Review of the facility's job description for the "CENTER MANAGER" revealed: "...Responsible for...inventory procedures...CLIA guidelines...." Review of the facility CLIA audit performed by Center Manager #11 on 1/31/15 revealed: "...no expired medication on site...100%...." Center Manager #11 and HCA #6 verified, during an interview conducted on 2/9/15, that the medications and supplies identified above are expired; and the CLIA audit does not identify the expired medications currently available for use in the clinic.	Z 270		
Z 274	R9-10-1003.D.2.f Administration R9-10-1003. Administration D. An administrator shall ensure that: 2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that: f. Cover infection control; This RULE is not met as evidenced by: Based on review of policy and procedure, observation on tour, review of manufacturer's instructions for use (IFU), and staff interview, the Department determined the Administrator failed	Z 274		

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Z 274	Continued From page 4 to implement the facility infection control policy related to: a. cleaning blood/body fluid spills; b. identification of the disinfecting solution, currently in use, for disinfecting semi-critical items (speculums) in the patient examination rooms; and c. Occupational Health and employee screening for communicable disease i.e., Tuberculosis (TB) per facility policy on 4 of 9 HCA's (HCA #3, #6, #8, and #9). Findings include: a. Review of facility policy "GUIDELINES FOR CLEANING/DISINFECTING AFTER A BLOOD/BODY FLUID SPILL" revealed: "...Don gloves and other PPE (Personal Protective Equipment) as necessary...Spilled blood/body fluids should first be contained and wiped up...The contaminated area should then be thoroughly saturated with bleach mixed 1:10 (1 part bleach to 10 parts water)...Let stand 5 minutes...If an excess of bleach remains on the surface it can then be wiped dry...." During tour of Exam room one (1), just after a patient exited the room, the Surveyor observed the HCA #6 cleaning what he/she identified as fresh blood on the floor, to the left of the exam table and in front of the large white bucket bearing a biohazard label. The white bucket contained a used metal vaginal speculum. Employee #6 (HCA) verified, during an interview conducted on 2/9/15, that the fresh blood appears to have dripped from the speculum that was just	Z 274		

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Z 274	Continued From page 5 used during the pelvic exam. The Surveyor observed HCA #6 cleaning up the blood spill with paper towels and several sprays of Oxivir TB solution, instead of the appropriate bleach solution per facility policy. The Center Manager #11 verified, during an interview conducted on 2/9/15, that HCA #6 did not clean the blood/body fluid spill per facility policy and procedure. b. Review of facility policy "CH 2 CLEANING, DISINFECTION AND STERILIZATION" revealed: "...disinfection...cleaning and disinfecting medical instruments...vaginal probes...semi-critical items have contact with mucous membranes...Each category requires a different level of disinfection or sterilization to reduce the microbes present on the article...Cleaning is the process of removing visible signs of contamination before the disinfection and sterilization processes...If cleaning is not completed, disinfection and sterilization will be ineffective...Disinfection...All semi-critical items need disinfection...high level disinfection...instruments that touch mucous membranes...Speculums...clean with Detergesol...Direction for cleaning and disinfecting medical instruments: Dirty instruments...All disinfectants must be prepared, changed, and discarded according to instruction on the package label...The container must be labeled with the date the solution was prepared...Speculums: following the procedure, all speculums should be kept wet until cleaning...Soak in detergosol...." Review of facility policy "DETERGESOL DIRECTIONS FOR USE" revealed: "...Soak in 1:10 dilution of 5% sodium Hypochlorite (bleach)	Z 274		

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Z 274	Continued From page 6 x 30 minutes...Speculums-Clean with Detergesol and place in autoclave, time per manufacturer's instructions...." The current bleach concentration available at the facility and located in the sterilization room is "PUREBRIGHT" which is a 6% concentration, contrary to facility policy. Review of facility policy "CH 7. HAZARDOUS COMMUNICATION PROGRAM" revealed: "...Container labeling...The CM (Center Manager) is responsible for ensuring that warning labels are placed on In-house containers, if chemical are transferred from the original container(s)...Labels are available on SharePoint/compliance/medical labels...has identified a list of hazardous chemicals that are commonly transferred from their original containers: Detergo-Sol...List of hazardous chemical that may be removed from original contains and need a hazardous label: Ferric Subsaltfate (sic)...Detergosol...." HCA #6 verified, during an interview conducted on 2/9/15, that there is no identification on the white buckets, of the soaking and disinfecting solution that is currently being used to disinfect the semi-critical items in the large white buckets; identified with biohazard labels in the examination rooms. Review of the manufacturer's IFU for the disinfectant "DETERGOSOL" revealed: "...Detergesol MedChem Corporation...1-2 heaping teaspoons to one (1) gallon of water...." The Surveyor requested the measuring tools used to measure out the Detergosol, none was provided.	Z 274		

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Z 274	Continued From page 7 During tour of the examination rooms, the Surveyors observed at least three (3) large white buckets, located next to the foot of the examination table, with a red/orange biohazard label on the lid of the buckets. There was no identification of what type of disinfecting solution was in these large white buckets. In examination room one (1) there was one (1) speculum currently soaking in the unidentified solution. On the opposite side of the examination tables, the Surveyors observed at least three (3) small white buckets, located next to the top (head) of the same examination tables, with a biohazard label on the lid of the buckets. The smaller buckets did not have biohazard bags lining the containers. HCA #6 verified, during an interview conducted on 2/9/15, that these smaller white buckets are used as biohazard disposal containers for swab sticks, tissues, etc. by the medical staff; and there should be a red biohazard bag placed in the containers. c. Review of facility policy "CH 5. OCCUPATIONAL HEALTH" revealed: "...The employee's vaccination and immunity status must be evaluated...An assessment of TB status must be made...Tuberculosis...annual screening must occur for all employees in January...Employees with a negative skin test history will have, at minimum, an annual PPD (Purified protein derivative) skin test which is completed in January for ongoing staff...." Review of electronic personnel files for four staff	Z 274		

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Z 274	Continued From page 8 members submitted for review on 2/9/15 revealed: HCA #3 A date of hire of 6/2/14 revealed employee submitted documentation of negative TB screening, which was performed by an outside provider on 2/2/14 and interpreted on 2/3/14, 24 hours after administering skin test. Review of Tubersol manufacturer's directions for administration and interpretation of PPD skin test revealed: "...read and record at 48 to 72 hours...." Center Manager #11 verified, during an interview conducted on 2/9/15, that the TB test submitted by HCA #3 was not a valid test indicating freedom from TB. HCA #6 Revealed TB skin test last evaluated on 1/27/14. HCA #8 Revealed TB skin test last evaluated on 1/27/14. HCA #9 Revealed TB skin test last evaluated on 1/29/14. The Surveyor requested documentation of current TB test screening performed in January 2015 per facility policy, none was provided. Center Manager #11 verified, during an interview conducted on 2/9/15, that the TB screening for HCA #6, #8, and #9 is overdue per facility policy.	Z 274		
Z 382	R9-10-1004.1.a Quality Management R9-10-1004. Quality Management	Z 382		

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Z 382	Continued From page 9 An administrator shall ensure that: 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes: a. A method to identify, document, and evaluate incidents; This RULE is not met as evidenced by: Based on a review of job description, quality assurance meeting minutes, medical record reviews, and staff interviews, the Department determined the Administrator failed to present documentation that an incident and adverse event was submitted to the QA committee for review and discussion. Findings include: Review of the facility job description for "CENTER MANAGER" revealed: "...position is responsible for the oversight of the health center's overall risk, quality and compliance, as well as quality assurance to provide top notch quality care in a safe environment for both patients and staff...Maintains and analyzes monthly clinical program (s) statistics, makes recommendations for service improvement and submits reports, as needed (to include management, incident/occurrence...)...." Review of facility Incident log dated 7/8/14 revealed a HIPAA (Health Insurance Portability & Accountability Act of 1996) breech, of a patient identity, by HCA #5. Review of redacted medical record dated 10/14 revealed 1 of 1 patient (patient #2) had an adverse reaction to medication administered as preprocedure sedation.	Z 382		

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Z 382	Continued From page 10 Review of the organization "QUALITY ASSURANCE MEETING MINUTES" dated 8/19/14, 9/21/14, and 1/26/15 revealed no identification or discussion of the HIPAA breech and medication adverse event that occurred at this clinic. Center Manager #11 verified, during an interview conducted on 2/9/15, that there is no documentation in the QA meeting minutes from 4/14 through 1/15 identifying the above events.	Z 382		
Z2164	R9-10-1028.3.a.iii Infection Control R9-10-1028. Infection Control An administrator shall ensure that: 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover: a. If applicable: iii. Sterilization and disinfection of medical equipment and supplies; This RULE is not met as evidenced by: Based on review of facility policy and procedures (P&P), OSHA (Occupational Safety and Health Association) manual, manufacturer's instructions for use, autoclave logs, and staff interviews, the Department determined the Administrator failed to implement the infection control program to: a. ensure the staff followed the facility P&P, and the manufacturer's instructions for use when performing the cleaning and maintenance of the Tuttnauer and/or Midmark autoclave unit;	Z2164		

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Z2164	Continued From page 11	Z2164		

b. ensure the staff maintained the cleaning, spore checks, and preventive maintenance records of the Pelton & Crane, Ritter, and Midmark autoclave units when loaned to an affiliate clinic or sent out for repair;

c. ensure the staff followed the facility P&P when cleaning and disinfecting the post procedure specimen bottles; and

d. ensure the integrity and of the upholstered material covering the examination tables and the ability to sanitize the examination tables properly between patients.

These failures have the potential for non sterile instruments or non disinfected supplies to be utilized on patients.

Findings include:

Review of facility policy "INFECTION CONTROL-OSHA manual revealed: "...Infection prevention program is managed by Risk Quality Management Manager...in conjunction with the Risk and Quality Management Committee...Reviewed annually in July or whenever mandates are required...Quality Assurance Team meets at least quarterly is instrumental in monitoring and reviewing all elements of the OSHA manual and reports to Risk and Quality Management Committee any emergency and crisis situations or when there is deemed to be a danger to patients or employees...."

The Surveyors requested to speak with the designated Risk Quality Management Manager regarding the infection control program, none was

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Z2164	Continued From page 12 available. Center Manager #11 verified, during an interview conducted on 2/12/15, that there is no designated infection control person assigned to the infection control position at this time. a. Review of the facility policy and procedure "STERILIZATION-AUTOCLAVE" revealed: "...Sterilization cycle...Quality control test are to be performed weekly and the result logged on the autoclave log...Spore test written results will be returned...The reports are to be filed on site and the results must be logged on the autoclave log...This log will be audited quarterly (affiliate wide)...." The Surveyor requested the quarterly audit of the autoclave logs, none was provided. Review of the facility policy and procedure "STERILIZATION-AUTOCLAVE" revealed: "...Weekly cleaning instructions Tuttnauer autoclaves...Once per week, clean the air jet...To ensure that the temperature inside the chamber rises properly it is necessary...To keep the air jet clean...To ensure that the temperature inside the chamber rises...A dirty air jet will prevent indicator strips from changing color and cause spore tests to fail...once per week clean and descale the chamber, copper tubes and the reservoir using chamber brite...Reference per Tuttnauer Operation and Maintenance Manual Page 40...." Review of the manufacturer's instructions for use "TUTTNAUER...SERVICE AND MAINTENANCE INSTRUCTIONS" revealed: "...PREVENTIVE and SCHEDULED MAINTENANCE... The maintenance operations described in this	Z2164		

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Z2164	Continued From page 13	Z2164		

chapter need to be followed as indicated to keep the device in good working condition... WEEKLY...Cleaning the air jet...(located in the water reservoir)...The air jet consists of a small orifice with a clean out wire inserted in it (wire is permanently installed and will not come out)...It is required that the air jet be cleaned once per week or more often if necessary, to remove any accumulated dirt and debris...It is preferred to clean the air jet when the unit is running a cycle and under pressure...This is so that any loosened debris will be blown away, however, it can be done while the unit is idle...Remove the water reservoir cover...Clean the hole of the jet by manipulating the air trap wire...back and forth 10 times...Checking the Safety Valve (Located in the water reservoir)...In order to prevent the safety valve from becoming blocked, it is necessary to allow the steam pressure to escape through the valve...This procedure should be done every month as follows...1. Run a sterilizer cycle with a sterilization temperature of 273 degrees Fahrenheit (F) according to the manual...2. Allow a pressure of approximately 30 psi (pressure per square inch) to build up in the chamber...3. Turn the timer back to 0 minutes...4. Remove the water reservoir cover...Caution...This next step will expose you to HOT STEAM...Caution...To avoid being burned, by hot steam, do not place your face over the safety valve...5. Pull the ring of the safety valve using a tool, i.e. screwdriver, hook etc. and open the safety valve for 2 seconds then release...Be careful not to burn your hands...Verify that the valve releases steam and closes immediately...7. If the safety valve is stuck in the "open" position, let the pressure decrease to zero (atmospheric pressure)...8. After the pressure in the chamber decreases to zero, pull the valve ring to release the valve...9. Repeat operations 1 to 6...10. If the valve is stuck again

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Z2164	Continued From page 14 in the open position, call for service...11. After a successful check, turn the multi-purpose valve to the Exh/Dry position ...12. Wait until the pressure decreases to zero, only then can the door be opened... "It is recommended that your autoclave be cleaned with CHAMBER BRITE once per week... CLEANING PROCEDURE: 1. Important-all steps in this procedure must be completed without interruption...2. When the autoclave chamber is cold, remove instruments and trays...3. Open the door and spread the contents of a packet in a straight even line along the bottom of the chamber, from back to front...4. Start a sterilization cycle with water and No Drying Cycle according to the manufacturer's instructions...When the cycle is finished, exhaust the unit...5. At the end of the exhaust cycle, drain the water from the reservoir...Fill the water reservoir with distilled water...7. Repeat a sterilization cycle without CHAMBER BRITE powder, to remove any excessive dirt in the pipes...Start a sterilization cycle with water and No Drying Cycle according to the manufacturer's instructions...When the cycle is finished, exhaust the unit ...8. At the end of the exhaust cycle, drain the water from the reservoir...9. Turn the autoclave off and allow chamber to cool...10. Remove the tray holder; wipe the interior of the chamber with a damp cloth...11. Fill the reservoir with distilled water only...13. Turn fill knob to fill position and allow a small amount of water (2-4 ounces) to fill the chamber...Remove water from chamber...14. The autoclave unit is ready to use.... " Review of facility policy "WEEKLY CLEANING MIDMARK ULTRACARE AUTOCLAVES" revealed: "...Flush the system to protect the intricate parts of the unit, the system must be	Z2164		

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Z2164	Continued From page 15 flushed once a MONTH with speed clean sterilizer cleaner.a. through g. per manufacturer' s instructions: midmark installation and operation manual page 20-21...REMEMBER MUST LOG ALL CLEANING AND SPORE CHEK (sic) RESULTS ON THE AUTOCLAVE LOG AND AUTOCLAVE INSTRUMENT CLEANING LOG...." Review of manufacturer's instructions for use a. through g. page 20-21 "OPERATOR MAINTENANCE-MONTHLY-MIDMARK" revealed: "...a. Drain reservoir and fill with clean, distilled water then add one ounce of Speed Clean Sterilizer Cleaner to a cool chamber...b. Run one 30 minute cycle (PACKS)at 121 degrees C (250 degrees F)...Instruments must not be sterilized while cleaning the sterilizer...C. Drain reservoir fill with clean distilled...water and run one 3 minute cycle (UNWRAPPED) at 132 degrees C (270 degrees F)...d. Drain reservoir and allow sterilizer to cool to room temperature...Remove the trays, tray rack...and the tray plate...This is accomplished by grasping the tray rack on both sides in the front and gently pulling outward...The tray rack and tray plate should slide out of the chamber together...e. Wipe out the inside of the chamber being careful not to damage the heater element or the temperature and level sensor components...Wipe off the trays, tray rack, and tray plate...f. Re-install the tray rack...and tray plate...in the chamber as follows: Position the two rear posts of tray rack in rack holes...of tray plate...Then, hold front end of tray rack at approximately a 30 degree angle from the tray plate...Then, insert rear end of tray rack and tray plate as an assembly in chamber...Push tray rack and tray plate into chamber completely...Re-install the trays...g. Refill the reservoir with clean distilled or demineralized	Z2164		

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Z2164	Continued From page 16 water...." Review of facility WEEKLY CLEANING-AUTOCLAVE LOGS 4/8/14 through 1/28/15 revealed: "...PELTON & CRANE/TUTTNAUER ...4/8/14 replaced autoclave with Tuttnauer ...4/8/14 cleaning...Comments...drained and omni cleaner ...4/15/14 not in use due to power issues ...4/22/14 cleaning...Comments omni cleaner and drained-passed...." The staff failed to identify which unit was in use on 4/8/14 and not in use on 4/15/14. Review of preventive maintenance records revealed a "...Tuttnauer unit received in facility...7/1/14...." Center Manager #11 and HCA #6 verified, during an interview conducted on 2/9/15, that the Pelton & Crane autoclave unit was only used one (1) time. Center Manager #11 verified, during an interview conducted on 2/12/15, that the current and permanent Tuttnauer unit was received into the facility on or about 7/1/14. The staff failed to identify which unit was being cleaned and if the correct cleaner was being used per manufacturer's IFU on 4/8/14 and 4/22/14. The entries on 3/19/14, 4/8/14, and 4/22/14 were initialed by Center Manager #15. Review of facility "WEEKLY AUTOCLAVE LOGS" for 4/30/14, 5/7, 5/14, 5/21, 5/28/14 revealed the	Z2164		

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Z2164	Continued From page 17 same entry as 4/22/14 by Center Manager #15. Review of facility WEEKLY AUTOCLAVE LOGS from 6/4/14 through 7/30/14 revealed "...6/4/14...6/11...cleaning...Comments...cleaning product used ...6/18/14...6/25...7/3...cleaning...Comments...product used ...7/9/14...cleaning...Comments___ ...7/22/14...cleaning...Comments-detergent used ...7/30/14...cleaning...perform spore test___...." Review of the facility "MONTHLY AUTOCLAVE LOGS" identified under the MIDMARK unit from 11/11/13 through 7/30/14 revealed no documentation of monthly cleaning, and running 30 minute and 3 minutes cycles per facility policy and manufacturer's instructions for use. The staff failed to identify which unit was being used 4/22/14 through 7/30/14. The staff failed to document and/or provide documentation of monthly cleaning of either of the autoclave units identified above. The staff failed to document monthly cleaning of the Midmark unit 6/4/14 through 10/17/14. The staff failed to identify what cleaning product was used to perform the weekly autoclave cleaning. The HCA #5 verified, during an interview conducted on 2/13/15, that he/she does not know where the air jet apparatus is located on the Tuttnauer autoclave unit; he/she has not cleaned this part of the autoclave unit, particularly while it is hot; and when he/she uses the Chamber Brite cleaner, he/she sprinkles a package of it down	Z2164		

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Z2164	Continued From page 18 the middle of the chamber (front to back) turns the autoclave unit on and lets it go through the required cycle then it is ready for use. Center Manager #11, verified during an interview conducted on 2/13/15, that the staff is probably cleaning the air jet, but just not documenting it. Center Manager #11, verified during an interview conducted on 2/13/15, that the facility policy does not delineate the full cleaning and maintenance procedure recommended by the Tuttnauer manufacturer. Center Manager #11, verified during an interview conducted on 2/13/15, that the staff is not performing the specified cleaning and maintenance per policy and manufacturer's instructions for use. b. Review of the autoclave logs for the PELTON & CRANE unit revealed: "...1/31/14-2/21/14...Autoclave broken not used...LM...." The LM initials identify Center Manager #15. The Pelton & Crane autoclave unit was out of use 20 days. The Surveyor requested the maintenance records related to repair of this unit, none was provided. Review of the autoclave logs for the RITTER unit revealed: "... 10/30/14___11/6/14 left building...." The staff failed to document why the unit was out of the assigned clinic for 7 days.	Z2164		

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Z2164	Continued From page 19 The Surveyor requested documentation of the cleaning, spore checks, and maintenance records related to this unit, none was provided. Review of the autoclave logs for the MIDMARK unit revealed: "...11/11/13...Midmark autoclave unit sent to Tempe...LM ...2/3/14...Autoclave back from Tempe...LM...." The Midmark autoclave unit was on loan to an affiliate clinic for 81 days. The Surveyor requested documentation of the cleaning, maintenance, and spore checks performed at the affiliate clinic from 11/11/13 through 2/3/14, none was provided. Review of the autoclave logs for the Midmark unit revealed: "...4/10/14 Midmark sent to Tempe ...4/22/14...unit returned...." The Midmark autoclave unit was on loan to an affiliate clinic for 11 days. The Surveyor requested documentation of the cleaning, maintenance, and spore checks performed at the affiliate clinic from 4/11/14 through 4/22/14, none was provided. c. Review of facility policy and procedure "...SPECIMEN BOTTLES PROCEDURE" revealed: "...Specimen bottles must be changed, cleaned, disinfected, and dried between patients...." The facility policy does not identify the specific	Z2164		

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Z2164	Continued From page 20 cleaning and disinfecting solution to use for this procedure. HCA #5 verified, during an interview conducted on 2/13/15, that the specimen bottles are cleaned and disinfected with Metriclean 2. Review of the manufacturer's IFU on the container of Metriclean 2 revealed: "...mix one (1) ounce to one (1) gallon...." The Surveyor requested the measuring tools used to prepare the cleaning solution, none was provided. HCA #5 verified, during an interview conducted on 2/13/15, that he/she uses three (3) capfuls of Metriclean 2 and adds it to an eyeball estimate, of three (3) gallons, of water in the sink. Center Manager #11 verified, during an interview conducted on 2/13/15, that the Metriclean 2 is not being prepared per manufacturer's IFU. d. During tour of the entire facility, accompanied by the HCA #6 the Surveyors observed the following: Exam room 2: the examination table has five (5) tears in the upholstered material and material is missing out of the upholstered surface exposing the internal stuffing material in multiply areas of the table. Exam room 6: the procedure/exam table contained multiple tears and eight (8) small puncture marks in the upholstered surfaces, where a patient would be positioned. Upholstery tears in multiple areas vary in size from 1/4 to 1 inch and puncture marks vary in size from 1/2	Z2164		

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Z2164	Continued From page 21 inch to 1/3 inch. The Surveyors requested documentation that a repair order has been placed to repair the tables upholstery identified above, none was provided. HCA #6 verified, during an interview conducted on 2/9/15, that the integrity of the upholstered material on the current examination and procedure tables prevents proper sanitation and cleaning of these tables between patients.	Z2164		
Y 000	Initial Comments The following deficiencies were cited during the State Compliance Survey (Event # JGOP11)conducted on 2/9/15, 2/12, 2/13, and 2/23/15.	Y 000		
Y1008	R9-10-1506.B.1 Staffing Requirements R9-10-1506. Staffing Requirements B. A licensee shall ensure that: 1. A member of the patient care staff, except for a surgical assistant, who is current in cardiopulmonary resuscitation certification is in the physical facilities until all patients are discharged; This RULE is not met as evidenced by: Based on review of facility job description, credentialing file, independent contractor agreement, and staff interviews, the Department determined the Administrator failed to: a. ensure that physician #2, a member of the patient care staff, maintained current cardiopulmonary resuscitation (CPR) training per	Y1008		

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Y1008	Continued From page 22 job description; and b. ensure the physician #3, a member of the patient care staff, maintained current cardiopulmonary resuscitation (CPR) and advanced cardiac life support (ACLS) training per independent contractor agreement. Findings include: a. Review of the facility's current job description "MEDICAL DIRECTOR" presented on 2/9/15, revealed the CPR requirement. Review of the electronic credentialing file for physician #2, presented on 2/9/15, revealed: "...CPR...renew by 29 OCT 14..." Review of the electronic credentialing file for physician #2 revealed he/she is currently performing medical and surgical procedures. Center Manager #11 verified during an interview conducted on 2/9/15, that the CPR certification for physician #2 is expired. The Surveyors requested verification of updated CPR training and none was provided by 2/13/15. b. Review of the facility 'INDEPENDENT CONTRACTOR AGREEMENT" for physician #3 revealed: "...Contractor agrees...to remain current...and to maintain CPR/ACLS proficiency, by annually participating in programs provided either by PPAZ (Planned Parenthood of Arizona) or hospital where Contractor maintains staff membership...." Agreement was dated 9/27/13 and signed by physician #3 on 9/9/13.	Y1008		

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Y1008	Continued From page 23 Review of the electronic credentialing file for physician #3, presented on 2/9/15 revealed no expired or current CPR/ACLS proficiency documentation for 2013, 2014, or 2015. Review of the electronic credentialing file for physician #3 revealed he/she is currently performing medical and surgical procedures. The Surveyors requested verification of updated CPR/ACLS training and none was provided by 2/13/15. Center Manager #11 and Administrative Assistant #17 verified during an interview conducted on 2/9/15, that there is no expired or current CPR/ACLS documentation in the electronic credentialing file for physician #3.	Y1008		
Y1812	R9-10-1510.7 Medications and Controlled Substances R9-10-1510. Medications and Controlled Substances A medical director shall ensure that: 7. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is immediately reported to the medical director and licensee, and recorded in the patient's medical record; This RULE is not met as evidenced by: Based on a review of facility policy and procedures, medical records, adverse event/incident logs, and staff interviews, the Department determined the Administrator failed	Y1812		

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Y1812	Continued From page 24 to ensure an adverse reaction to two (2) medications administered as moderate conscious sedation was reported to the medical director and licensee for 1 of 1 patient (patient #2). Findings include: Review of facility policy "COMPLICATIONS AND EMERGENCY PROTOCOLS" revealed: "...Affiliates must have written protocols for managing immediate, early, and late complications...." PATIENT #2 Review of the redacted medical record dated [redacted]/14 provided on 2/13/15 revealed: "...Consent for Moderate Sedation Screening...Pre procedure... blood pressure (BP) [redacted] 3:19...[redacted] 3:21...[redacted] 3:24...BP [redacted] pulse [redacted] severe [redacted] after receiving [redacted] and [redacted] and [redacted] administered... [redacted] and fluids given with excellent results... Start time...3:29... 3:32 BP [redacted] pulse [redacted] Stop time...3:35... 3:46...To recovery room... PROCEDURE NOTE...Patient received uncomplicated sedation...." Medical record entries are signed by RN #7. Versed is a medication often used for its sedating properties. Fentanyl is a medication often used for its synthetic narcotic properties. Atropine is a	Y1812		

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Y1812	Continued From page 25 medication used for its central nervous system stimulating and/or depressing properties. Review of the electronic personnel file nursing license for RN #7 revealed no advanced prescribing privileges have been granted to this licensee. The Surveyor requested the facility policy and procedure that identifies the blood pressure parameters of severe hypotension, none was provided. The Surveyor requested the facility policy and procedure delineating the care and treatment of a patient diagnosed with severe hypotension, none was provided. The Surveyor requested the facility standing orders for care and treatment of a patient having an adverse reaction to a medication/controlled substance, none was provided. The Surveyor requested documentation to identify physician notification and/or intervention, none was provided. The Surveyor requested documentation that the medication adverse reaction was reported to the medical director and licensee, none was provided. Center Manager #11, verified, during an interview conducted on 2/13/15, that there are no established blood pressure parameters for severe hypotension, standing orders, and/or facility policy that identifies the care and treatment of a patient experiencing severe hypotension after adversely reacting to a medication provided for conscious sedation.	Y1812		

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Y1812	Continued From page 26 Center Manager #11, verified during an interview conducted on 2/13/15, that RN #7 gave the order to administer the [redacted] and [redacted] when patient #2's blood pressure decreased by [redacted] five (5) minutes after receiving the one [redacted] of [redacted] and three (3) minutes after receiving one [redacted] of [redacted]	Y1812		
Y2320	R9-10-1512.6 Environmental and Safety Standards R9-10-1512. Environmental and Safety Standards A licensee shall ensure that: 6. An evacuation drill is conducted at least once every six months that includes all personnel in the physical facilities the day of the evacuation drill. Documentation of the evacuation drill is maintained in the physical facilities for one year after the date of the evacuation drill and includes: This RULE is not met as evidenced by: Based on a review of the facility fire and evacuation drill records, and staff interviews, the Department determined the licensee failed to ensure that an evacuation drill was conducted every six (6) months. Findings include: The Surveyor requested the fire and disaster evacuation drills for 2014 and 2015. Review of the facility "FIRE DRILL/DISASTER SCHEDULE AND EVALUATION" form of 2015 revealed: "...January 30, 2015...Fire	Y2320		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	A. BUILDING: _____ B. WING _____	C 02/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

(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
Y2320	Continued From page 27 Drill...Discussed where to go and to help/ensure all patients, staff, and others are out and accounted for...." The Fire Drill/Disaster Schedule and Evaluation form dated 1/30/15 did not identify who conducted the drill and it was unsigned. The Center Manager verified, during an interview conducted on 2/9/15, that there is no evidence of an evacuation drill conducted in 2014; and the drill conducted on 1/30/15 was only a discussion of how to evacuate the premises during a fire.	Y2320		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	A. BUILDING: _____ B. WING _____	R-C 07/01/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

(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
{A 000}	Initial Comments Based on an acceptable Plan of Correction (POC) submitted to the Arizona Department of Health services on 6/20/14, with additional information submitted on 7/1/14, for Event # MOJZ11, no follow up on site Complaint Investigation survey was conducted. _____ ADHS Representative Date	{A 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 07/01/14

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	A. BUILDING: _____ B. WING _____	10/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

(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
A 000	Initial Comments Based on a deficiency free compliance survey conducted on 11-29-12 for the licensing period of 11-01-12 through 10-31-13, the Department will issue the annual license for the licensing period of 11-01-13 through 10-31-14 without an onsite compliance survey according to ARS 36.425.E. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	A. BUILDING: _____ B. WING _____	11/29/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

(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
A 000	Initial Comments There were no deficiencies cited during the State Compliance survey conducted 11/27/12 through 11/29/12. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	A. BUILDING: _____ B. WING _____	08/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

(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
A 000	Initial Comments Based on a deficiency free compliance survey conducted on 09-30-10 for the licensing period of 11-01-10 through 10-31-11, the Department will issue the annual license for the licensing period of 11-01-11 through 10-31-12 without an onsite compliance survey according to ARS 36.425.E. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	A. BUILDING: _____ B. WING _____	09/30/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

(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
A 000	Initial Comments The facility was found to be in substantial compliance with the Abortion Clinic Rules, R9-10-1500, during the onsite survey conducted on 9/30/10. _____ ADHS Representative Signature Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4848	A. BUILDING: _____ B. WING _____	06/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - GLENDALE	5771 WEST EUGIE AVENUE GLENDALE, AZ 85304

(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
A 000	Initial Comments No deficiencies were found at the time of the Initial Change of Location compliance survey (MED0053) conducted on 6/4/10. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Printed: 10/30/2019 2:45:17PM
Due Date: 04/01/2018
Priority: Non-IJ Medium

Intake ID: AZ00146616
Facility ID: MED0053 / OTC-AC
Provider Number:
Mgmt.Unit: MED

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PROVIDER INFORMATION

Name: PLANNED PARENTHOOD - GLENDALE
Address: 5771 WEST EUGIE AVENUE
City/State/Zip/County: GLENDALE, AZ, 85304, MARICOPA
Telephone: (623) 934-7006

License #: OTCAC4848
Type: OTC-AC
Medicaid #:
Administrator: JAMES WASHINGTON

INTAKE INFORMATION

Taken by - Staff: OHTON, MARGARET
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact: OHTON, MARGARET
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 02/15/2018 At 14:15
Received End: 02/15/2018 At 14:15
Received by: Written
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] Primary) Link ID: 18FFJC	[redacted]	[redacted]	[redacted]

RESIDENTS/PATIENTS/CLIENTS - No Data

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged: Time: Shift:

Standard Notes: Joint complaint.

Written complaint received 2/14/18 via the [redacted] and alleges the following:

Complainant reports:

8/2017:
1) reports to the after hours number/clinician regarding post abortion complications seemed to be due to one clinician Dr. X.
2) when said complaints of complications were brought to attention of a clinician there was no follow up or apparent investigation by management.

[redacted]/2017:
3) Five (5) HCA's complained on different days that one physician Dr. X was requiring them to sign and certify they reviewed products of conception (POC) and that all body parts were present post abortion when they were not.

4) MA (HCA) reports physician Dr. X performed an abortion on a patient that was 12-13 weeks pregnant. MA concluded the abortion procedure was not complete based on POC viewed.

5) same patient (as #4): Physician Dr. X refused to re-evaluate procedure before inserting IUD (intrauterine device). MA obtained ultrasound machine and confirmed abortion procedure was incomplete based on body parts viewed on ultrasound. Physician Dr. X removed IUD and completed abortion procedure.

mid-to late [redacted]2017:
6) MA reported incomplete abortion procedure with IUD incident to supervisor, and staff falsifying abortion reports. Supervisor validated concerns according to MA, and would look into it. No follow up.

[redacted]/2017:
8) Manager at Glendale clinic is was not complying with "Duty to Report" law (ARS 36-2152) where a minor child came in for an abortion procedure and male partner was majority age.

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mid-9/2017:
9) Daily inventory access to storage medicine room that is open during working hours.

9/25/2017:
11) Supervisor claimed HCA had narcotic meds in desk. HCA reports medicines were non-narcotic and expired.

10/1/2017:
12) HCA identified the above medications were missing from her desk. Supervisor denied knowledge of what happened to medications.

10/2/2017:
13) HCA texted to Supervisor she needed to prepare an incident report. Supervisor informed her it was not necessary as she admitted to taking medications. Supervisor handled transfer, of medications, by herself.

refer to attachment: 30 pages

entered at 17:30 on 2/15/18//m0

2/28/18 Email sent [redacted] I left you a voicemail earlier today regarding written allegations submitted to the department, via interoffice mail, and addressed to Kathryn McCanna, Branch Chief. I have been assigned to conduct the investigation. It should not take more than 15-20 minutes to clarify my questions. Margaret Ohton, RN."//m0

3/7/18 14:00**Call to complainant at [redacted] and asked how the intake was received in [redacted] Originally it was filed with the [redacted] for discrimination. The [redacted] reviewed it and did not identified any possible civil rights violations and forwarded it to the [redacted]. The [redacted] identitifed wrongful termination and retaliation as one of the allegations. Further review identified issues related to the medical licensing bureau and forwarded it to BMFL.
The [redacted] did not do any investigation of the allegations. I asked the [redacted] if he is able to identify the physicians, any patients affected, and a more narrow the timeline and he could not.
I asked if it is possible for me to speak with the plaintiff's attorney and/or the plaintiff herself regarding the above information. He will contact the plaintiff's attorney and f/u with me via email//m0

3/8/18 17:05 Email received from complainant: [redacted] I received your VM and understand that you are out of state dealing with a family emergency, so we can discuss my request for information next week when you get back into town.

Specifically, ADHS needs to know the identities of the physicians referenced in the complaint for proper follow-up; in addition, ADHS would like to meet with your client to discuss additional details needed for the investigation into the alleged licensing violations. We can discuss this next week.

[redacted] "//m0

3/8/18 17:08 email response from complainant: "FYI; they have no problem meeting with you/ADHS to discuss additional details. [redacted] mentioned that there has been a Protective Order issued in the case so I will discuss the terms of that Order next week-hopefully, it is to protect the patients and not the physician identities."//m0

3/14/18 1:13 PM email response: [redacted]
I received your VM today. My primary client contact is out of the office until 3/21. So, I propose contacting you next week with the name(s) of the DHS personnel who will be contacting [redacted] by telephone to gather additional information for the DHS investigation. Once you are satisfied that we have a protocol in place for that discussion, you can provide me or the DHS staff with the contact info for [redacted]

Let me know if this doesn ' t work for you or your client.

[redacted]

3/14/18 13:14 email response from complainant: "Here ' s the game plan for contacting [redacted] Let me know who will be on the call with [redacted] and I can facilitate contact info for you. Neither attorney will need to be on the call."//m0

3/21/18 11:57 email response: "Margaret, here is the response from [redacted] lawyer on how he would like the call to be handled. I have a settlement conference at the same date/time so I won ' t be on the telephone-does that concern

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you? If so, I can see if [redacted] can participate in on the call. Let me know."//m0

3/21/18 12:05 [redacted]

No, that is fine with me. I will call him at the "Direct " number.

Margaret Ohton, RN."

3/23/18 13:00-13:30 Telephone conference with former employee: M. R. conducted today to clarify information included in the allegations to the [redacted] attorney. Former employee verified, during this interview, that she did not document the allegations referenced in the intake, save emails, or patient names. Will expand complaint to a third licensed OTC based on information provided.//m0

Extended RO Notes:

Extended CO Notes:

ALLEGATIONS

Category: Injury of Unknown Origin
Subcategory:
Seriousness:

Findings: Unsubstantiated:Lack of sufficient evidence

Details: R9-1-1504 A. 2. A licensee shall ensure that the Department is notified of an incident for a serious injury, written notification within 10 calendar days after the date of the serious injury.

Allegation: Observed trend identified physician #2 X, patients undergoing a surgical abortion have had surgical complications such as [redacted] diagnosed by emergency department physicians.

Findings Text:

The surveyor conducted an unannounced onsite State complaint investigation with the following documents for the allegations:

1. Facility policy Chapter 1 Abortion revised 6/2016/implemented 9/2016
2. Incident/Adverse Event log 6/1/17 - 3/23/18
3. Employee complaint log 2017
4. External Customer Complaint Policy
5. Ch 13: Pregnancy Complications: Evaluation and Management revised 6/2016/implemented 11/16
6. Controlled Substances dated 8/26/16
7. Cultural Diversity Training Assessment
8. Mandatory Reporting: Certification of Understanding and Compliance
9. Employee Concerns Hotline
10. Transfer Medication Supplies
11. Viable Fetus form
12. Compliance/Standards of Conduct
13. Standards of Conduct
14. Emergency After Hours Phone Coverage
15. Chapter 6: Contraception-Reversible
16. Personal Protective Equipment or "PPE" dated 8/2016
17. Job descriptions: Clinician NP), Lead Clinician (NP), Staff Physician, Registered Nurse-II, Center Manager, Licensed Practical Nurse, and Health Care Assistants
18. Planned Parenthood-Glendale Health Center online comments
19. Duty to Report log 2017-2018
20. Reporting statistics for ADHS

Interview:

Employee #1
Employee #2 HCA
Employee #3 HCA
Employee #4 HCA
Employee #5 HCA
Employee #6 HCA
Employee #7 HCA

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Employee #8 HCA
Employee #9 HCA
Employee #10 HCA
Employee #11 HCA Former employee
Physician #1 Dr. Y
Physician #2 Dr. X
Physician #4
Clinician #7
Clinician #8

Medical Record reviews:

Patient #1
Patient #2
Patient #3
Patient #4
Patient #5
Patient #6
Patient #7
Patient #8

Summary of Events:

Physician weekly schedule for this location 7/1/17 through 11/1/17:
Physician #1 Y performs Medication abortions on Tuesdays; and Surgical abortions on Thursdays;
Physician #4 performs Surgical abortions on Sundays; and
Physician #2 X was covering physician when physician #4 was not available on Sundays.

During 7/1/17-11/1/17 one of Planned Parenthood locations was not performing surgical abortions. For continuity of care physician #2 X performed surgical abortions on Saturdays at this location.

"Complications during or after a procedure' usually refers to Surgical abortions. While a "Failed/Incomplete AB (abortion)" usually refers to Medication abortions.

Review of the facility Incident Reports from 7/1/17 through 10/2/17 for 3 of 3 physicians #1 Y, #2 X, & #4 revealed:

Physician #1 Y
[redacted]/17 Complication during or after a procedure
[redacted]/17 Complication during or after a procedure

Physician #4
None

Physician #2 X
[redacted]/17 Complication during or after a procedure

Medical Records reviewed:

Physician #1 Y
[redacted]/17
Patient #3 underwent a surgical abortion on [redacted]/17 and was discharged without incident. On [redacted]/17 she notified the facility she self referred to the local emergency department without reporting her symptoms to the on call clinician/physician. Final diagnosis was a [redacted]

[redacted]/17
Patient #4 underwent a surgical abortion on [redacted]/17 and was discharged without incident. She called the after hours phone number and spoke with employee #7 reporting [redacted] She was referred to the local emergency department for evaluation. Final diagnosis was no retained POC found.

Physician #2 X
[redacted]/17
Patient #2 underwent a surgical abortion on [redacted]/17 and was discharged without incident. She called the after hours phone number and spoke with employee #7 reporting [redacted] pain. She was referred to the local

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emergency department for evaluation for possible [redacted] Final diagnosis was no [redacted] was found.

Review of 2017 employee complaint log and the employee hotline with HR revealed there were no complaints submitted that addressed a concern that physician #2 X is having more post-surgical abortion complications than physician #1 Y and #4.

Interview:

Employee #1 and #2 verified, during an interview conducted on 5/15/18, that there has not been any documented trending or discussion at the Quality Assurance Committee that identifies physician #2 X has more post-surgical abortion complications then physician #1 Y and physician #4.

Conclusion:

Allegation: Observed trend identified physician #2 X, patients undergoing a surgical abortion have had surgical complications such as extensive bleeding, painful cramping, and perforated uteruses diagnosed by emergency department physicians.

Review of the facility 2017 Incident Reports, 2017 Quality Assurance Committee reports, interviews, and medical records from 7/1/17 through 11/1/17 do not support the allegation that physician #2 X is having more post-surgical abortion complications than physician #1 Y and physician #4

Category: Resident/Patient/Client Abuse
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1003 E. 1. 2. If abuse or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted, an administrator shall report the alleged or suspected abuse or exploitation of the patient for a patient under 18 years of age, according to A.R.S.(Arizona Revised Statute) 13-3620.

Allegation: The administrator failed to report a minor was undergoing a surgical abortion when her male partner was of majority age in 9/2017 per A.R.S. 36-2152 (sic).

Findings Text: Refer to previous investigative findings.

Summary of Events:

Failure to report a minor under going a surgical abortion when her male partner is of a majority age is not delineated in the A.R.S. 36-2152.
Review of Arizona statute "A.R.S. 36-2152" revealed: "...a person shall not knowingly perform an abortion on a pregnant unemancipated minor unless the attending physician has secured the written and notarized consent from one of the minor's parents or the minor's guardian or conservator or unless a judge of the superior court authorizes the physician to perform the abortion...the notarized statement of parental consent and the description of the document or notarial act recorded in the notary journal are confidential and are not public records...."

This statute delineates the procedure to be followed when a minor wishes to have an abortion.

The Arizona statute that requires reporting a minor having intimate relations with a male partner of a majority age is delineated in A.R.S.13-3620 per R9-10-1003 E.2.

Review of Arizona statute "A.R.S. 13-3620" revealed: "...Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care...exception; violation; classification...Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this information to a peace officer, to the department of child safety...except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only...exemption applies only to the communication or confession...For the purposes of this subsection, "person" means:..Any

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physician, physician's assistant...behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient...Any peace officer...The parent, stepparent or guardian of the minor...Any other person who has responsibility for the care or treatment of the minor...A report is not required under this section either...For conduct prescribed by sections 13-1404 and 13-1405 if the conduct involves only minors who are fourteen, fifteen, sixteen or seventeen years of age and there is nothing to indicate that the conduct is other than consensual...."

Review of Arizona statute that defines majority age and minor age is found in A.R.S. 18-1-215 as follows: "...In the statutes and laws of this state, unless the context otherwise requires:..."Adult" means a person who has attained the age of eighteen years..."Child" or "children" as used in reference to age of persons means persons under the age of eighteen years...Majority" or "age of majority" as used in reference to age of persons means the age of eighteen years or more..."Minor" means a person under the age of eighteen years...."

Review of the facility "Duty to Report Log" for [redacted]/2017 revealed one (1) minor to one (1) adult intimate contact on [redacted]/17 [redacted]17, [redacted]/17, and [redacted]/17.

There was no minor/adult intimate contact documented for [redacted]/17.

Review of the facility Duty to Report training education "Mandatory Reporting: Certification of Understanding and Compliance" revealed: "...I____, an employee, contractor, or volunteer...acknowledge that I have completed the "Mandatory Reporting & Suspicious Encounter" training on the following date...After participating in the "Mandatory Reporting" training, I acknowledge the performance expectations of me...I understand that if I feel that I need further training or supervision in order to meet these performance expectations that a copy of this signed statement may be kept in my training record...."

Employee #2 verified, during an interview on 5/15/18, that 2 of 2 physicians (#1 Y and #2 X); 2 of 2 clinicians (#5 & #6); and 7 of 7 HCAs (#4, #5, #6, #7, #8, #9, & #10) completed the Mandatory Reporting (Duty to Report) education requirement per facility policy by reviewing the signed forms.

Conclusion:
Allegation: The administrator failed to report a minor was undergoing a surgical abortion on [redacted]/17 when her male partner was of majority age as required by A.R.S. 36-2152.

There is no Arizona statute or state rule that requires reporting a minor having a surgical abortion. There is an Arizona statute that delineates required reporting of a minor having intimate relations with a male partner of a majority age is delineated in A.R.S.13-3620 per R9-10-1003 E.2.

Category: Quality of Care/Treatment
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1503 C. 1. A medical Director shall ensure written policies and procedures are established, documented, and implemented for personnel qualifications, duties, and responsibilities.

Allegation: A medical assistant/HCA concluded that Dr. X was not thorough in performing a surgical abortion based on her review of the human remains and observing that some body parts were missing.

Findings Text: Refer to previous investigative findings.

Summary of events:

PPAZ does not title medical assistants as medical assistants. They are identified as Health Care Assistants or HCAs.

Employee #11 does not identify the medical assistant/HCA that reported the above allegation to her. There is no patient identified in the allegation.

Review of the facility policy "Chapter 1: Abortion" (revised 6/2016/Implemented 9/2016) revealed: "...Post-Procedure Management...Tissue Evaluation...Gross examination of all tissue specimens must be

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performed by the clinician who performed the procedure or by clinic personnel with special training and clinician supervision in the performance of this task...." Facility created the word "must" in bold letters.

Review of the facility job description for a "Health Care Assistant" (dated 10/14) does not include checking the POC.

Employee #1 and #2 verified, during interview on 5/15/18, that the HCAs are not authorized to check the POC. This task is restricted to the clinician (physician) that performed the abortion procedure.

Seven (7) of 10 HCAs #2, #4, #5, #7, #8, #9, #10, & #11 verified, during interview on 5/15/18, that they do not check the POC after a surgical abortion. This is completed by the clinician/physician.

Conclusion:

Allegation: The medical assistant/HCA concluded that Dr. X was not thorough in performing a surgical abortion based on her review of the human remains and observing that some body parts were missing.

Medical assistants/HCAs are not qualified to check the POC for completeness based on facility policy, job description, and interviews.

Category: Pharmaceutical Services
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1503 C. 4. A medical director shall ensure written policies and procedures are established, documented, and implemented for the storage and accessibility of medications.

Allegation: Medication storage room door is left open during work hours.

Findings Text: Refer to previous investigative findings.

Summary of Events:

Observation on tour on 5/15/18 with employee #2 revealed the medication/supply storage room door was closed and locked throughout the open clinic hours.

Employee #2 confirmed during an interview on 5/15/2018 that medication/supply storage room door remains locked during the hours of operation.

Conclusion: There is no documented evidence to substantiate this allegation. No deficiencies were cited.

Observation on tour on 5/15/18 found the Medication storage room door locked throughout the clinic hours.

Category: Falsification of Records/Reports
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1508 F. A medical director shall ensure that an abortion is performed according to the abortion clinic's policies and procedures and this Article.

Allegation: In 8/2017-9/2017 five (5) medical assistants/HCAs complained, on different dates, that physician #2 Dr. X was requiring them to sign an affidavit to comply with A.R.S. 36-449.03, which attest all products of conception (POC) are present before the surgical abortion procedure was performed.

Findings Text: Refer to previous investigative findings.

Summary of Events

ACTS Complaint/Incident Investigation Report

Review of Arizona statute 36-449.03 revealed: "...Abortion Clinics: rules: civil penalties...The director shall adopt rules for an abortion clinic's physical facilities...prescribe abortion clinic supplies and equipment standards...adopt rules relating to abortion clinic personnel...adopt rules relating to the medical screening and evaluation of each abortion clinic patient...adopt rules relating to the abortion procedure...adopt rules that prescribe minimum recovery room standards...adopt rules that prescribe standards for follow-up visits...adopt rules to prescribe minimum abortion clinic incident reporting...adopt rules relating to enforcement of this article...The department shall not release personally identifiable patient or physician information...rules adopted by the director pursuant to this section do not limit the ability of a physician or other health professional to advise a patient on any health issue...."

The aforementioned statute does not require signing an affidavit to verify the presence of the POC post surgical abortion.

Review of Arizona statute 36-2301 revealed: "...Duty to promote life of fetus or embryo delivered alive...If an abortion is performed and a human fetus or embryo is delivered alive, it is the duty of any physician performing such abortion and any additional physician in attendance as required by section 36-2301.01 to see that all available means and medical skills are used to promote, preserve and maintain the life of such fetus or embryo...."
The aforementioned statute requires physician(s) present to sign the affidavit that the fetus was not viable or born alive.
The aforementioned statute does not require signing an affidavit to verify the presence of the POC post-surgical abortion.
Arizona Vital Statistician #12 verified, during interview on 517/18, that all medical staff present must sign affidavit; and that there is no statutory requirement to enter the date and time the signature was recorded on the affidavit.
Review of the facility affidavit "Viable Fetus Form" revealed:
"...Provider...I, _____...observed the fetus or embryo during or immediately after an abortion on...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Provider...
Resident...(if applicable) I, _____...(name of Resident) observed the fetus or embryo during or immediately after an abortion on ...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Resident...
Nurse...(if applicable) I, ____...(Name of Nurse) observed the fetus or embryo during or immediately after an abortion on ...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Nurse...
Health Care Assistant I, ____...observed the fetus or embryo during or immediately after an abortion on ...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Assistant I...
Health Care Assistant I, ____...(Name of Assistant I) observed the fetus or embryo during or immediately after an abortion on...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Assistant I...
Health Care Assistant II (if applicable), ____...(Name of Assistant II) observed the fetus or embryo during or immediately after an abortion on...and certify under the penalty of perjury, that to the best of my knowledge, the aborted fetus or embryo was not delivered alive as defined in Arizona Revised Statutes 36-2301...Signature of Assistant II...."
Six (6) of 6 employees (HCAs) (#2, #4, #5, #7, #8, & #9) verified, during private interviews on 5/15/18, that they sign the Viable Fetus form to verify the fetus was not delivered alive.

Conclusion:
The A.R.S. 36-449.03 does not delineate attesting that all POC are present after a surgical abortion.
No rule violation was identified. No deficiencies were cited.

SURVEY INFORMATION

Event ID	Start Date	Exit Date	Team Members	Staff ID
27XH11	05/15/18	06/26/18	Ohton, Margaret	30966

Intakes Investigated: AZ00146616(Received: 02/15/2018)

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ACTS Complaint/Incident Investigation Report

SUMMARY OF CITATIONS:

Event ID	Exit Date	Tag
27XH11	06/26/2018	

State - Not Related to any Intakes
A0000-Initial Comments

EMTALA INFORMATION - No Data

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Telephone Contact - Complainant	02/28/2018		03/07/2018	OHTON, MARGARET
Telephone Contact - Other	03/08/2018		03/08/2018	OHTON, MARGARET
Telephone Contact - Other	03/14/2018		03/14/2018	OHTON, MARGARET
Telephone Contact - Other	03/21/2018		03/23/2018	OHTON, MARGARET
Schedule Onsite Visit	05/15/2018	05/15/2018	06/12/2018	OHTON, MARGARET
Schedule Onsite Visit	05/15/2018		06/28/2018	OHTON, MARGARET
Complaint Initiated	05/15/2018		06/28/2018	OHTON, MARGARET
Assigned Complaint Investigation	05/15/2018		06/26/2018	OHTON, MARGARET

INVESTIGATIVE NOTES

ENTRANCE CONFERENCE

An Entrance Conference was conducted on 5/15/18 at 0930 hours with the Site Administrator. The purpose of the survey was identified as an unannounced Complaint investigation of allegations received through the Department complaint process. The Notice of Inspection Rights was reviewed with and signed by the Site Administrator. A review of the planned complaint investigation process was reviewed to include a discussion of the specific documents identified to complete the Complaint investigation. The Providers was informed that if at any time during the survey process the provider has questions or information that would assist with the complaint investigation to please let the Surveyor know. The provider was informed that the details of the allegations could not be shared at this time. There would be an exit conference at the end of the complaint investigation that would reveal the findings found during the investigation.

EXIT CONFERENCE

An exit conference was conducted on 5/22/18 at 16:40 hours with the Vice President of Patient Services and concluded on 6/26/2018. The preliminary findings were shared with the provider. The provider was notified that the unsubstantiated findings will be documented in a Statement of Deficiency that will identify the absence of deficient practices found during the onsite complaint investigation. As stated in the Notice of Inspection Rights, the provider can always call the Department with questions. The provider was given an opportunity to ask questions related to the complaint investigation and related rules. This will close the complaint investigation.

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
06/28/2018	MED ALLEGA UNSUB COMPLAINANT FIND LTR/Facility
06/28/2018	MED PHX UNSUB FACILITY FINDINGS LETTER/Facility

PROPOSED ACTIONS

Proposed Action	Proposed Date	Imposed Date	Type
State Only Actions	06/28/2018		Federal

Closed: 06/28/2018 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Printed: 10/30/2019 2:45:52PM
Due Date: 11/07/2014
Priority: Non-IJ Medium

Intake ID: AZ00125783
Facility ID: MED0053 / OTC-AC
Provider Number:
Mgmt.Unit: MED

ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: PLANNED PARENTHOOD - GLENDALE
Address: 5771 WEST EUGIE AVENUE
City/State/Zip/County: GLENDALE, AZ, 85304, MARICOPA
Telephone: (623) 934-7006

License #: OTCAC4848
Type: OTC-AC
Medicaid #:
Administrator: JAMES WASHINGTON

INTAKE INFORMATION

Taken by - Staff: OHTON, MARGARET
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact: OHTON, MARGARET
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 09/23/2014 At 14:13
Received End: 09/23/2014 At 14:13
Received by: Online
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] (Primary) Link ID: 14MUGY	[redacted]	[redacted]	[redacted]

RESIDENTS/PATIENTS/CLIENTS - No Data

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged: Time: Shift:

Standard Notes: CATEGORY: INFECTION CONTROL; MEDICAL DIRECTOR

Online complaint submitted and alleges the following:

2014-MED415

Planned parenthood doesn't educate patient on abortion services properly. the procedure is minimally explained by healthcare assistants that act like they just want to hurry through the visit. Pre abortion ultrasounds are performed by healthcare assistants with no ultrasound certification and minimal training. The healthcare assistants that assist during the procedures are not CPR and first aid certified. The surgical instruments are not properly cleaned and sterilized prior to wrapping and then are placed in an auto clave machine that fails more than half of its cleaning cycles. The (sic) do not sterilize the jars used for the products of conception. the jars are only rinsed between patients and a lot of the time there is still tissue present from the previous patient in the jar. the rooms are not cleaned and sterilized between patients, just a quick wipe down of the table. more than one patient has spontaneously delivered in the waiting area after being given misoprostol to induce labor. these patients are not monitored after being given the drug. they are just sitting in a tiny waiting room alone. Further the staff plays games with the larger products of conception while counting body parts. at 18 plus weeks gestational age. these products of conception are stored in a refrigerator for weeks sometimes months at a time. Evidence: on site inspection of the sterility of the surgical site will show evidence. surgical days are Thursdays, Saturdays and Sundays Contact: pervious manage (sic)was aware of issues and was never able to get the company to resolve any of the issues. he has since left the company

refer to online documents
PATIENT: NONE IDENTIFIED
entered at 14:36 on 9/23/14//m0

This complaint is a non IJ Medium due to there not being an outcome identified and there not being any patients identified related to the allegations. CB

**DIRECTIVE TO SUPPORT STAFF-Report to be sent : No.//m0

ACTS Complaint/Incident Investigation Report

3/5/15 - Closed complaint, mailed 2567. complaintant did not receive letter as they were not identified///tami

Extended RO Notes:

Extended CO Notes:

ALLEGATIONS

Category: Infection Control
Subcategory:
Seriousness:

Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1028 Infection Control

An Administrator shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover, if applicable, sterilization and disinfection of medical equipment and supplies.

a. The surgical instruments are not properly cleaned and sterilzed prior to wrapping and then are placed in an autoclave machine that fails more than half of its cleaning cycles; and

b. They do not sterilize the jars used for the products of conception, the jars are only rinsed between patients and a lot of the time there is still tissue present from the previous patient in the jar.

Findings Text: An unannounced onsite Complaint investigation was conducted on 2/9/15, 2/12, 2/13, and 2/23/15.

This was an anonymous Complaint.

The Surveyors reviewed the following documents:

1. Policies and Procdures:
   a. Infection Control-OSHA (Occupational Safety & Health Association) manual
   b. Sterilization-Autoclave
   c. Weekly cleaning Midmark Ultracare Autoclave
   d. Specimen bottles procedure

2. Manufacturer's Instructions for Use (IFU):
   a. Tuttnauer-Service and Maintenance instructions
   b. Operator Maintenance-monthly-Midmark a. through g., page 20-21
   c. Metriclean 2

3. Autoclave logs (included spore checks, weekly, and monthly cleaning) 11/11/13 through 9/23/14:
   a. Pelton & Crane/Tuttnauer
   b. M9Midmark
   d. Tuttnauer

4. Staff Interviews:
   a. Center Manager #11
   b. HCA (Health Care Assistant) #5
   c. HCA #6
   d. HCA #14

5. Personnel files:
   a. HCA #5
   b. HCA #6
   c. HCA #3
   d. HCA #14
   e.Center Manager #11
   f. Physician #1
   g. Physician #2
   h. Physician #3

6. Electronic and paper medical records (unredacted and redacted);
   a. unredacted: Patient #1, #2, #3, #4, #5, and #6;
   b. redacted: Patient #2, #6, #7, #8, and #9

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ACTS Complaint/Incident Investigation Report

7. Adverse Events/Incident/Duty to Report logs for 2014.

Summary:

a. Review of the autoclave logs from 11/11/13 through 9/23/14 revealed no documentation of failed cleaning cycles.

a. Review of facility policy and procedure, Ch 2. identifies the cleaning, disinfection and sterilization of the medical instruments available in the clinic.

HCA #5 and #14, who are responsible for the cleaning, wrapping, and sterilization procedure, verified, during an interview conducted on 2/12/13 and 2/13/15, the soaking, scrubbing, disinfecting procedure used to prepare the instruments for wrapping and sterilization in the autoclave.

During tour of the front and back areas of the clinic on 2/9/15, 2/12, and 2/13/15 the Surveyors did not observe any instruments containing any residual material.

The Specimen bottles do not require sterilization.

Review of facility policy and procedure, Ch 2. identifies the cleaning, disinfection and sterilization of the medical instruments available in the clinic.

Center Manager #11 and HCA #5 verified, during an interview conducted on 2/9/15, 2/12, and 2/13/15, the cleaning procedure used to empty, disinfect, and return the jars to the rooms for use.

During tour of the back office/procedure area, the Surveyor observed no residual material in the two (2) specimen jars currently available for use.

The allegations are unsubstantiated

Category: Administration/Personnel
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1006 Personnel

An Administrator shall ensure that a personnel member's skills and knowledge are verified and documented according to policies and procedures.

Pre abortion ultrasounds are performed by health care assistants with no ultrasound certification and minimal training.

Findings Text: The Surveyor reviewed the personnel file of the HCA #6, who performs the pre abortion ultrasounds, and training was verified.

The personnel file revealed the Medical Director signed off on the HCA's ultrasound skills and approved the staff member to perform the pre abortion ultrasounds.

No specific personnel member was identified as performing the ultrasounds without proper training.

The allegation is unsubstantiated.

Category: Administration/Personnel
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1003 Administration

An Administrator shall ensure that policies and procedures are established, documented, and implemented to

ACTS Complaint/Incident Investigation Report

protect the health and safety of a patient that cover job descriptions, duties, and qualification, including required skills, knowledge, education, and experience for personnel member, employees, volunteers, and students.

The health care assistants that assist during the procedures are not CPR (cardiopulmonary resuscitation) and first aid certified.

Findings Text: The Surveyor reviewed the personnel file of the HCA # 3 that assist with the procedures and the job description does not identify that CPR and first aid certification are a requirement for that position.

The allegation is unsubstantiated.

Category: Resident/Patient/Client Assessment
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1003 Administration

An Administrator shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover quality management, including incident report and supporting documentation.

More than one patient has spontaneously delivered in the waiting area after being given misoprostol to induce labor. These patients are not monitored after being given the drug. They are just sitting in a tiny waiting room alone.

Findings Text: The Surveyor reviewed the adverse event/incident logs for 2014 and failed to identify any reports related to a patient having a spontaneous event in the waiting area.

There were no specific patients identified as experiencing a spontaneous event after receiving misoprostol.

The specific waiting area is not identified.

The allegation is unsubstantiated.

SURVEY INFORMATION

Event ID	Start Date	Exit Date	Team Members	Staff ID
91RF11	02/09/15	02/23/15	Ohton, Margaret	30966
			Benton, Kristy	27968

Intakes Investigated: AZ00125783(Received: 09/23/2014)

SUMMARY OF CITATIONS:

Event ID	Exit Date	Tag
91RF11	02/23/2015	State - Not Related to any Intakes
		Y0000-Initial Comments

EMTALA INFORMATION - No Data

Americans United for Life

ACTS Complaint/Incident Investigation Report

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Schedule Onsite Visit	02/09/2015	02/09/2015	02/23/2015	OHTON, MARGARET
Schedule Onsite Visit	02/09/2015		02/23/2015	OHTON, MARGARET BENTON, KRISTY
Schedule Onsite Visit	02/09/2015	02/09/2015	02/23/2015	BENTON, KRISTY
Assigned Complaint Investigation	02/09/2015		02/23/2015	OHTON, MARGARET
Complaint Initiated	02/09/2015		03/05/2015	BENTON, KRISTY OHTON, MARGARET
Assigned Complaint Investigation	02/09/2015		02/23/2015	BENTON, KRISTY
Letter to Provider/Supplier	03/05/2015		03/05/2015	STEWART-DELGADO, TAMARA

INVESTIGATIVE NOTES

ENTRANCE CONFERENCE

An Entrance Conference was conducted on 2/9/15 at 08:45 hours with the Lead Health Care Assistant, then at 09:15 hours with the Center Manager. The purpose of the survey was identified as an unannounced Complaint investigation of allegations received through the Department complaint process. The Notice of Inspection Rights was reviewed with and signed by the Center Manager. A review of the planned complaint investigation process was reviewed to include a discussion of the specific documents identified to complete the Complaint investigation. The Providers was informed that if at any time during the survey process the provider has questions or information that would assist with the complaint investigation to please let the Surveyor know. The provider was informed that the details of the allegations could not be shared at this time. There would be an exit conference at the end of the complaint investigation that would reveal the findings found during the investigation.

EXIT CONFERENCE

An exit conference was conducted on 2/23/15 at 12:40 hours with the Director of Patient Services. The allegations of the complaint were shared with the provider. The survey process included document review and interviews that resulted in the Department finding the allegation unsubstantiated. The provider was notified that the unsubstantiated findings will be documented in a Statement of Deficiency that will identify the absence of deficient practices found during the onsite complaint investigation. As stated in the Notice of Inspection Rights the provider can always call the Department with questions. The provider was given an opportunity to ask questions related to the complaint investigation and related rules. This will close the complaint investigation.

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
09/24/2014	MED COMPLAINANT RECEIPT LTR/Complainant
03/05/2015	MED COMPLAINT NO DEF COVER LTR/Facility
03/05/2015	MED PHX UNSUB FACILITY FINDINGS LETTER/Facility
03/05/2015	MED ALLEGA UNSUB COMPLAINANT FIND LTR/Complainant

PROPOSED ACTIONS

Proposed Action	Proposed Date	Imposed Date	Type
State Only Actions	03/05/2015		Federal

Closed: 03/05/2015 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Printed: 10/30/2019 2:46:28PM
Due Date:
Priority: No Action Necessary

Intake ID: AZ00124773
Facility ID: MED0053 / OTC-AC
Provider Number:
Mgmt.Unit: MED

ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: PLANNED PARENTHOOD - GLENDALE
Address: 5771 WEST EUGIE AVENUE
City/State/Zip/County: GLENDALE, AZ, 85304, MARICOPA
Telephone: (623) 934-7006

License #: OTCAC4848
Type: OTC-AC
Medicaid #:
Administrator: JAMES WASHINGTON

INTAKE INFORMATION

Taken by - Staff: OHTON, MARGARET
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact: OHTON, MARGARET
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 07/22/2014 At 08:18
Received End: 07/22/2014 At 08:18
Received by: Written
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] (Primary) Link ID: 14K5RJ	[redacted]		[redacted]
[redacted] Link ID: 14PHIV	[redacted]	[redacted]	

RESIDENTS/PATIENTS/CLIENTS - No Data

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged: Time: Shift:

Standard Notes: Written complaint submitted by facility alleging the following:

Post outpatient procedure a patient required transfer to a higher level of care.

Facility investigated and documented corrective action plan which was reviewed by the Department.

No further action required at this time. No potential rule violation.

entered at 0830 am on 7/22/14//m0

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS - No Data

EMTALA INFORMATION - No Data

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Letter to Complainant	07/28/2014		07/28/2014	REAL, CONNIE

INVESTIGATIVE NOTES - No Data

ACTS Complaint/Incident Investigation Report

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
07/28/2014	ADHS - CASE DISPOSITION FORM/Complainant
07/28/2014	MED CASE DISPOSITION COMPLAINTANT LTR/Complainant

PROPOSED ACTIONS - No Data

Closed: 07/28/2014 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Americans United for Life

Printed: 10/30/2019 2:47:06PM
Due Date: 07/21/2013
Priority: Non-IJ Medium

Intake ID: AZ00115791
Facility ID: MED0053 / OTC-AC
Provider Number:
Mgmt.Unit: MED

ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: PLANNED PARENTHOOD - GLENDALE
Address: 5771 WEST EUGIE AVENUE
City/State/Zip/County: GLENDALE, AZ, 85304, MARICOPA
Telephone: (623) 934-7006

License #: OTCAC4848
Type: OTC-AC
Medicaid #:
Administrator: JAMES WASHINGTON

INTAKE INFORMATION

Taken by - Staff: ZYLSTRA, MONICA
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact: OHTON, MARGARET
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 06/06/2013 At 12:49
Received End: 06/06/2013 At 12:49
Received by: Written
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] (Primary) Link ID: 1323QJ	[redacted]		

RESIDENTS/PATIENTS/CLIENTS - No Data

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged: Time: Shift:

Standard Notes: Abortion Incident report letter dated 04/30/2013

Patient was seen on [redacted]/13 for an abortion at [redacted] During the procedure the physician thought he might have [redacted] Bleeding was controlled and she was released in stable condition.- returning [redacted]/2013 day complaining of [redacted] had dropped patient was immediately transported to the ER.

Please attach document to intake./mz

Please attached document form facility to intake

02/07/2014: Scanned in and attached documents received for this complaint intake. The documents have been attached to Complaint Intake AZ00115791.

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS

Category: Resident/Patient/Client Assessment
Subcategory:
Seriousness: Moderate
Findings: Substantiated:State deficiencies related to the alleg are cited
Details: R9-10-1058 H. 1. Abortion Procedures

A medical director shall ensure that following the abortion procedure vital signs and bleeding are monitored by a physician, a nurse, a nurse practitioner, a physician assistant, or, if a physician is able to provide direct supervision as defined in A.R.S. 32-1401, a medical assistant under the direct supervision of the physician to ensure the patient's health and safety.

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ACTS Complaint/Incident Investigation Report

Review of the medical record revealed following the abortion procedure vital signs were not monitored every 15 minutes until discharge per facility policy.

Findings Text: An unannounced onsite Complaint investigation was conducted on 2/10/14.

This was a self-report Complaint.

The Surveyors reviewed the following documents:

1. Unredacted Medical Record for patient # 1

2. Policies and Procedures:
   a. Surgical Abortion Services
   b. Analgesia and Sedation Services-Post Sedation Management
   c. Clinical program Structure
   d. Medical Emergency Guidelines
   e. Management of Abortion Complications and Emergencies
   f. Ultrasound (u/s) services-documentation
   g. Ultrasound written Report form and Information sheet for ultrasound examination
   h. Ultrasound images
   i.. Surgical Abortion Services-Personnel
   j. Surgical Abortion Services-Health Care Assistant training

3. Other documents:
   a. Job descriptions: lead Registered Nurse (RN), RN II and RN
   b. Health Care Assistant
   c. Health Care Assistant II-Surgical

4. Credential files:
   a. Physician # 4

5. Personnel files:
   a. Nurses # 1, 2, and 3
   b. Health Care Assistants 13 (# 4-16)

6. Staff Interviews:
   a. Employee # 17
   b. Employee # 18
   c. Employee # 19

7. Patient # 1

Summary:
1. Review of the medical record for patient # 1 revealed vital signs were not monitored post operatively every 15 minutes after entering the Recovery Room area and until discharged per facility policy "Surgical Abortion Services-Analgesia and Sedation Post-Sedation Management."

Pre-operatively Patient # 1 received [redacted] and [redacted] Patient # 1 signed a consent to receive "Moderate Sedation-Intravenous Sedation," also known as, conscious sedation during the surgical procedure and did receive [redacted] and [redacted]

Review of the "Recovery Room Record" revealed patient # 1 arrived in the Recovery Room at 12:32 pm and was discharged at 14:45. There was no documentation in the medical record indicating that the vital signs were monitored at 12:47, 13:02, 13:17, 13:32, 13:47, 14:02, 14:17 and 14:32.

Employee # 18 and 19 verified during an interview conducted on 2/10/14, that the staff did not follow the the facility policy for monitoring post-operative vital signs.

A citation is written related to this allegation.

ACTS Complaint/Incident Investigation Report

SURVEY INFORMATION

Event ID	Start Date	Exit Date	Team Members	Staff ID
MOJZ11	02/10/14	02/10/14	Belden, Connie	16807
			Ohton, Margaret	30966
			Ettenborough, Linda	25547

Intakes Investigated: AZ00115791(Received: 06/06/2013)

SUMMARY OF CITATIONS:

Event ID	Exit Date	Tag
MOJZ11	02/10/2014	
		State - Not Related to any Intakes
		A0088-Administration
		A0333-Medical Records
		A0291-Medical Records
		A0000-Initial Comments
MOJZ12	07/01/2014	
		State - Not Related to any Intakes
		A0333-Medical Records
		A0088-Administration
		A0291-Medical Records
		A0000-Initial Comments

EMTALA INFORMATION - No Data

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Assigned Complaint Investigation	02/07/2014	02/10/2014	07/07/2014	ETTENBOROUGH, LINDA OHTON, MARGARET
Telephone Contact - Other	02/07/2014	02/10/2014	07/07/2014	OHTON, MARGARET
Schedule Onsite Visit	02/10/2014	02/10/2014	02/10/2014	ETTENBOROUGH, LINDA OHTON, MARGARET
Schedule Onsite Visit	02/10/2014	02/10/2014	02/10/2014	BELDEN, CONNIE SMITH, MARCI ETTENBOROUGH, LINDA OHTON, MARGARET
Letter to Complainant	07/07/2014		07/07/2014	THYNN, SHAWNDENE
Letter to Provider/Supplier	07/07/2014		07/07/2014	THYNN, SHAWNDENE

Americans United for Life

ACTS Complaint/Incident Investigation Report

INVESTIGATIVE NOTES

ENTRANCE CONFERENCE:

An Entrance Conference was conducted on 2/10/14 at 1030 hours, with the interim Lead Health Care Assistant. The purpose of the survey was identified as an unannounced Complaint investigation of allegations received through the Department complaint process. The Notice of Inspection Rights was reviewed with and signed by the Lead Health Care Assistant and the Lead Surveyor. A review of the planned complaint investigation process was reviewed to include a discussion of the specific documents identified in the Administrative Search Warrant. The providers was informed that if at anytime during the survey process the provider has questions or information that would assist with the complaint investigation to please let the Surveyor know. The provider was informed that the details of the allegations could not be shared at this time. There would be an exit conference at the end of the complaint investigation that would reveal the findings found during the investigation.

EXIT CONFERENCE:

An exit conference was conducted on 3/17/14 at 0800 hours with the Chief Operations Officer et al. The allegations of the complaint were shared with the provider. The survey process included document review and interviews that resulted in the Department finding the allegation substantiated. The specific findings were reviewed with the provider. The provider was notified that the findings will be documented in a Statement of Deficiency that will identify the deficient practice found during the onsite complaint investigation. The Statement of Deficiency is reviewed for scope and severity. As stated in the Notice of Inspection Rights the provider can always call the Department with questions. The provider was given an opportunity to ask questions related to the complaint investigation and related rules. This will close the complaint investigation.

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
07/07/2014	MED PHX FOLLOW UP COVER LETTER/Facility
07/07/2014	MED PHX SUB FACILITY FINDINGS LETTER/Facility
07/07/2014	MED ALL ALLEGA SUB COMPLAINANT FIND LTR/Complainan

PROPOSED ACTIONS

Proposed Action	Proposed Date	Imposed Date	Type
State Only Actions	03/19/2014		Federal
POC (No Sanction)	03/19/2014		State

Closed: 07/08/2014 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Americans United for Life

Printed: 10/30/2019 2:47:45PM
Due Date:
Priority: No Action Necessary

Intake ID: AZ00108230
Facility ID: MED0053 / OTC-AC
Provider Number:
Mgmt.Unit: MED

ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: PLANNED PARENTHOOD - GLENDALE
Address: 5771 WEST EUGIE AVENUE
City/State/Zip/County: GLENDALE, AZ, 85304, MARICOPA
Telephone: (623) 934-7006

License #: OTCAC4848
Type: OTC-AC
Medicaid #:
Administrator: JAMES WASHINGTON

INTAKE INFORMATION

Taken by - Staff: ZYLSTRA, MONICA
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact:
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 11/27/2012 At 14:39
Received End: 11/27/2012 At 14:39
Received by:
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] (Primary) Link ID: 127PPU	[redacted]		

RESIDENTS/PATIENTS/CLIENTS - No Data

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged: Time: Shift:

Standard Notes: Facility initiated an investigation of an abortion incident.

Connie Belden called facility and spoke to Cynthia Locke- a request for additional information and the facility f/u.

Please attach document form facility to intake

06/10/2013: All documents have been scanned in and attached to Complaint Intake AZ00108230/Marcie

7/31/2014 - Complaint closed, no action necessary///tami

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS - No Data

EMTALA INFORMATION - No Data

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Letter to Complainant	11/28/2012		07/31/2014	GREEN, PAT A

INVESTIGATIVE NOTES - No Data

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

ACTS Complaint/Incident Investigation Report

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
11/28/2012	MED COMPLAINANT RECEIPT LTR/Complainant
07/31/2014	ADHS - CASE DISPOSITION FORM/Facility
07/31/2014	MED CASE DISPOSITION COMPLAINTANT LTR/Complainant

PROPOSED ACTIONS - No Data

Closed: 07/31/2014 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

August 2, 2019

Mr. James Washington, Administrator
Planned Parenthood Arizona, Inc.
4751 North 15th Street
Attention: Catherine Pisani
Phoenix, AZ 85014

RE: OTCAC4360
Planned Parenthood Southern Arizona Regional Health
2255 North Wyatt Drive
Tucson, AZ 85712

Dear Mr. Washington:

Enclosed is the license to operate a(n) Outpatient Treatment Center Providing Abortion Services. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

REMINDER: Renewal Applications are processed via the online portal system **only**. It is your responsibility to register and access the online portal system to renew your license, refer to rules 9 A.A.C. 10, Article 1 regarding "renewal license application". Pursuant to Arizona Revised Statutes (A.R.S.) 36-425 (C)(2), a health care institution's license becomes invalid if the fees are not paid before the licensing fee due date. It is a violation of A.R.S. 36-407(a) to operate a health care institution without a current and valid license. Once your license is no longer valid, an initial application is required to recommence operations.

Sincerely,

William Alcock, R.N., J.D.
Bureau Chief
Bureau of Medical Facilities Licensing

WA:das

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	R 05/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
{Y 000}	Initial Comments Based on an acceptable Plan of Correction submitted to the Department of Health Services on 5/13/15, no on-site follow up Compliance survey was conducted for Event #KC0411. _____ ADHS Representative Date	{Y 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 05/13/15

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	04/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
Z 000	Initial Comments There were no deficiencies cited during the onsite State Compliance Survey (Event #KC0411) of an Outpatient Treatment Center, conducted on 3/31/14, 4/2, and 4/14/15. _____ ADHS Representative Date .	Z 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 05/1[illegible]/15

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	04/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
Y 000	Initial Comments The following deficiencies were cited during the onsite State Compliance Survey (Event #KC0411) of an Outpatient Treatment Center providing Abortion Services, conducted on 3/31/15, 4/2/15 & 4/14/15.	Y 000		
Y1418	R9-10-1508.A.3.a Abortion Procedures R9-10-1508. Abortion Procedures A. A medical director shall ensure that a medical evaluation of a patient is conducted before the patient ' s abortion is performed that includes: 3. The following laboratory tests: a. A urine or blood test to determine pregnancy; This RULE is not met as evidenced by: Based on a review of the organization and clinic policy, redacted medical records, and staff interviews, the Department determined the Medical Director failed to: 1. ensure the affiliate performed a urine or blood pregnancy confirmation test as part of the medical evaluation on 5 of 5 patients (#1, 2, 3, 4, & 5) prior to processing the patients for counseling and/or abortion services; and 2. ensure the organization and clinic policy related to confirmation of pregnancy through laboratory testing, of urine or blood to confirm pregnancy, prior to an abortion procedure aligns with State rules when operating an outpatient treatment center providing abortion services. Findings include: Review of organization policy "SURGICAL ABORTION SERVICES VII-A-1 REVISED	Y1418		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/1/15

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	04/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
Y1418	Continued From page 1 AUGUST 14, 2014" revealed: "...VII MEDICAL SCREENING AND EVALUATION...Laboratory Testing - must include...urine or blood pregnancy test performed at the affiliate within seven days...." Review of clinic policy "SURGICAL ABORTION SERVICES VII-A-1 REVISED JUNE 2012" revealed: "...VII MEDICAL SCREENING AND EVALUATION...Laboratory Testing - must include...urine or blood pregnancy test performed at the affiliate within seven days...." The Director of Patient Services verified, during an interview conducted on 4/2/15, that affiliates are defined as all health centers. 1. Review of the following redacted medical records from 8/11/14 through 3/6/15 revealed: PATIENT #1 [redacted]/14...Office visit..[redacted] dating...prior positive pregnancy test.[redacted]/14...Home pregnancy test used...." The Surveyor requested documentation indicating a urine or blood pregnancy confirmation test was performed by an affiliate on [redacted]/14 or prior to scheduled abortion procedure, none was provided. The affiliate failed to perform a urine or blood pregnancy test within seven days of clinic visit per organization and clinic policy. The Surveyor requested organization and clinic documentation related to approving the affiliates use of the urine home pregnancy test as confirmation of pregnancy, none was provided	Y1418		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	04/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
Y1418	Continued From page 2 PATIENT #2 [redacted]15...Office visit...PCV (Pregnancy confirmation visit)...U/S (ultrasound) screening...[redacted]15...prior positive pregnancy test...[redacted]/2015...." The Surveyor requested documentation identifying the prior positive urine or blood pregnancy test referenced in the redacted medical record of [redacted]/15, none was provided. The affiliate failed to perform a urine or blood pregnancy test within seven days of clinic visit per organization and clinic policy. PATIENT #3 "[redacted]/14...PCV...." The Surveyor requested documentation indicating a urine or blood pregnancy confirmation test was performed by an affiliate on [redacted]/14 clinic visit, or prior to abortion procedure, none was provided. The affiliate failed to perform a urine or blood pregnancy test within seven days of clinic visit per organization and clinic policy. PATIENT #4 [redacted]15...PCV...Prior positive pregnancy test [redacted]/15...Home pregnancy test used...." The Surveyor requested documentation indicating a urine or blood pregnancy confirmation test was performed by an affiliate on [redacted]15 clinic visit, or prior to abortion procedure, none was provided.	Y1418		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	04/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
Y1418	Continued From page 3 The affiliate failed to perform a urine or blood pregnancy test within seven days of clinic visit per organization and clinic policy. PATIENT #5 [redacted]/14...PCV...[redacted]/14...prior positive pregnancy test.[redacted]/2014...Home pregnancy test used...." The Surveyor requested documentation indicating a urine or blood pregnancy confirmation test was performed by an affiliate on [redacted]/14 clinic visit, or prior to [redacted] procedure, none was provided. The affiliate failed to perform a urine or blood pregnancy test within seven days of clinic visit per organization and clinic policy. The Surveyor requested organization and clinic documentation related to approving the affiliates use of the urine home pregnancy test as confirmation of pregnancy, none was provided The Director of Patient Services and HCA Team Lead verified, during an interview conducted on 4/2/15: a) a urine or blood test to confirm pregnancy was not performed on 5 of 5 patients (#1, 2, 3, 4, & 5) per organization and clinic policy; and b) there is no organization or clinic policy approving an affiliate to use a patient's home pregnancy test as confirmation of pregnancy prior to receiving abortion services. 2. Review of organization policy "SURGICAL ABORTION SERVICES VII-A-1 REVISED AUGUST 14, 2014" revealed: "...VII MEDICAL SCREENING AND EVALUATION...Laboratory Testing - must include...urine or blood pregnancy	Y1418		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	04/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
Y1418	Continued From page 4 test performed at the affiliate within seven days...." Review of clinic policy "SURGICAL ABORTION SERVICES VII-A-1 REVISED JUNE 2012" revealed: "...VII MEDICAL SCREENING AND EVALUATION...Laboratory Testing - must include...urine or blood pregnancy test performed at the affiliate within seven days...." The Director of Patient Care Services verified, during an interview conducted on 4/2/15, that the organization and clinic policy related to pregnancy confirmation prior to receiving abortion services does not align with the outpatient treatment center rules when providing abortion services.	Y1418		
Y2320	R9-10-1512.6 Environmental and Safety Standards R9-10-1512. Environmental and Safety Standards A licensee shall ensure that: 6. An evacuation drill is conducted at least once every six months that includes all personnel in the physical facilities the day of the evacuation drill. Documentation of the evacuation drill is maintained in the physical facilities for one year after the date of the evacuation drill and includes: This RULE is not met as evidenced by: Based on a review of the facility evacuation drill records, and staff interviews, the Department determined the licensee failed to ensure an evacuation drill was conducted every six (6) months, which carries the risk of staff not responding appropriately and placing patients	Y2320		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	04/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
Y2320	Continued From page 5 health and safety in jeopardy. Findings include: The Surveyor requested the disaster evacuation drills for 2014 and 2015. Review of the facility "FIRE DRILL/DISASTER SCHEDULE AND EVALUATION" form of 2014 revealed: "...January 30, 2014...4:58-5 pm...Fire Drill...December 30, 2014...4:48-4:50...Fire Drill...." There is no documentation to indicate that an evacuation drill was conducted in 2014 and 2015. The HCA Team Lead verified, during an interview conducted on 3/31/15, that the emergency drills are conducted in January and July. The HCA Team Lead verified, during an interview conducted on 3/31/15, that there was no evacuation drill conducted in 2014 and 2015.	Y2320		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	09/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
A 000	Initial Comments Based on a deficiency free compliance survey conducted on 10-18-12 for the licensing period of 11-01-12 through 10-31-13, the Department will issue the annual license for the licensing period of 11-01-13 through 10-31-14 without an onsite compliance survey according to ARS 36.425.E. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	10/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
A 000	Initial Comments There were no deficiencies cited during the State Compliance Survey conducted on 10/18/2012. The provider was surveyed under the Unclassified Health Care Institutions Rules (R9-10-115) and the Abortion Clinics Rules (R9-10-1501). _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	05/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
A 000	Initial Comments Based on a deficiency free compliance survey conducted on 10-28-10 for the licensing period of 11-01-09 through 10-31-10, the Department will issue the annual license for the licensing period of 11-01-10 through 10-31-11 without an onsite compliance survey according to ARS 36.425.E. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC4360	A. BUILDING: _____ B. WING _____	10/28/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SOUTHERN ARIZON	2255 NORTH WYATT DRIVE TUCSON, AZ 85712

(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
A 000	Initial Comments The facility was found to be in substantial compliance with the Abortion Clinic Rules, R9-10-1500, during the onsite survey conducted on 10/27/10. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ARIZONA DEPARTMENT OF HEALTH SERVICES
LICENSING

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

June 6, 2019

Mr. James Washington, Administrator
Planned Parenthood Arizona, Inc.
4751 North 15th Street
Attention: Catherine Pisani
Phoenix, AZ 85014

RE: OTCAC5880
Planned Parenthood Arizona Flagstaff
2500 South Woodlands Village Boulevard, Suite 12
Flagstaff, AZ 86001

Dear Mr. Washington:

Enclosed is the license to operate a(n) Outpatient Treatment Center. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

REMINDER: Renewal Applications are processed via the online portal system only. It is your responsibility to register and access the online portal system to renew your license, refer to rules 9 A.A.C. 10, Article 1 regarding "renewal license application". Pursuant to Arizona Revised Statutes (A.R.S.) 36-425 (C)(2), a health care institution's license becomes invalid if the fees are not paid before the licensing fee due date. It is a violation of A.R.S. 36-407(a) to operate a health care institution without a current and valid license. Once your license is no longer valid, an initial application is required to recommence operations.

Sincerely,

William Alcock, R.N., J.D.
Bureau Chief
Bureau of Medical Facilities Licensing

WA:MA

Americans United for Life

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC5880	A. BUILDING: _____ B. WING _____	08/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ARIZONA FLAGSTAI	2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUIT FLAGSTAFF, AZ 86001

(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
A 000	Initial Comments The following deficiency was cited during the unannounced onsite State Compliance survey conducted on 7/25/16, 7/28/16, & 8/3/16 for EVENT #33IJ11. Based on the rules found in R9-10-Article for Outpatient Treatment Centers and R9-10-Article for Abortion Clinics, the Department is approving the facility to continue operations as an Outpatient Treatment Center to provide the following services: Reproductive Health Care which includes Medication Services, Clinical Laboratory Services, Diagnostic Imaging, Physical Health Services, and Medical Abortion Services. _____ ADHS Representative Date	A 000		
A3920	R9-10-1028.3.a.iii Infection Control R9-10-1028. Infection Control An administrator shall ensure that: 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover: a. If applicable: iii. Sterilization and disinfection of medical equipment and supplies; This RULE is not met as evidenced by: Based on review of corporate/facility sterilization procedure, autoclave log book, and staff interview, the Department determined the	A3920		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 08/30/16

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC5880	A. BUILDING: _____ B. WING _____	08/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ARIZONA FLAGSTAF	2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUIT FLAGSTAFF, AZ 86001

(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
A3920	Continued From page 1 Administrator failed to ensure implementation of the infection control program related to the sterilization time and temperature currently being used to sterilize instruments and textiles that may come in contact with a patients blood and internal tissue. This poses a potential risk during an invasive procedure for the transmission of infections due to cross contamination. Findings include: Review of corporate/facility procedure "STERILIZED INSTRUMENT CLEANING LOG" revealed: "...Instructions: Standard Cycle Parameters...Temperature/Pressure/Time (document minimum Temp/Pressure/Time ranges per program selected and noted on display)...See specific autoclave instructions below:...Ultraclave Autoclaves: Wrapped packs must be 270 (degrees) sterilization time 30 minutes and 30 minutes drying time...." Review of the sterilization procedure there is an example of how the form is to be completed. "...Examples...Packs...273 (degrees)...Time...7 minutes sterile/30 minutes dry time...." Employee #1 verified, during an interview conducted on 7/31/16, that the wrapped packs include the following instruments and textiles: scissors, hemostats, forceps, gauze sponges, and towels. Autoclave logbook documentation reviewed for 10/2015, 11/15, 12/15, 4/16, 5/16, 6/16, and 7/2016. Review of facility logbook for "STERILIZED INSTRUMENT CLEANING LOG" revealed:	A3920		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC5880	A. BUILDING: _____ B. WING _____	08/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ARIZONA FLAGSTAF	2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUIT FLAGSTAFF, AZ 86001

(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
A3920	Continued From page 2 "...10/7/15...10/9...10/12...10/22...10/23...10/30...PACKS...temperature...273 (degrees)...sterilization time...7 min...drying time...30 minutes...." "...11/4/15...11/5...11/12...11/13...11/16...11/19...11/27...PACKS...temperature...273 (degrees)...sterilization time...7 minutes...drying time...30 minutes...." "...12/4/15...12/7...12/10...12/14...12/17...12/18...PACKS...temperature...273 (degrees)...sterilization time...7 minutes...drying time...30 minutes...." "...4/1/16...4/5...4/7...4/8...4/12...4/14...4/25...4/28...PACKS...temperature...273 (degrees)...sterilization time...7 minutes...drying time...30 minutes...." "...5/2/16...5/9...5/10...5/23...5/27...PACKS...temperature...273 (degrees)...sterilization time...7 minutes...drying time...30 minutes...." "...6/3/16...6/6...6/9...6/15...6/16...6/20...6/23...6/28...PACKS...temperature...273 (degrees)...sterilization time...7 minutes...drying time...30 minutes...." and "...7/7/16...7/13...7/15...7/19...7/21...PACKS...temperature...273 (degrees)...sterilization time...7 minutes...drying time...30 minutes...." Employee #3 verified, during an interview conducted on 7/25/16 at 11:01 am, that she is following the procedure identified as the "Example", which describes the protocol for the Tuttnauer autoclave.	A3920		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC5880	A. BUILDING: _____ B. WING _____	03/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ARIZONA FLAGSTAF	2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUIT FLAGSTAFF, AZ 86001

(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
A 000	Initial Comments The following deficiencies were cited during the State compliance survey conducted on 3/5/14 and 3/12/14. _____ ADHS Representative Date	A 000		
A 082	R9-10-1503.C.4. Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are developed and implemented for: 4. The storage, administration, accessibility, disposal, and documentation of a medication, and a controlled substance; This REQUIREMENT is not met as evidenced by: Based on a review of facility policy and procedure, redacted medical records, and staff interview, the Department determined the licensee failed to ensure the affiliate medical provider (# 5) documented the medication package serial number when administering Mifepristone to 1 of 1 patients (patient # 2) at their clinic. Findings include: Review of facility policy "MIFEPRISTONE MEDICATION ABORTION" revealed: "...Documentation-Clinician dispensing Mifepristone must record package serial number in the client's chart...."	A 082		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 06/20/14

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC5880	A. BUILDING: _____ B. WING _____	03/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ARIZONA FLAGSTAF	2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUIT FLAGSTAFF, AZ 86001

(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
A 082	Continued From page 1 Review of facility policy "CLINICAL PROGRAM STRUCTURE-MAINTAINING AFFILIATE MEDICAL RECORDS" revealed: "...Each affiliate must maintain complete medical records for every client in accordance with accepted professional standards and any applicable laws/regulations...Records must be...factual, complete, concise, and professional...." Mifepristone is supplied as Mifeprex. Review of the redacted medical record for patient # 2 revealed "...Plan...Mifepristone administered to patient in clinic at 2:20 PM under observation...Meds Prescribed during this visit...Mifeprex...Dose...200 mg (milligrams)...Qty (quantity)...1...Sig (write)...po (per os/by mouth) administered to pt. (patient) in clinic...." The Nurse Practitioner/Center Manager (# 1) verified, during an interview conducted on 3/12/14, that the affiliate medical provider (# 5) failed to document the Mifepristone package serial number per facility policy. The facility has implemented an electronic health records system that includes documentation of the lot numbers for medications. This was not implemented at the time Patient #2 was provided services.	A 082		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC5880	A. BUILDING: _____ B. WING _____	R 07/01/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ARIZONA FLAGSTAF	2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUIT FLAGSTAFF, AZ 86001

(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
{A 000}	Initial Comments Based on an acceptable Plan of Correction (POC) submitted to the Arizona Department of Health services on 6/20/14, with additional information submitted on 7/1/14 for Event # X8E511, no follow up on site Compliance survey was conducted. _____ ADHS Representative Date	{A 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 07/01/14

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC5880	A. BUILDING: _____ B. WING _____	10/28/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ARIZONA FLAGSTAF	2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUIT FLAGSTAFF, AZ 86001

(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
A 000	Initial Comments There were no deficiencies cited during the Initial Change of Location (MED2682) and added services survey (AC5880) conducted on 10/28/13. _____ ADHS Representative Date:	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC5880	A. BUILDING: _____ B. WING _____	10/28/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ARIZONA FLAGSTAF	2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUIT FLAGSTAFF, AZ 86001

(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
A 000	Initial Comments There were no deficiencies cited during the State Initial Outpatient Treatment Center change of location and added Medical Abortion services survey conducted on 10/28/13. _____ ADHS Representative Date:	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC5880	A. BUILDING: _____ B. WING _____	11/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ARIZONA FLAGSTAF	2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUIT FLAGSTAFF, AZ 86001

(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
A 000	Initial Comments There were no deficiencies cited during the State Compliance survey conducted on 11/26/12. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC5880	A. BUILDING: _____ B. WING _____	09/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ARIZONA FLAGSTAI	2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUIT FLAGSTAFF, AZ 86001

(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
A 000	Initial Comments Based on a deficiency free compliance survey conducted on 07-15-11 for the licensing period of 11-01-10 through 10-31-11, the Department will issue the annual license for the licensing period of 11-01-11 through 10-31-12 without an onsite compliance survey according to ARS 36.425.E. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OTCAC5880	A. BUILDING: _____ B. WING _____	09/09/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ARIZONA FLAGSTAF	2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUIT FLAGSTAFF, AZ 86001

(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
A 000	Initial Comments The facility was found to be in substantial compliance with the Abortion Clinic Rules, R9-10-1500, during the onsite survey conducted on 09/09/2011, for added services. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

August 2, 2019

Eleanor Powell-Stanley, MD, Administrator
Family Planning Associates Medical Group
1331 N. 7th Street, #225
Phoenix, AZ 85006

RE: AC4944
Family Planning Associates Medical Group
1331 North 7th Street, Suite 225 & 215
Phoenix, AZ 85006

Dear Dr. Powell-Stanley:

Enclosed is the license to operate a(n) Abortion Clinic. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

REMINDER: Renewal Applications are processed via the online portal system **only**. It is your responsibility to register and access the online portal system to renew your license, refer to rules 9 A.A.C. 10, Article 1 regarding "renewal license application". Pursuant to Arizona Revised Statutes (A.R.S.) 36-425 (C)(2), a health care institution's license becomes invalid if the fees are not paid before the licensing fee due date. It is a violation of A.R.S. 36-407(a) to operate a health care institution without a current and valid license. Once your license is no longer valid, an initial application is required to recommence operations.

Sincerely,

William Alcock, R.N., J.D.
Bureau Chief
Bureau of Medical Facilities Licensing

WA:das

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC4944	A. BUILDING: _____ B. WING _____	03/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY PLANNING ASSOCIATES MEDICAL GF	1331 NORTH 7TH STREET, SUITE 225 PHOENIX, AZ 85006

(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
Y 000	Initial Comments There were no deficiencies cited during the Onsite State Compliance Survey and Complaint Investigation for AZ00130371 and AZ00133913 conducted on 3/1/16, 3/2, 3/4/16 with an exit conference on 3/7/16. Jeanne M Roush RN for Margaret Ashton RN ADHS Representative Date 3-8-16	Y 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC4944	A. BUILDING: _____ B. WING _____	09/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY PLANNING ASSOCIATES MEDICAL GF	1331 NORTH 7TH STREET, SUITE 225 & 215 PHOENIX, AZ 85006

(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
Y 000	Initial Comments Based on a deficiency free compliance survey conducted on August 21, 2014 for the licensing period of November 1, 2013 through October 31, 2014, the Department will issue the annual license for the licensing period of November 1, 2014 through October 31, 2015 without an onsite compliance survey according to ARS 36.425.E. _____ ADHS Representative Date	Y 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC4944	A. BUILDING: _____ B. WING _____	08/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY PLANNING ASSOCIATES MEDICAL GF	1331 NORTH 7TH STREET, SUITE 225 & 215 PHOENIX, AZ 85006

(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
Y 000	Initial Comments There were no deficiencies cited during the State Compliance survey conducted on 8/19/14 and 8/21/14. _____ ADHS Representative Date	Y 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC4944	A. BUILDING: _____ B. WING _____	R 10/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY PLANNING ASSOCIATES MEDICAL GF	1331 NORTH 7TH STREET, SUITE 225 & 215 PHOENIX, AZ 85006

(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
{A 000}	Initial Comments Based on an acceptable Plan of Correction submitted to the Department of Health Services on 10/02/12, no onsite State Compliance follow up survey was conducted for Event # 6W6T11. _____ ADHS Representative Date	{A 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 10/03/12

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC4944	A. BUILDING: _____ B. WING _____	08/22/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY PLANNING ASSOCIATES MEDICAL GF	1331 NORTH 7TH STREET, SUITE 225 & 215 PHOENIX, AZ 85006

(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
A 000	Initial Comments The following deficiency was cited at the time of the State compliance survey conducted 08/20/12 and 08/22/12. _____ ADHS Representative Date	A 000		
A 354	R9-10-1512.1.b. Environmental and Safety Standards R9-10-1512. Environmental and Safety Standards A licensee shall ensure that: 1. Physical facilities: b. Are maintained in a clean condition; This REQUIREMENT is not met as evidenced by: Based on observation on tour and staff interview, the Department determined the Medical Director failed to ensure the cleaning and sanitation of the chairs and couches in between patients in the recovery room. Findings include: Observation on tour of the recovery room area identified three (3) fabric covered chaise lounge chairs with a blue water resistant pad (chux) placed over the seating area. Located at the beginning and end of the chaise lounge row are two (2) couches covered with vinyl-like covering material with multiple torn areas measuring 2 to 5 inches in length. The couch with the largest torn areas (3-5 inches)	A 354		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 09/30/12

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC4944	A. BUILDING: _____ B. WING _____	08/22/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY PLANNING ASSOCIATES MEDICAL GF	1331 NORTH 7TH STREET, SUITE 225 & 215 PHOENIX, AZ 85006

(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
A 354	Continued From page 1 has the white batting or stuffing material exposed and can easily be removed through one of the torn areas. Review of "DISINFECTION & STERILIZATION" reveals: "...General cleaning and disinfection will be conducted on all clinical contact surfaces...after each patient...All equipment...must be cleaned and decontaminated with an appropriate disinfectant after contact...." The Administrator verified on interview conducted on 08/20/12 and 08/22/12, the lounge chair pads are not water resistant or machine washable, neither piece of furniture is covered with a sheet in between patients, and the tears in the couch material impacts the ability to clean and sanitize the furniture in between patients. The furniture was not maintained in a clean manner to prevent the cross contamination from one patient to another patient. There was no documented or observed evidence of cleaning the furniture between patients.	A 354		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC4944	A. BUILDING: _____ B. WING _____	10/25/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY PLANNING ASSOCIATES MEDICAL GF	1331 NORTH 7TH STREET, SUITE 225 & 215 PHOENIX, AZ 85006

(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
A 000	Initial Comments The facility was found to be in substantial compliance with the Abortion Clinic Rules, R9-10-1500, during the onsite State initial licensing survey conducted on October 25, 2010. The license is effective November 1, 2010. _____ AZDHS Reprenstative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Printed: 10/25/2019 2:34:57PM
Due Date: 06/11/2018
Priority: Non-IJ Medium

Intake ID: AZ00148106
Facility ID: MED4431 / ABC
Provider Number:
Mgmt.Unit: MED

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PROVIDER INFORMATION

Name: FAMILY PLANNING ASSOCIATES MEDICAL GROUP
Address: 1331 NORTH 7TH STREET, SUITE 225 & 215
City/State/Zip/County: PHOENIX, AZ, 85006, MARICOPA
Telephone: (602) 553-0440

License #: AC4944
Type: ABC
Medicaid #:
Administrator: ELEANOR POWELL-STANLEY, MD

INTAKE INFORMATION

Taken by - Staff: OHTON, MARGARET
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact: OHTON, MARGARET
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 04/27/2018 At 13:23
Received End: 04/27/2018 At 13:23
Received by: Online
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] (Primary) Link ID: 18C3BW	[redacted]	[redacted]	[redacted]

RESIDENTS/PATIENTS/CLIENTS

Name	Admitted	Location	Room	Discharged	Link ID
[redacted]					2763922

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged [redacted]/2018 Time: [redacted]AM Shift:

Standard Notes: CATEGORY: ABORTION SERVICES

2018-MED426

Online complaint submitted on [redacted]/18 and alleges the following:

"Had to [redacted] due to complications from health, [redacted]. Treated VERY POORLY BY the staff and was not given the proper pain medications while the procedure was being done. Evidence: Paper with listed medication that was given compared to what was supposed to be given."
refer to online document
dob: [redacted]
entered at 13:26 on 4/27/18//m0

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS

Category: Quality of Care/Treatment
Subcategory:
Seriousness:

Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1510 A medical director shall ensure a medication is administered in compliance with an order from a physician.

Allegations:

Americans United for Life

ACTS Complaint/Incident Investigation Report

i. The patient was treated poorly by staff.

ii. The patient was not given the proper pain medications while the procedure was being done. The paper listed medication that was given compared to what was supposed to be given.

Findings Text: The surveyor conducted an on-site review with the following documents for the allegation:

1. Medical Records for 4 of 4 patients (#1, #2, #3, & #4)
2. The Surgical Abortion policy and procedure
3. Consent for Surgical abortion
4. Consent for Prescription of Opioid Pain Medications
5. Opioid Risk Tool
6. Physician's Orders-Pre-Procedure; Post-Procedure; and Discharge Orders
7. Procedure note
8. Recovery Record
9. 24 hour call notes
10. Follow up letters to referring physicians
11. Prescription Monitoring Program reports

Interview:

Physician #1
Physician #2
Employee #3

Medical Records-Surgical Abortion
Patient #1
Patient #2
Patient #3
Patient #4

Summary of Events:

Patient #1 was a [redacted] between [redacted] who was referred to this clinic for a [redacted] in the [redacted] due to a [redacted] medical conditions. Qualifying diagnosis was a [redacted] with [redacted] and [redacted] currently requiring ongoing [redacted] therapy. Prior to presenting for the procedure cardiac clearance and a [redacted] was obtained due to long term [redacted] therapy post procedure. An inferior [redacted] filter was placed prior to patient admission to clinic. Additional diagnosis that may have an affect on patient during procedure are [redacted] with history of [redacted] use, currently on [redacted] at [redacted], prior history of two [redacted] with [redacted] The patient revealed, she last [redacted] 12 days prior to the [redacted] procedure. The patient already has two (2) toddlers at home. There were multiple physicians (Ob-Gyn, Neonatologist, and hospitalist) involved in her care trying to get her through the major medical events. All state required consents were obtained while in hospital and prior to scheduling the abortion procedure. Physician #2 and Employee #3 verified, during interview on 7/3/18 that the patients do not receive any prior notice of medications that may be administered during their procedure. They are informed prior to administration of medication. While there is a pattern of using specific medications during the procedure the doses are adjusted based on patient need and comfort to get them through the procedure.

Medical Records:
Patient #1

Review of facility form "[redacted]" revealed: "... [redacted] ... last used 12 days ago...Currently on [redacted] everyday... [redacted] Total Score [redacted]

Review of the facility form "CONSENT FOR SURGICAL ABORTION" identifies "Pain Control" will be provided. The patient decides the type of sedation by checking the appropriate box. The options are for local anesthesia only, a local with oral sedation, or a local and intravenous sedation.

The patient checked the box that indicated she wanted [redacted] and [redacted]

Review of the facility consent form "CONSENT FOR PRESCRIPTION OF OPIOID PAIN MEDICATIONS" is required when the provider is prescribing Opioid Pain Medications. Some of the opioid pain medications that may

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be administered during an abortion procedure are [redacted].

The patient checked the box indicating [redacted] cons[redacted] to receive [redacted] medications for [redacted]

"...PRE-PROCEDURE ORDERS..[redacted] immediately prior to procedure..[redacted] prior to procedure..[redacted] immediately prior to procedure...."

Physician #2 verified, during interview on 7/3/18 that she administered the above medications for the abortion procedure based on patient needs.

"...PROCEDURE NOTES" revealed procedure lasted 8 minutes...A...block with [redacted] Patient tolerated the procedure...fairly poorly...uncooperative...complaining of pain...Demanding more pain meds..[redacted]...c/w (consistent with) [redacted] Medications..[redacted]

The medications identified above were administered during the abortion procedure.

Physician #2 verified, during interview on 7/3/18, that the patient received a total of [redacted] during the abortion procedure.

[redacted] is a potent [redacted] medication; [redacted] is a [redacted] medication administered for moderate to severe pain; [redacted] is a [redacted] that produces a calming effect on the brain and nerves; and [redacted] is administered to treat nausea or prevent nausea and vomiting.

Physician #2 verified, during interview on 7/3/18, that the patient tolerated the procedure fairly poorly; was uncooperative, complaining of pain and demanding more pain meds; however, she was not restless and moving about during the procedure.
"...POST-PROCEDURE ORDERS..[redacted]
"...RECOVERY RECORD"
revealed...12:15...pain..[redacted]12:30...pain[redacted]12:45...pain[redacted]Discharge time...13:13...Pain[redacted]Discharged ambulatory...."
Review of patient "DISCHARGE" orders revealed: "...Medications[redacted] 1-2 po (per os) q6 (every 6) hours prn...#10...no refills...restart [redacted] per Dr...in absence of heavy [redacted]

Physician #2 verified, during interview on 7/3/18, that she gave the patient a letter (Form is Narcotic Work Note) to be given to her Pain Management doctor which listed the medications administered during and after the procedure. Prior to discharge the prescription for [redacted] (standard procedure) was changed to straight [redacted] tablets. [redacted] is an [redacted] pain medication. This drug is commonly used to treat moderate to severe pain.

Review of the state required "...24 HOUR POST PROCEDURE CALL" notes revealed: "..[redacted]/18 09:00 am...Pt called back after...call...to see how she was doing...She stated that she is in a lot of pain...Lots of cramping, no bleeding...She states we did not use any pain meds because she felt everything...advised pt we use(sic) [redacted] asked pt if she had any other symptoms...She stated she did not...No fever, no chills...She stated that she took [redacted] of [redacted] and it did not do anything for her...that she has taken [redacted] and it worked better than whatever we gave [redacted] advised pt...would have the nurse call her back...09:25 am...returned call to patient...Patient states she was in pain and " the doctor didn't give me pain meds during the procedure"...assured patient she received sedation meds per procedure note...patient continues to c/o (complain of)pain stating we should have given her more...explained to patient what meds were given again...asked patient how much she was bleeding and patient stated not that much and hung up...."

Physician #2 verified, during interview on 7/3/18, that this patient received medication and dosage above what is routinely used on patients undergoing the same procedure due to her medical and [redacted]

Patient #2

Patient #2 was a [redacted] between [redacted] who selected this clinic for [redacted] services.
Review of facility form "OPIOID RISK TOOL" revealed: "...No Personal History of Substance Abuse...No Illegal Drugs...No recreational drugs...Total Score [redacted]
Review of the facility consent form "CONSENT FOR SURGICAL ABORTION" identifies "Pain Control" will be

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provided. The patient decides the type of sedation by checking the appropriate box. The options are for local anesthesia only, a local with oral sedation, or a local and intravenous sedation. EGA (estimated gestational age) under 7 weeks.
The patient checked the box that indicated she wanted [redacted] and [redacted]

Review of the facility consent form "CONSENT FOR PRESCRIPTION OF OPIOID PAIN MEDICATIONS" is required when the provider is prescribing Opioid Pain Medications.

The patient checked the box indicating she consents to receive [redacted] medications for [redacted]

"...PRE-PROCEDURE ORDERS...At least 30 minutes prio[redacted] Immediately prior to procedure, [redacted] immediately prior to procedure...."
"...PROCEDURE NOTES" "..Medications..[redacted] Medications received during the procedure.
"...POST-PROCEDURE ORDERS[redacted]
Review of facility form "RECOVERY RECORD" revealed the patient did not request or receive any medications while in the recovery area.
Physician #2 verified, during interview on 7/3/18, that this patient did not require any additional pain relief or anti-nausea medications related to the abortion procedure.

Patient #3

Patient #3 was a [redacted] between [redacted] who selected this clinic for abortion services.

Medical history: [redacted]

Review of facility form "OPIOID RISK TOOL" revealed: "...No Personal History of Substance Abuse...No Illegal Drugs...No recreational drugs...Total Score [redacted]
Review of the facility consent form "CONSENT FOR SURGICAL ABORTION" identifies "Pain Control" will be provided. The patient decides the type of sedation by checking the appropriate box. The options are for local anesthesia only, a local with oral sedation, or a local and intravenous sedation. EGA under 16 weeks.
The patient checked the box that indicated she wanted [redacted] and [redacted]
Review of the facility consent form "CONSENT FOR PRESCRIPTION OF OPIOID PAIN MEDICATIONS" is required when the provider is prescribing Opioid Pain Medications. The patient checked the box indicating she consents to receive [redacted] medications for [redacted]

"...PRE-PROCEDURE ORDERS[redacted] immediately prior to procedure[redacted] immediately prior to procedure[redacted] immediately prior to procedure...."
"...PROCEDURE ORDERS[redacted]
Review of facility form "RECOVERY RECORD" revealed the patient complained of experiencing "mild pain." No medication was requested or administered while in the recovery room.
Review of patient "DISCHARGE" orders revealed a prescription for [redacted] no refills, [redacted] for [redacted] one tablet three times a day, and [redacted] 1/2 to 1 tablet every 6 hours prn (as needed) for [redacted] and [redacted] #10.
Physician #2 verified, during interview on 7/3/18, that this patient did not require any additional pain relief or anti-nausea medications other than what was administered during the abortion procedure.

Patient #4

Patient #4 was a [redacted] between [redacted] who selected this clinic for [redacted] services due to [redacted]
Medical history: [redacted] and [redacted]

[redacted] or may be referred to as [redacted]

Review of facility form "OPIOID RISK TOOL" revealed: "...Personal History of [redacted]
Review of the facility consent form "CONSENT FOR SURGICAL ABORTION" identifies "Pain Control" will be provided. The patient decides the type of sedation by checking the appropriate box. The options are for local anesthesia only, a local with oral sedation, or a local and intravenous sedation. EGA over 16 weeks which

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required a 2 day procedure.
The patient checked the box that indicated she wanted [redacted] and [redacted]
Review of the facility consent form "CONSENT FOR PRESCRIPTION OF OPIOID PAIN MEDICATIONS" is required when the provider is prescribing Opioid Pain Medications. The patient checked the box indicating she consents to receive [redacted] medications for [redacted]

"...PRE-PROCEDURE ORDERS [redacted] immediately prior to procedure [redacted] immediately prior to procedure [redacted] immediately prior to procedure...."
"...PROCEDURE ORDERS [redacted] revealed during procedure that [redacted] has [redacted]
"...POST-PROCEDURE ORDERS...Patient tolerated procedure [redacted] IM x 1 prn [redacted] or [redacted] IV x 1 prn [redacted]
Review of facility form "RECOVERY RECORD" revealed the patient complained of experiencing [redacted] was administered at this time. [redacted] was fussing with staff for no apparent reason.
Review of "DISCHARGE" orders revealed instructions "No mixing of narcotic pain reliever with [redacted]
Employee #3 verified, during interview on 7/3/18, that the patient was upset with staff for no apparent reason. Several days after her discharge she sent the staff a Thank you note to staff.
Physician #2 verified, during interview of 7/3/18, that this patient tolerated procedure well and no additional medication required during the procedure due to history of [redacted] use.

Conclusion:
Complainant failed to explain what she meant by "treated poorly by staff." There is no documentation to define and support this allegation.
Complainant failed to explain what is meant by "proper pain medication." The clinic has multiple analgesic medications available to be administered to patients undergoing an abortion procedure. The type of medication and dosage is usually based on physician assessment, medical history, level of pain and discomfort, and tolerance to medications.
The allegations are unsubstantiated. No state deficiency is cited.

SURVEY INFORMATION

Event ID	Start Date	Exit Date	Team Members	Staff ID
O1P011	07/03/18	07/26/18	Ohton, Margaret	30966

Intakes Investigated: AZ00148106(Received: 04/27/2018)

SUMMARY OF CITATIONS:

Event ID	Exit Date	Tag
O1P011	07/26/2018	

State - Not Related to any Intakes
A0000-Initial Comments

EMTALA INFORMATION - No Data

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Telephone Contact - Complainant	06/28/2018		07/03/2018	OHTON, MARGARET
Assigned Complaint Investigation	07/03/2018	07/03/2018	07/03/2018	OHTON, MARGARET
Complaint Initiated	07/03/2018		08/01/2018	OHTON, MARGARET
Schedule Onsite Visit	07/03/2018		07/03/2018	OHTON, MARGARET
Schedule Onsite Visit	07/03/2018	07/03/2018	07/20/2018	OHTON, MARGARET

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INVESTIGATIVE NOTES

An Entrance Conference was conducted on 7/3/18 with physician/owners, [Dr. Stanley and Dr. Isaacson] and Office Manager. The purpose of the survey was identified. The Notice of Inspection Rights was reviewed with the provider and signed by the provider and surveyor Team Lead. A review of the planned survey process was reviewed to include a list of documents that would be required as a part of the investigation. The provider was informed that if at anytime during the survey process the provider has questions or information that would assist with the survey to please let the surveyor know. The provider was informed that the details of the allegations could not be shared at this time. The provider was informed that areas of concern would be communicated throughout the survey process and they would be given an opportunity to present information to the surveyors. The provider was told there would be an exit conference at the end of the survey that would reveal the findings found during the investigation.

An Exit Conference was conducted on 7/3/18 with the one physician/owner and the Office Manager. The allegations of the complaint were shared with the provider which were related to Abortion Procedures. The survey process included document review and interviews that resulted in the Department not being able to substantiate the allegations of the complaint.The provider was given an opportunity to ask questions related to the survey results. This will close the complaint investigation.

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
04/30/2018	MED COMPLAINANT RECEIPT LTR/Facility
08/01/2018	MED ALLEGA UNSUB COMPLAINANT FIND LTR/Facility
08/01/2018	MED PHX UNSUB FACILITY FINDINGS LETTER/Facility

PROPOSED ACTIONS

Proposed Action	Proposed Date	Imposed Date	Type
State Only Actions	08/01/2018		Federal

Closed: 08/01/2018 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Americans United for Life

Printed: 10/25/2019 2:35:34PM
Due Date: 03/14/2016
Priority: Non-IJ High

Intake ID: AZ00133913
Facility ID: MED4431 / ABC
Provider Number:
Mgmt.Unit: MED

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PROVIDER INFORMATION

Name: FAMILY PLANNING ASSOCIATES MEDICAL GROUP
Address: 1331 NORTH 7TH STREET, SUITE 225 & 215
City/State/Zip/County: PHOENIX, AZ, 85006, MARICOPA
Telephone: (602) 553-0440

License #: AC4944
Type: ABC
Medicaid #:
Administrator: ELEANOR POWELL-STANLEY, MD

INTAKE INFORMATION

Taken by - Staff: OHTON, MARGARET
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact: OHTON, MARGARET
NEWMAN, SHIRLEY
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 02/29/2016 At 15:23
Received End: 02/29/2016 At 15:23
Received by: Online
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] (Primary)	[redacted]	[redacted]	[redacted]
Link ID: 16UGTI	[redacted]		

RESIDENTS/PATIENTS/CLIENTS - No Data

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged [redacted]/2016 Time: Shift:

Standard Notes:

2016-MED119

Online complaint submitted on 2/29/16 and alleges the following:

'[redacted] after[redacted] [redacted] Probable that [redacted] for doing abortions. [redacted] Fire Department called and took [redacted] to hospital. Evidence: Records are with the [redacted] Fire Dept; [redacted] Contact: unknown Other Info: Unknown."
refer to online document
entered at 15:40 on 2/29/16//m0

Note-Colby Bower notified of online complaint at his request.//m0

3/11/16: closed complaint mailed 2567, created ltrs <3 clr

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS

Category: Other
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1508 H. 3. a. b. c. Abortion Procedures

A medical director shall ensure that if a viable fetus shows signs of life resuscitative measures are used to support life; the viable fetus is transferred as required in R9-10-1509; and resuscitative measures and the

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transfer are documented.

(R9-10-1509 Patient Transfer and Discharge A. 2. A medical director shall ensure that a viable fetus requiring emergency care is tranferred to a hospital; and documentation of a medical evaluation, treatment given, and laboratory and diagnostic information is transferred with a patient.)

Complainant alleges the [redacted] after a [redacted]

Findings Text: The Surveyor conducted an unannounced onsite review with the following documents for the allegation:

1. Medical record which included:
   a. State of Arizona Informed Consent form dated [redacted]/16
   b. Statement of Patient Rights form dated [redacted]/16
   c. Patient Privacy Notice form dated [redacted]4/16
   d. Patient Information dated [redacted]16
   e. State Driver License (not a minor)
   f. Counseling Information form dated [redacted]16
   g. Pre-Operative Assessment form dated [redacted]/16
   h. Consent for Digoxin Injection form dated [redacted]16
   i. Certification Abortion based on Gender or Race form dated [redacted]/16
   j. Ultrasound Certification to view the Ultrasound image and hear the fetal heartbeat form dated [redacted]/16
   k. Declaration that abortion is not being performed on the basis of sex or race form dated [redacted]16
   L. Pre-operative Assessment form dated [redacted]5/16
   m. Medical history form dated [redacted]4/16
   n. Consent for surgical abortion dated [redacted]/16
   o. Consent for Insertion of Osmotic Dilators dated [redacted]16
   p. Osmotic Dilator insertion form dated [redacted]5/16
   q. Physician's Orders dated [redacted]/16
   r. Procedure note dated [redacted]/16
   s. Recovery record dated [redacted]/16
   t. Addendum notes dated [redacted]/16 and [redacted]/16 documentation of conversation with Medical Examiner Investigator
   u. One day post operative visit note dated [redacted]/16
   v. Obstetrical Ultrasound data report based on Hadlock references dated [redacted]/16
   w. Ultrasound reports dated [redacted]/16, [redacted], & [redacted]/16
   x. 24 hour call back record dated [redacted]/16
   y. Consent for disposal of pregnancy remains dated [redacted]/16
   z. DMPA progress note dated [redacted]/16

2. Clinic policy and procedures for:
   a. Abortion Procedures-Consents dated 10/23/10
   b. Pre-Abortion Ultrasound dated 8/22/13
   c. Abortion Based on Gender or Race dated 7/20/11
   d. Abortion Procedures-Preoperative Assessment dated 11/30/13
   e. Abortion Procedures-Rh status dated 10/17/10
   f. Abortion Procedures-Recovery and Discharge dated 7/28/14
   g. Abortion Procedures-Follow-up dated 10/23/10
   h. Duty to Promote Life of Fetus or Embryo Delivered Alive dated 6/6/13
   i. Medication Abortion procedure dated 7/20/11
   j. Surgical Abortion procedure revised date 3/2/16

3. Preventive Maintenance records of all clinic patient care equipment from 2015-2016

4. Interviews with the following clinic staff:
   a. Ob-GYN physician #1, Medical Director
   b. Ob-GYN physician #2
   c. Employee #3
   d. Employee #4
   e. Employee #5

5. Review of the Arizona Department of Health Services website "A Women's Right to Know Act" estimated embryo and fetal growth information related to activity and survivability. Review of characteristics of a 20 week fetus revealed "...Lungs not developed to permit survival...length is 6 to 7 inches...22 weeks...reflexes present...little chance for survival outside uterus...approximately 1 pound...7 to 8 inches...."

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6. Review of the Arizona Revised Statute 36-2301.02 A. revealed: "...a person shall not knowingly perform an abortion after twelve weeks gestation unless the person estimates the gestational age of the fetus based on biparietal diameter (BPD) and femur length (FL) according to the hadlok measurement system...."
On [redacted]/16 the ultrasound performed to estimate gestational age revealed: "...BPD [redacted] average ultrasound age..[redacted]"
OB-GYN physician #2 verified, during an interview on 3/1/16, that the algorithm of the ultrasound units is the hadlok measurement.

Review of the medical record revealed allegation event occurred on Friday, [redacted]/16 at ~13:39 hours.

Timeline of events:

Patient #1 had a obstetrical history of [redacted] with [redacted] There was no history of [redacted] for this pregnancy.

OB-GYN physician #1 verified, during an interview on 3/4/16, the time frame for a first trimester is up to 11 weeks and 6 days; a second trimester over 12 weeks and 0 days, and third trimester is 24 weeks and 0 days.

On [redacted]/16 patient #1 presented for pre-abortion preparation which included State mandated information, laboratory testing, initial pre-operative assessment, and initial ultrasound for EGA which was measured at [redacted] and confirmed by OB-GYN physician #1.

On [redacted]16 she presented for completion of additional procedure consent forms, pre-operative assessment prior to insertion of osmotic dilators.

On [redacted]/16 patient #1 presented for the surgical abortion procedure and post procedure ultrasound. Patient #1 arrived to the reception area in [redacted]. She was immediately taken back to the procedure room and readied for the procedure. A pre-procedure ultrasound confirmed [redacted] As the preparation for the procedure continued patient #1 had a [redacted] of a [redacted] It took employee #5 approximately one to two minutes to remove the [redacted] from the delivery table area to the weight room.

Employee #5 verified, during an interview on 3/4/16, that she was [redacted]. [redacted] activity was visible through the [redacted]

At approximately 13:39 OB-GYN physician #1 and employee #4 were contacted for assistance. The [redacted] was [redacted].

At approximately 13:40 the OB-GYN physician #1 placed a call to the local hospital to advise of transport of [redacted] with possible signs of life[redacted]

Emergency Medical Technicians (EMTs) arrived and requested an ultrasound to verify if [redacted] were present. OB-GYN physician #1 using the transabdominal transducer (only ultrasound unit available) verified no [redacted] were visualized or audible. The EMTs contacted their base hospital and were instructed to [redacted] and transport.

OB-GYN physician #1 received a call back from the hospital emergency department nurse originally contacted at 13:40 and was informed the [redacted] efforts had continued for approximately 10 minutes.

Summary:

The allegation the [redacted] can not be substantiated. There are no rule violations.

SURVEY INFORMATION

Event ID	Start Date	Exit Date	Team Members	Staff ID
MZRN11	03/01/16	03/07/16	Ohton, Margaret	30966
			Newman, Shirley	12291

Intakes Investigated: AZ00133913(Received: 02/29/2016); AZ00130371(Received: 07/21/2015)

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SUMMARY OF CITATIONS:

Event ID	Exit Date	Tag
MZRN11	03/07/2016	
		State - Not Related to any Intakes
		Y0000-Initial Comments

EMTALA INFORMATION - No Data

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Schedule Onsite Visit	03/01/2016	03/01/2016	03/07/2016	NEWMAN, SHIRLEY
Telephone Contact - Complainant	03/01/2016		03/01/2016	OHTON, MARGARET
Complaint Initiated	03/01/2016		03/04/2016	NEWMAN, SHIRLEY
Schedule Onsite Visit	03/01/2016	03/01/2016	03/07/2016	OHTON, MARGARET
Complaint Initiated	03/01/2016		03/04/2016	OHTON, MARGARET
Letter to Complainant	03/11/2016		03/11/2016	REAL, CONNIE

INVESTIGATIVE NOTES

An Entrance Conference was conducted on 3/1/16 with Dr. Stanley and Dr. Isaacson. The purpose of the survey was identified. The Notice of Inspection Rights was reviewed with the provider and signed by the provider and surveyor Team Lead. A review of the planned survey process was reviewed to include a list of documents that would be required as a part of the investigation. The provider was informed that if at anytime during the survey process the provider has questions or information that would assist with the survey to please let the surveyor know. The provider was informed that the details of the allegations could not be shared at this time. The provider was informed that areas of concern would be communicated throughout the survey process and they would be given an opportunity to present information to the surveyors. The provider was told there would be an exit conference at the end of the survey that would reveal the findings found during the investigation.

An Exit Conference was conducted on 3/7/16 with the Office Manager. The allegations of the complaint were shared with the provider which were related to Abortion Procedures. The survey process included document review and interviews that resulted in the Department not being able to substantiate the allegations of the complaint. The provider was given an opportunity to ask questions related to the survey results. This will close the complaint investigation.

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
03/11/2016	MED ALLEGA UNSUB COMPLAINANT FIND LTR/Facility
03/11/2016	MED PHX UNSUB FACILITY FINDINGS LETTER/Facility
03/11/2016	MED COMPLAINT NO DEF COVER LTR/Facility

PROPOSED ACTIONS

Proposed Action	Proposed Date	Imposed Date	Type
State Only Actions	03/11/2016		Federal

Closed: 03/11/2016 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Printed: 10/25/2019 2:36:11PM
Due Date: 09/04/2015
Priority: Non-IJ Medium

Intake ID: AZ00130371
Facility ID: MED4431 / ABC
Provider Number:
Mgmt.Unit: MED

ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: FAMILY PLANNING ASSOCIATES MEDICAL GROUP
Address: 1331 NORTH 7TH STREET, SUITE 225 & 215
City/State/Zip/County: PHOENIX, AZ, 85006, MARICOPA
Telephone: (602) 553-0440

License #: AC4944
Type: ABC
Medicaid #:
Administrator: ELEANOR POWELL-STANLEY, MD

INTAKE INFORMATION

Taken by - Staff: OHTON, MARGARET
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact: OHTON, MARGARET
NEWMAN, SHIRLEY
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 07/20/2015 At 14:04
Received End: 07/21/2015 At 14:04
Received by: Written
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] (Primary) Link ID: 15XUNP	[redacted]	[redacted]	

RESIDENTS/PATIENTS/CLIENTS

Name	Admitted	Location	Room	Discharged	Link ID
[redacted]					2215560

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged [redacted]/2015 Time: Shift:
Standard Notes:

Written complaint received on 7/15/15 and alleges the following:

Primary complaint: Medication services;

Complainant reports sedation medication did not work during her procedure. Level of pain and discomfort was not minimal.

Complainant reports medication was administered via IV then procedure was started. The type of injection is not identified.

refer to attachment: 2 page letter

PATIENT: [redacted] DOB: not provided

entered at 14:11 on 7/20/15//m0

07/21//2015: crated receipt ltr today <3 clr

1/5/16 UPDATE
Complainant reports no additional information to add. She reports she did meet with the physician after the procedure. Also reports she is suffering from [redacted].//m0

3/11/2016: closed complaint mailed 2567, created ltrs <3 clr

ACTS Complaint/Incident Investigation Report

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS

Category: Resident/Patient/Client Rights
Subcategory:
Seriousness:
Findings: Unsubstantiated:Lack of sufficient evidence
Details: R9-10-1507. Patient Rights

A licensee shall ensure that a patient is afforded the following rights, and is informed of these rights: To be informed of proposed medical or surgical procedures, associated risks, possible complications, and alternatives.

The patient was told during the initial consultation visit that she would be sedated and would not remember much of the procedure. The sedatives did not work and the patient was very anxious and in pain during and after the procedure. Neither the physician nor the staff assessed and addressed the patient's pain or anxiety.

Findings Text: The complainant was contacted by telephone on 01/05/2016.

An onsite investigation was conducted on 03/01/2016 and included:

1. Review of the patient's clinical record.
2. Interview with the physician who performed the procedure.
3. Review of written communication to and from the patient.

The two-page Consent for Surgical Abortion form included documentation of "Other Risks" of the procedure including "an emotional reaction after the abortion."

Documentation in the clinical record revealed the patient received the following medications just prior to the procedure:

[redacted] This is classified as a [redacted] used for preoperative sedation to induce sleepiness/drowsiness and relieve apprehension.
[redacted]. This is classified as an [redacted] used to relieve moderate to severe pain.
[redacted] This is classified as a strong but short-acting [redacted] used for analgesia during anesthesia and also has an amnesic effect.

The actual procedure lasted approximately ten minutes. There was no documentation in the record that the patient expressed to the physician or the staff that she was in pain during the procedure. There was documentation that the patient was assessed to have "mild pain" in the recovery area.

The physician who performed the procedure stated during an interview on 03/01/2016 that he had been made aware of the patient's concern through another physician and was "surprised." He recalled the patient's situation and that the patient did not express a concern of lack of caring or empathy on his part or the part of the staff. He stated patients receive conscious sedation only and are awake during the procedure and that this is explained to them prior to the procedure. He reported he and the Medical Director reached out to the patient both in writing and then in person to discuss her concerns and answer her questions.

There were no rule violations identified during this investigation.

SURVEY INFORMATION

Event ID	Start Date	Exit Date	Team Members	Staff ID
MZRN11	03/01/16	03/07/16	Ohton, Margaret	30966
			Newman, Shirley	12291

Intakes Investigated: AZ00133913(Received: 02/29/2016); AZ00130371(Received: 07/21/2015)

Americans United for Life

ACTS Complaint/Incident Investigation Report

SUMMARY OF CITATIONS:

Event ID	Exit Date	Tag
MZRN11	03/07/2016	
		State - Not Related to any Intakes
		Y0000-Initial Comments

EMTALA INFORMATION - No Data

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Letter to Complainant	07/21/2015		03/17/2016	REAL, CONNIE
Telephone Contact - Complainant	01/05/2016		03/17/2016	OHTON, MARGARET
Complaint Initiated	03/01/2016	03/01/2016	03/17/2016	NEWMAN, SHIRLEY
Schedule Onsite Visit	03/01/2016	03/01/2016	03/07/2016	OHTON, MARGARET NEWMAN, SHIRLEY
Letter to Complainant	03/11/2016		03/17/2016	REAL, CONNIE

INVESTIGATIVE NOTES

An Entrance Conference was conducted on 03/01/2016 with Dr. Stanley and Dr. Isaacson. The purpose of the survey was identified. The Notice of Inspection Rights was reviewed with the provider and signed by the provider and the surveyor Team Lead. A review of the planned survey process was reviewed to include a list of documents that would be required as a part of the investigation. The provider was informed that if at anytime during the survey process the provider has questions or information that would assist with the survey to please let the surveyor know. The provider was informed that the details of the allegations could not be shared at this time. The provider was informed that areas of concern would be communicated throughout the survey process and they would be given an opportunity to present information to the surveyors. The provider was told there would be an exit conference at the end of the survey that would reveal the findings found during the investigation.

An Exit Conference was conducted on 3/7/16 with the Office Manager. The allegations of the complaint were shared with the provider which were related to Patient Rights. The survey process included document review and interviews that resulted in the Department not being able to substantiate the allegations of the complaint. The provider was given an opportunity to ask questions related to the survey results. This will close the complaint investigation.

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
07/21/2015	MED COMPLAINANT RECEIPT LTR/Complainant
03/11/2016	MED ALLEGA UNSUB COMPLAINANT FIND LTR/Facility
03/11/2016	MED PHX UNSUB FACILITY FINDINGS LETTER/Facility
03/11/2016	MED COMPLAINT NO DEF COVER LTR/Facility

PROPOSED ACTIONS

Proposed Action	Proposed Date	Imposed Date	Type
State Only Actions	03/11/2016		Federal

Closed: 03/11/2016 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Printed: 10/25/2019 2:36:51PM
Due Date:
Priority: No Action Necessary

Intake ID: AZ00115794
Facility ID: MED4431 / ABC
Provider Number:
Mgmt.Unit: MED

ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: FAMILY PLANNING ASSOCIATES MEDICAL GROUP
Address: 1331 NORTH 7TH STREET, SUITE 225 & 215
City/State/Zip/County: PHOENIX, AZ, 85006, MARICOPA
Telephone: (602) 553-0440

License #: AC4944
Type: ABC
Medicaid #:
Administrator: ELEANOR POWELL-STANLEY, MD

INTAKE INFORMATION

Taken by - Staff: ZYLSTRA, MONICA
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact:
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 06/06/2013 At 12:59
Received End: 08/23/2013 At 12:59
Received by: Media
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] (Primary)			

Link ID: 13XP1H

RESIDENTS/PATIENTS/CLIENTS - No Data

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged [redacted]/2012 Time: Shift:

Standard Notes: On line story, YouTube video and CNN story- allegation of a deficient practice.
Live Action group alleges that comments on the tape from the doctor and counselor at the facility suggests some fetuses may show signs of life after being removed- accusing staff of committing infanticide
Clinic officials dismiss the claims.
Story/video features a woman who is [redacted] visiting abortion clinics and asking questions to the medical staff about the procedure.
Please attach documents to intake./mz

08/23/2013: Discussions with

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS - No Data

EMTALA INFORMATION - No Data

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Letter to Complainant	08/30/2013		08/30/2013	ORONA, MARCELLA

INVESTIGATIVE NOTES - No Data

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

Americans United for Life

ACTS Complaint/Incident Investigation Report

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
08/30/2013	ADHS - CASE DISPOSITION FORM/Complainant
08/30/2013	MED COMPLAINANT RECEIPT LTR/Complainant
08/30/2013	MED PHX CASE DISPOSITION/Complainant

PROPOSED ACTIONS - No Data

Closed: 08/30/2013 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Americans United for Life

Printed: 10/25/2019 2:37:27PM
Due Date:
Priority: No Action Necessary

Intake ID: AZ00116453
Facility ID: MED4431 / ABC
Provider Number:
Mgmt.Unit: MED

ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: FAMILY PLANNING ASSOCIATES MEDICAL GROUP
Address: 1331 NORTH 7TH STREET, SUITE 225 & 215
City/State/Zip/County: PHOENIX, AZ, 85006, MARICOPA
Telephone: (602) 553-0440

License #: AC4944
Type: ABC
Medicaid #:
Administrator: ELEANOR POWELL-STANLEY, MD

INTAKE INFORMATION

Taken by - Staff: ZYLSTRA, MONICA
Location Received: MED - PHOENIX
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact:
RO Contact:
Responsible Team: MED - PHOENIX
Source: [redacted]

Received Start: 06/28/2013 At 13:07
Received End: 06/28/2013 At 13:07
Received by: Written
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
[redacted] (Primary)			

Link ID: 02UIWZ

RESIDENTS/PATIENTS/CLIENTS - No Data

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged:
Time:
Shift:

Standard Notes: Complaint of unlicensed care.

Please attach document to intake.

Please send attestation letter per Connie Belden./mz

07/02/13: After further review this is part of services provided under "Family Planning Associates." Which is licensed clinic. CASE DISPOSTION.- KM-

07/05/2013: All documents have been scanned in and attached to Complaint Intake AZ00116453.//Marcie
** Also Complaint was moved from MED5341 to MED4431** MED5341 has been closed. //Marcie

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS - No Data

EMTALA INFORMATION - No Data

ACTIVITIES

Type	Assigned	Due	Completed	Responsible Staff Member
Letter to Complainant	07/02/2013		07/05/2013	ORONA, MARCELLA
Letter to Complainant	07/05/2013		07/05/2013	ORONA, MARCELLA

INVESTIGATIVE NOTES - No Data

CONTACTS - No Data

ACTS Complaint/Incident Investigation Report

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

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

Reason for Restraint:
Cause of Death:

NOTICES

Letters:

Created	Description
07/05/2013	ADHS - CASE DISPOSITION FORM/Complainant
07/05/2013	MED COMPLAINANT RECEIPT LTR/Complainant
07/05/2013	MED PHX CASE DISPOSITION/Complainant

PROPOSED ACTIONS - No Data

Closed: 07/05/2013 **Reason:** Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Americans United for Life

ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

April 15, 2019

Deshawn Taylor
Desert Star Family Planning, LLC
5501 North 19th Avenue, Suite 420
Phoenix, Arizona 85015

RE: **AC9469**
Desert Star Family Planning, LLC
5501 North 19th Avenue, Suite 420
Phoenix, Arizona 85015

Dear Deshawn Taylor:

Enclosed is the license to operate a(n) Abortion Clinic. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

REMINDER: Renewal Applications are processed via the online portal system only. It is your responsibility to register and access the online portal system to renew your license, refer to rules 9 A.A.C. 10, Article 1 regarding "renewal license application". Pursuant to Arizona Revised Statutes (A.R.S.) 36-425 (C)(2), a health care institution's license becomes invalid if the fees are not paid before the licensing fee due date. It is a violation of A.R.S. 36-407(a) to operate a health care institution without a current and valid license. Once your license is no longer valid, an initial application is required to recommence operations.

Sincerely,

William Alcock, R.N., J.D.
Bureau Chief
Bureau of Medical Facilities Licensing

WA:jd

Americans United for Life

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	08/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 000	Initial Comments The following deficiency was cited during the unannounced State Complaint investigation conducted on 8/15/16 through 8/19/16 for intake AZ00135890, Event #T22X11. _____ ADHS Representative Date	Y 000		
Y1472	R9-10-1508.I.1 Abortion Procedures R9-10-1508. Abortion Procedures I. A medical director shall ensure that following the abortion procedure: 1. A patient's vital signs and bleeding are monitored by a physician, nurse, registered nurse practitioner, physician assistant, or, if a physician is able to provide direct supervision as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, as applicable, a medical assistant under the direct supervision of the physician to ensure the patient's health and safety; and This RULE is not met as evidenced by: Based on a review of facility policy and procedure, unredacted medical records, and staff interview, the Department determined the staff failed to monitor and document vital signs and degree of bleeding for 1 of 4 patients (patient #3) from 11:15 to 12:03, 47 minutes. Findings include: Review of facility policy "FIRST TRIMESTER	Y1472		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 10/03/16

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	08/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y1472	Continued From page 1 SURGICAL ABORTION" revealed "...Postoperative/Recovery Orders...Baseline vitals and q (every) 10 minutes until stable for discharge...Check pad to evaluate bleeding prior to discharge...PO (per os) challenge...discontinue IV prior to discharge...." Review of unredacted medical record for 1 of 4 patients (patient #3) revealed: "...0930 IV Started by RN #5... 958 procedure #1 started... 1045 to recovery room...BP (blood pressure) [redacted] HR (heart rate) [redacted] (respiratory rate) [redacted] Pain score [redacted] 1050 patient (#3) tolerated PO intake... 1106 minimal bleeding noted at pad check...Pain score [redacted] 1115 heplock removed by RN #3...discharged... 12:03 procedure #2... 1213 BP [redacted] HR [redacted] [redacted] Pain score [redacted] 1230 discharge time...." There is no documentation in the medical record identifying why it is documented that patient #3 was discharged at 11:15. There is no documentation in the medical record identifying why the nursing staff did not record any vital signs or assess the degree of bleeding from 11:15 to 12:03 for patient #3. RN #3 verified, during an interview conducted on 8/16/16, that she does not have any recall of caring for patient #3's after the first or second abortion procedure. Medical Director #1 verified, during an interview conducted on 8/16/16, that patient #3 remained in the facility after the first abortion procedure and was discharged at 1230, after the second	Y1472		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	08/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y1472	Continued From page 2 procedure. Medical Director #1 verified, during an interview conducted on 8/16/16, that there is no documentation of care provided to patient #3 while in the recovery room for 47 minutes.	Y1472		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	R 10/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
{Y 000}	Initial Comments Based on an acceptable Plan of Correction (POC) submitted to the Arizona Department of Health Services on October 11, 2016, no follow up on site survey was conducted for the State Complaint Investigation survey Event # T22X12, Intake # AZ00135890. _____ ADHS Representative Date	{Y 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 10/20/16

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 000	Initial Comments The following deficiencies were cited during the State Complaint Investigation conducted on 5/24/16 through 5/31/16 for Event #4WHG11 and Intake #AZ00135317. _____ ADHS Representative Date	Y 000		
Y 420	R9-10-1503.C.2 Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are established, documented, and implemented for: 2 Individuals qualified to provide counseling in the abortion clinic and the amount and type of training required for an individual to provide counseling; This RULE is not met as evidenced by: Based on a review of facility policy and procedures, job descriptions, personnel records, and staff interviews, the Department determined the medical director failed to establish a policy identifying the amount of education and training required before 2 of 6 RNs (#5 & #9) provide counseling to patients. Failure to have a counseling policy and procedure may put patients health and safety at risk as they may not be provided with accurate procedure information by qualified staff. Findings include: The Surveyor requested the facility policy and procedure delineating the level of education and	Y 420		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 08/29/16

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 420	Continued From page 1 training required before staff may provide pre-abortion counseling to clinic patients. None was provided. Review of facility job descriptions for RNs does not identify pre-abortion counseling as one of their duties. Review of personnel records for 2 of 6 RNs (#5 & #9) revealed no documentation of counseling education and training. RNs #5 and #9 verified, during an interview on 5/23/16, that both of them are providing counseling to pre-abortion patients. The licensee verified, during an interview conducted on 5/23/16, that there is no formal facility policy that delineated a counseling training program for staff. The medical director, verified on 5/23/16 that the facility does not have a counseling training policy and procedure in place.	Y 420		
Y 436	R9-10-1503.C.6.d Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are established, documented, and implemented for: 6. Abortion procedures including recovery and follow-up care; and the minimum length of time a patient remains in the recovery room or area based on: d. The physiologic signs including vital signs and blood loss;	Y 436		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 436	Continued From page 2 This RULE is not met as evidenced by: Based on a review of facility policy and abortion procedures, and staff interviews, the Department determined the medical director did not define what constitutes a stable discharge. Failure to define what is a stable discharge may put patients at risk for being discharged before they have not fully recovered from the sedation and abortion procedure. Findings include: The Surveyor requested the policy delineating the criteria for a stable discharge, relative to vital signs, degree of bleeding, pain level, and level of consciousness. None was provided. Review of facility procedure form "FIRST TRIMESTER SURGICAL ABORTION" reviewed/updated August 2014 revealed: "...Postoperative/Recovery Orders: Baseline vitals and q (every) 10 minutes until stable for discharge...check pad to evaluate bleeding prior to discharge...PO (per os-by mouth) challenge...." Review of facility procedure form "SURGICAL AB < (less than) 12 WEEKS" revealed: "...Baseline vitals and q 10 minutes until stable for discharge...Check pad to evaluate bleeding prior to discharge...PO challenge...24 hour call back accepted/declined...Follow-up appointment scheduled/declined...." Review of facility procedure form "D & E (DAY 2 16-24 WKS)" revealed: "...Postoperative/Recovery Orders...Baseline vitals and q 10 minutes until stable for discharge...Check pad to evaluate bleeding prior to discharge...PO challenge...."	Y 436		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 436	Continued From page 3 The medical director verified, during an interview on 5/25/16, there is no policy and procedure defining the criteria for a stable discharge.	Y 436		
Y 438	R9-10-1503.C.7 Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are established, documented, and implemented for: 7. Infection control including methods of sterilizing equipment and supplies; This RULE is not met as evidenced by: Based on a review of facility policy and procedure, autoclave log book, and staff interviews, the Department determined the licensee failed: 1. to ensure the facility Midmark M11 autoclave was maintained according to facility policy and manufacturer's instructions for use (IFU) with related documentation; and 2. to ensure the integrity of the loaner autoclave (over 7 calendar days) was verified before the loaner autoclave was used to sterilize equipment used in patient procedures. Failure to maintain equipment per policy and manufacturer's IFU poses a risk to the health and safety of a patient as the integrity of the autoclave unit and sterilization process cannot be verified. Findings include: #1 Review of facility policy and procedure	Y 438		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 438	Continued From page 4 "...STERILIZATION PRACTICES FOR AUTOCLAVE..." updated April 2016 revealed: "...The delivery of sterile products for use for our patient care depends not only on the effectiveness of the sterilization process but also on the...decontamination, disassembling and packaging of the device...monitoring, sterilant quality and quantity, and the appropriateness of the cycle for the load contents, and other aspects of device reprocessing...Ensuring consistency of sterilization practices requires a comprehensive program...Quality control...Equipment may be serviced when purchased, annually and as needed...Steam Indicator Test...Spore Test Weekly...Spore check monthly...Autoclave quality control log...The use of an autoclave log book is recommended for each autoclave...Prior to autoclaving any items...users fill in all required information...Weekly log...Date the spore test is done...Write whether it passed or failed...Initials of who is performing the test...Monthly...Date cleaned and spore check conducted...initials of person conducting the test...Record date results came in ...Record results...Initials of person recording result...." Review of facility policy and procedure "...AUTOCLAVE CLEANING..." revealed: "..."WEEKLY...MONTHLY...QUARTERLY...." preventive maintenance procedures. Review of the manufacturer's IFU revealed: "...WEEKLY...MONTHLY...." preventive maintenance procedures. There are no quarterly procedures identified in the manufacturer's IFU. The facility policy and procedure for the autoclave care and maintenance do not reflect the	Y 438		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 438	Continued From page 5 manufacturer's IFU. Review of facility autoclave log book "...AUTOCLAVE WEEKLY CLEANING..." revealed no documentation of monthly or quarterly cleaning of the M11 autoclave unit. #2 Review of the facility "...AUTOCLAVE WEEKLY CLEANING/SELF-CONTAINED STEAM BI TEST VIAL QC LOG..." revealed on 4/25/16 the "...autoclave was not working...." The Surveyor requested the facility policy and procedure delineating the preventive maintenance procedure and spore verification process for accepting a loaner autoclave. None was provided. The Surveyor requested documentation identifying the name of the loaner autoclave, the most recent cleaning, and spore testing performed on the loaner autoclave before it was used over the seven (7) calendar days to sterilize patient equipment. None was provided. The licensee and employee #4 verified, in an interview conducted on 5/25/16 at 10:19, that 1. the facility policy and procedure for the autoclave preventive maintenance does not align with the manufacturer's IFU; 2. there is no documentation of the monthly cleaning procedure; and 3. there is no documentation any preventive maintenance was performed on the loaner autoclave unit by the lending facility or employee #4 after it was accepted into the facility.	Y 438		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 604	Continued From page 6	Y 604		
Y 604	R9-10-1504.A.2 Incident Reporting R9-10-1504. Incident Reporting A. A licensee shall ensure that the Department is notified of an incident as follows: 2. For a serious injury, written notification within 10 calendar days after the date of the serious injury. This RULE is not met as evidenced by: Based on review of Incident/Adverse records, and staff interviews, the Department determined the licensee failed to notify the Department when 1 of 6 patients (patient #3) had a serious complication post surgical procedure. Failure to notify the Department may put patient health and safety at risk due to a lack of oversight by the licensing agency; as to whether this complication was a result of a failure to following their policy and procedures. Findings include: Staff interviews were conducted on 5/24/16. Two (2) of six (6) RNs were on duty during the onsite visit. During the interview RN #5 revealed they recently transferred a patient to a local hospital after she suffered a post operative complication following a surgical abortion, a perforated uterus. The Surveyor requested a copy of the incident report submitted to the Arizona Department of Health Services. None was provided. The licensee/Medical Director verified, during an interview conducted on 5/24/16, that a report of a serious injury to 1 of 6 patients (patient #3) was not submitted to the agency providing oversight to this clinic.	Y 604		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 824	Continued From page 7	Y 824		
Y 824	R9-10-1505.5.b Personnel Qualifications and Records R9-10-1505. Personnel Qualifications and Records A licensee shall ensure that: 5. A personnel file for each member of the patient care staff and each volunteer is maintained either electronically or in writing and includes: b. Verification of qualifications, training, or licensure, as applicable; This RULE is not met as evidenced by: Based on review of facility job descriptions, personnel files, and staff interviews, the Department determined the licensee failed to ensure current ACLS (Advanced Cardiac Life Support) training for 3 of 6 registered nurses (RN) (#6, #8, and #9) as required per facility job description. A patients quality of life may be altered if they have a pre or post emergency procedure and the nurses are not currently trained in ACLS procedures. Findings include: Review of the facility job description for a "REGISTERED NURSE" dated 8/13/15 revealed: "Registered Nurse Job Duties...Inform physician of patient's condition...Education and Experience...Current...ACLS...." Review of the personnel files for 6 of 6 RNs revealed 3 of 6 nurses (#6, #8, and #9) did not have documentation of current ACLS training. The licensee verified on 5/24/16, that 3 of 6 RNs (#6, #8, and #9) are not currently certified in	Y 824		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 824	Continued From page 8 ACLS as required in their job description.	Y 824		
Y 826	R9-10-1505.5.c Personnel Qualifications and Records R9-10-1505. Personnel Qualifications and Records A licensee shall ensure that: 5. A personnel file for each member of the patient care staff and each volunteer is maintained either electronically or in writing and includes: c. Documentation of cardiopulmonary resuscitation certification, as applicable; This RULE is not met as evidenced by: Based on review of facility job descriptions, personnel files, and staff interviews, the Department determined the licensee failed: 1. to ensure 1 of 6 RNs (#8) is currently trained in Cardiopulmonary resuscitation (CPR); and 2. 2 of 7 Medical Assistants (MA) (#3 and #7) are currently trained in CPR as required per facility job description. When the nurse and medical assistants do not have current training in CPR it poses a risk to a patient's quality of life when the staff may not able to provide immediate emergency assistance if needed. Findings include: 1. Review of facility job description for a "REGISTERED NURSE" dated 8/13/15 revealed: "...Registered Nurse Job Duties...Inform physician of patient's condition...Education and Experience...Current BLS/CPR...."	Y 826		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 826	Continued From page 9 Review of the personnel files for 6 of 6 RNs revealed 1 of 6 RNs (#8) did not have documentation of a current BLS/CPR certification. Review of the facility job description for a "MEDICAL ASSISTANT-BACK OFFICE/LABORATORY" dated 2/27/16 revealed: "...Education and Experience...BLS (Basic Life Support)/CPR certification...." Review of the facility job description for a "BILINGUAL MEDICAL ASSISTANT-FLOAT" dated 3/8/16 revealed: "...Education and Experience...BLS/CPR certification...." Review of the personnel files for 7 of 7 MAs revealed 2 of 7 assistants (#3 and #7) did not have documentation of current BLS/CPR certification. The licensee verified on 5/24/16, that 1 of 6 RNs (#8) and 2 of 7 MAs (#3 and #7) are not currently certified in BLS/CPR as required in their job description.	Y 826		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	R 08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
{Y 000}	Initial Comments Based on an acceptable Plan of Correction (POC) submitted to the Arizona Department of Health Services (ADHS) on 8/22/16 for Event #4WHG11, no onsite State Complaint investigation follow up survey was conducted. _____ ADHS Representative Date	{Y 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 09/01/16

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	08/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 000	Initial Comments Based on a deficiency free compliance survey conducted on 10-30-14 for the licensing period of 09-01-14 through 08-31-15, the Department will issue the annual license for the licensing period of 09-01-15 through 08-31-16 without an onsite compliance survey according to ARS 36.425.E. _____ ADHS Representative Date	Y 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	10/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
Y 000	Initial Comments There were no deficiencies cited during the Compliance Survey conducted on 10/22/14, 10/24/14 and 10/30/14. _____ ADHS Representative Date	Y 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC9469	A. BUILDING: _____ B. WING _____	09/26/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT STAR FAMILY PLANNING, LLC	5501 NORTH 19TH AVENUE, SUITE 420 PHOENIX, AZ 85015

(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
A 000	Initial Comments The facility was found to be in substantial compliance with the OTC-Abortion clinic rules, R9-10-1501, during the onsite initial survey conducted on 9/25/2013. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ARIZONA DEPARTMENT OF HEALTH SERVICES
LICENSING

Division of Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

November 5, 2018

Gabrielle Goodrick, Administrator
Camelback Family Planning
4141 North 32nd Street, Suite 105
Phoenix, AZ 85018

RE: AC5013
Camelback Family Planning
4141 North 32nd Street, Suite 105
Phoenix, AZ 85018

Dear Ms. Goodrick:

Enclosed is the license to operate a(n) Abortion Clinic. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

REMINDER: Renewal Applications are processed via the online portal system **only**. It is your responsibility to register and access the online portal system to renew your license, refer to rules 9 A.A.C. 10, Article 1 regarding "renewal license application". Pursuant to Arizona Revised Statutes (A.R.S.) 36-425 (C)(2), a health care institution's license becomes invalid if the fees are not paid before the licensing fee due date. It is a violation of A.R.S. 36-407(a) to operate a health care institution without a current and valid license. Once your license is no longer valid, an initial application is required to recommence operations.

Sincerely,

William Alcock, R.N., J.D.
Bureau Chief
Bureau of Medical Facilities Licensing

WA:das

Americans United for Life

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC5013	A. BUILDING: _____ B. WING _____	07/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

(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
Y 000	Initial Comments The following deficiencies were cited during the State Compliance survey conducted on 6/20/16, 6/21, & 6/23/16, with additional documentation provided on 7/2/16, 7/6, & 7/7/16 (Event #YX5P11). _____ ADHS Representative Date	Y 000		
Y 418	R9-10-1503.C.1 Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are established, documented, and implemented for: 1. Personnel qualifications, duties, and responsibilities; This RULE is not met as evidenced by: Based on a review of facility policy and procedure, personnel files, and staff interviews, the Department determined medical director #1 failed to implement a method, for 4 of 7 registered nurses' (RNs) (#2, #3, #5, & #7) providing moderate sedation, to demonstrate specific competencies for conscious sedation as required by policy. Failure to have demonstrated competencies poses a risk to health and safety. Findings include:	Y 418		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 09/02/16

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC5013	A. BUILDING: _____ B. WING _____	07/07/2016

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CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

(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
Y 418	Continued From page 1 Review of facility policy "MODERATE SEDATION, NON-ANESTHESIA PERSONNEL" review dated: 10/22/15 by medical director #1 revealed: "...All RN's WILL EVALUATED (sic) WHEN HIRED...They must Demonstrate competency in the following: UNDERSTANDING THE DIFFERENCES IN LEVEL OF SEDATION...Minimal...Moderate...Deep...Desired Patient Outcomes for...MODERATE SEDATION...Undesirable Patient Outcomes for Moderate Sedation...THE OBJECTIVES OF MODERATE SEDATION... STAFFING...Moderate intravenous sedation requires the continuous presence of a physician who is qualified and credentialed to provide moderate sedation...qualified licensed professional (R.N.), with at least BLS (basic life support) and usually Advanced Cardiac Life Support (ACLS) certification, trained to administer moderate sedation under the supervision of the physician... PERSONNEL... LICENSED PROFESSIONALS...The following criteria must be met by all licensed professionals responsible for a patient receiving sedation and analgesia...Have demonstrated competency in recognizing an airway obstruction and be proficient in the skills of basic life support...Be able to rescue from deep sedation...Be familiar with the principles of oxygen delivery and respirator physiology; have demonstrated competency in assessing the patient's physiologic parameters including, but not limited to, adequacy and rate of respiration, oxygen saturation, blood pressure, heart rate, and level of consciousness...Competent to manage a compromised airway and to provide adequate oxygenation and ventilation...." Review of facility form "DOCUMENTATION (sic)	Y 418		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC5013	A. BUILDING: _____ B. WING _____	07/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

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Y 418	Continued From page 2 OF PROFICIENCY" revealed 17 of 17 skills listed did not include moderate sedation proficiency per facility policy. RN #3 verified, during an interview conducted on 6/20/16, that the nurses only identification of training in conscious sedation is when they print out their certificate of completion from the online conscious sedation training module provided by NAF (National Abortion Federation). The facility policy failed to indicate competency was determined by competency of NAF. The surveyor requested documentation of the course description and skill assessments that are discussed and tested in the online NAF conscious sedation training module. This was to determine if program meets requirements stated in policy. None was provided. Review of the personnel files and additional documentation submitted for review on 7/7/16 revealed 4 of 7 nurses' did not have documentation of an online certificate of completion for 2015 (RN #2, #3, #5, & #7); and 3 of 7 nurses did not have documentation of an online certificate of completion for 2016 (RN #2, #5, & #7). RN #3 verified, during an interview conducted on 6/20/16, that the nurses' have to renew their conscious sedation training annually by completing the online training course provided by NAF.	Y 418		
Y 804	R9-10-1505.1.b Personnel Qualifications and Records	Y 804		

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Y 804	Continued From page 3 R9-10-1505. Personnel Qualifications and Records A licensee shall ensure that: 1. A physician who performs an abortion demonstrates to the medical director that the physician is competent to perform an abortion by: b. Observation by or interaction with the medical director; This RULE is not met as evidenced by: Based on a review of facility policy for contract physician job description, contract physician orientation, documentation policy for physicians, medical staff files, and staff interviews, the Department determined the licensee/medical director #1 failed to ensure medical director #2 demonstrated his competency in performing medical abortions. Failure to verify a physician is qualified to perform a medical abortion may result in an unexpected outcome for the patient and fetus. Findings include: Review of facility policy "CONTRACT PHYSICIAN JOB DESCRIPTION" revealed: "...Physician is responsible for performing abortion services at...according to policies and procedures of this office...I agree to adhere to the Medical protocols set forth by the Medical Director...I will provide a copy of my current Curriculum Vitae (CV) and Medical License...." Review of facility policy "CONTRACT PHYSICIAN ORIENTATION" revealed: First column "...Review patient forms...Date completed_____...	Y 804		

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Y 804	Continued From page 4 Review clinic policies & procedures...Date completed_____... Review lab manual...Date completed_____... Review Department of Protective Services, reporting child abuse & sign form once completed_____... Medical Director has verified medical skills...Date completed_____... MFX (Mifeprex) Abortion/24 hour info session/Mod. Sedation... Orientation is based on the individual's prior knowledge and experience as well as the requirements of the specific job...." The facility document did not contain a date to demonstrate when the orientation was completed. Medical Director #2 verified, during an interview conducted on 6/23/16, that he had no prior experience performing abortion procedures before coming to this facility. The following tasks have been handwritten in as part of the "CONTRACT PHYSICIAN ORIENTATION" tasks: "...MFX abortion/24 hour info session/mod. Sedation...." There is no date or signature next to the aforementioned task to indicate completion of orientation for these tasks. Medical Director #2 has signed and dated the orientation form on 10/22/15. Medical Director #1 has signed this form as the "Administrator" but failed to document a completion date. Review of facility policy "DOCUMENTATION POLICY FOR PHYSICIANS" revealed: "...A physician who performs an abortion demonstrates to the medical director that the physician is competent to perform an abortion,	Y 804		

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Y 804	Continued From page 5 prescribe and administer medication and lawfully practice medicine by: a...Submission of documentation of education and experience (CV), and b...Observation by or interaction with the medical director... c...Verification of qualifications, training, or licensure... e...Documentation of verification of competency that is signed and dated by the medical director; and f...Documentation of completion of a course as required for a physician performing ultrasounds... Responses to requirements identified above: b. Medical Director #2 verified, during an interview conducted on 6/23/16, that he does not have documentation reflecting the observation and interaction process with medical director #1 demonstrating he is competent to perform a medical abortion. c. Review of Medical Director #2's CV revealed" Anesthesiology...Work Experience... anesthesiologist for pediatric and adult special needs dental procedure...anesthesiologist for outpatient and occasional hospital surgeries...." There is no prior history of performing medical or surgical abortion procedures documented. Medical Director #1 verified, during an interview conducted on 6/21/16, that he did not perform abortions prior to working at this facility. e. 1) The surveyor requested documentation on 6/21/16 and 7/7/16 verifying medical director #2 is competent to perform medical abortions that is signed and dated by the medical director #1. None was provided.	Y 804		

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Y 804	Continued From page 6 2) The surveyor requested documentation on 6/23/16 verifying medical director #2 is competent to perform a bimanual examination and palpation of the adnexa signed and dated by medical director #1. None was provided. f. The facility ultrasound computer disk training is through "...a r m s (sic) (Affiliates Risk Management Services, Inc)...Ultrasound in Abortion Care...CME (Continuing Medical Education) Education and Ultrasound Training Program...." The surveyor requested documentation demonstrating medical director #2 has completed the ultrasound training course per facility policy. None was provided. Employee #1 and medical director #2 verified, during an interview on 7/7/16, that there is no documentation demonstrating medical director #2 is competent to perform medical abortions per facility policy identified above. Medical Director #2 verified, during an interview on 6/23/16, that he has performed over 150 medical abortions since mid-July, 2015.	Y 804		
Y1414	R9-10-1508.A.2 Abortion Procedures R9-10-1508. Abortion Procedures A. A medical director shall ensure that a medical evaluation of a patient is conducted before the patient ' s abortion is performed that includes: 2. A physical examination performed by a physician that includes a bimanual examination to estimate uterine size and palpation of adnexa; and	Y1414		

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Y1414	Continued From page 7 This RULE is not met as evidenced by: Based on a review of facility policy and procedure, redacted medical records, and staff interviews the Department determined 2 of 2 medical directors (#1 and #2) failed to perform a bimanual exam to estimate uterus size and palpate the adnexa on 6 of 6 medical abortion patients (#1, #2, #3, #4, #5, & #6). Findings include: Medical abortion: Review of facility policies "MIFEPREX PROTOCOL" revealed: "...Patient will be less than or equal to 10 weeks...She will have 24 hour informational session with the doctor and the ultrasound 24 hours before starting the Mifeprex abortion...If nothing is seen on the ultrasound, see flow sheet to manage different scenarios for nothing seen vs. (verses) gestational sac without yolk sac...Hb (hemoglobin) and RH (Rhogam) testing will be done...The chart and medical history will be reviewed for contraindications for Mifeprex per FDA (Food and Drug Administration) recommendations...." Surgical abortion: Review of facility policy "AB ORDERS" revealed: "...Pre-op...Confirm gestational age on ultrasound, review of systems, vital signs, and history of allergies to medications...Complete Pre-Op check list...Review 24 hour information session documentation/Minor consent if applicable...Review lab work: Rh factor, Hgb (hemoglobin)...." Review of facility policy "PRE-OP DAY 1: LAMINARIA INSERTION " revealed: "...Confirm gestation from ultrasound...Perform review of	Y1414		

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Y1414	Continued From page 8 systems...Obtain vital signs and history of allergies to medications ..Complete Pre-Op check list...Review documentation of 24 hour information session (and minor consent if applicable)...Review lab work: Rh factor, Hgb...." Review of facility policy "18 WEEKS GESTATION-MEDICAL INDUCTION" revealed: " ..Pre-Op Day 1: Mifeprex/Digoxin...Confirm dates from ultrasound, review of systems, vital signs, and history of allergies to medications...Complete Pre-Op check list...Review 24 hour information session documentation/Minor consent if applicable...Review lab work: Rh factor, Hgb...." The facility policy failed to require a bimanual exam and palpation of the adnexa as part of the evaluation of a patient presenting for an abortion procedure. Review of 6 of 10 redacted medical records identified 6 of 10 patients (#1, #2, #3, #4, #5, & #6) presented for a medical abortion. Review of 6 of 10 redacted medical records revealed no documentation a bimanual exam and palpation of the adnexa was performed by medical director #1 or medical director #2. Medical Director #2 and employee #1, verified during an interview on 6/23/16, that he has not performed a bimanual exam and palpation of the adnexa on any of the medical abortion procedures he has performed since mid-July, 2015. Medical Director #2 reports he has performed over 150 medical abortion procedures at this facility. Medical Director #2 verified, during an interview conducted on 7/7/16, that documentation of competency, signed off by medical director #1 or	Y1414		

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Y1414	Continued From page 9 designee, attesting to his competency in performing this procedure was not provided. RN # 4 verified, in an interview conducted on 6/23/16, that a bimanual exam and palpation of the adnexa are not performed on patients presenting for a medical abortion at this facility.	Y1414		
Y2534	R9-10-1513.6 Equipment Standards R9-10-1513. Equipment Standards A licensee shall ensure that: 6. Equipment and supplies are clean and, if applicable, sterile before each use; This RULE is not met as evidenced by: Based on review of facility policies/procedures, professional standards, manufacturer guidelines, and interview with staff, the Department determined that the licensee failed to ensure providers and staff adhere to professionally acceptable standards of practice for sterilization/high-level disinfection of equipment, to decrease the potential risk of transmission of infections to patients, as evidenced by: 1. Staff not routinely placing chemical indicators within all individual peel packs and wrapped trays prior to steam sterilization and; 2. Staff not performing high-level disinfection for reusable intracavity transvaginal probes between each patient use; Findings include: Camelback Family Planning "Standard	Y2534		

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Y2534	Continued From page 10 Precautions Policy," contains: "...Standard Precautions are to be followed by all employees for all patients ...Standard Precautions include...exercising General infection control practices...Patient-Care Equipment and Articles...Reusable patient care equipment...should be covered, handled, and decontaminated or sterilized...." 1. Camelback Family Planning document, "Policy and Procedure...Nursing/Back Office Duties...Autoclave daily/weekly logs/cleaning," contains: "...Chemical Indicator (CI) log will record each load done and results for each machine...." RN # 3 stated during an interview conducted 06/20/2016 at 0910 hours, that chemical indicators for each sterilization batch are currently placed within the autoclave chamber prior to each sterilization cycle, but no indicator is placed within individual packages. RN #4 confirmed at interview on 06/21/2016 at 1315 hours, that staff do not currently place chemical indicator strips inside individual peel packs or within blue cloth-wrapped trays prior to steam sterilization to ensure sufficient penetration of steam and heat. 2. Camelback Family Planning document, "Policy and Procedure: Nursing/Back Office duties ...5. Ultrasound cleaning," contains: "...To clean the transducer...Remove any transducer sheath...Use a germicidal disposal cloth to remove any particulate matter or body fluids...Use a clean germicidal disposable wipe to clean the surface of the transducer...." RN#4 confirmed during an interview conducted at	Y2534		

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Y2534	Continued From page 11 1015 hours on 06/21/2016, that the current ultrasound transducer cleaning policy and clinical procedure do not address high level disinfection, and additionally confirmed that staff do not currently perform high-level disinfection on vaginal ultrasound transducers between each patient use.	Y2534		

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{Y 000}	Initial Comments Based on an acceptable Plan of Correction (POC) submitted to the Arizona Department of Health Services on September 6, 2016 with additional information on September 30, 2016 and October 3, 2016, no follow up on site survey was conducted for the State Compliance survey Event # YX5P12. _____ ADHS Representative Date	{Y 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 10/05/16

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A 000	Initial Comments The following deficiencies were cited during the State compliance survey conducted on 3/4/14 and 3/6/14. _____ ADHS Representative Date The title of Licensee/Medical Director/Administrator identified throughout the Statement of Deficiencies are synonomous with the Physician/Owner of the Abortion Clinic.	A 000		
A 069	R9-10-1503.B.2. Administration R9-10-1503. Administration B. A licensee shall: 2. Adopt policies and procedures for the administration and operation of an abortion clinic; This REQUIREMENT is not met as evidenced by: Based on a review of clinic policy and procedures, medical records, and staff interviews, the Department determined the medical director failed to ensure policies and procedures established by the facility were implemented as evidenced by there being no documented evidence the vitals signs being monitored according to the procedure on 4 of 7 patient records reviewed during the survey. (# 1, 2, 4, and 10). Findings include:	A 069		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 07/23/14

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A 069	Continued From page 1 Review of the clinics policy "AB ORDERS" revealed: "...Procedure Room and Post-op...Do set of vitals and print EKG (electrocardiogram) lead strip...Obtain vital signs before, during and after procedure...In Recovery, patient is placed immediately on pulse oximetry monitor...monitor VS upon admit and prior to getting fully dressed; monitor for a minimum of 30 min...See discharge criteria on post-op sheet...." Patient # 1 Review of the medical record PreOp and Intraoperative record of [redacted]/13 revealed: [redacted] Time started: 935...BP:___P:___...." The nursing staff failed to document why the patient's blood pressure and pulse was not monitored during the surgical procedure. Patient # 2 Review of the medical record PreOp and Intraoperative record of [redacted]/13 revealed: [redacted] Time started: 1140...BP:___P:___...." The nursing staff failed to document why the patient's blood pressure and pulse was not monitored during the surgical procedure. Review of the medical record "POST-PROCEDURE NOTE" revealed: "...Entered recovery room at 11:48...Assisted by___RN...Vital Signs: 11:48...12:04...At Discharge:B/P___O2___...Pulse___...Bleeding___...Discharge Criteria: Time: 11:22...."	A 069		

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A 069	Continued From page 2 Patient was assisted to the recovery room by RN # 3. The nursing staff failed to document why the patient was only monitored in the recovery room for 14 minutes instead of 30 minutes per clinic policy. The nursing staff failed to document why the patient's vital signs were not assessed prior to discharge. Patient # 4 Review of the medical record PreOp and Intraoperative record of [redacted]/13 revealed: [redacted] Time started: 1100...BP:___P:___...." The nursing staff failed to document why the patient's blood pressure and pulse was not monitored during the surgical procedure. Patient # 10 Review of the medical record PreOp and Intraoperative record of [redacted]/14 revealed: [redacted] Time started: 925...BP:___P:___...." The nursing staff failed to document why the patient's blood pressure and pulse was not monitored during the surgical procedure. Review of the medical record "POST-PROCEDURE NOTE" of [redacted]14 revealed: "...Entered recovery room at: 931 am...Assisted by:___RN...Vital Signs:...9:31...9:49...BP___...At Discharge...BP___...Discharge Criteria: Time:10:16...."	A 069		

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A 069	Continued From page 3 Patient was assisted to the recovery room by RN # 3. The staff failed to document why there was no blood pressure assessed at 9:49 and at discharge The Licensee/Medical Director verified, during an interview conducted on 3/6/14, that vitals signs were not monitored throughout the abortion procedure on 4 of 7 patients (# 1, 2, 4, and 10) per clinic policy and procedure.	A 069		
A 079	R9-10-1503.C.1. Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are developed and implemented for: 1. Personnel qualifications, duties, and responsibilities; This REQUIREMENT is not met as evidenced by: Based on a review of clinic policies and procedures, medical records, manufacturer's instructions for use (IFU) and staff interviews, the Department determined the medical director failed to: 1. ensure the nursing staff does not identify themselves as the providers by signing their name as the provider on the manufacturer's IFU for Mifeprex (medical abortion pharmaceutical) on 3 of 3 patients' (# 5, 6, and 7) instead of the physicians; and	A 079		

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A 079	Continued From page 4 2. ensure that 2 of 2 nurses (# 3 and 6) signing that they have dispensed pharmaceuticals for 2 of 2 patients (# 5 and 7) have an advanced practice license to prescribe and dispense the medications used during the medical abortion procedure. Findings include: 1. The Surveyors requested the clinic policy and procedure and/or job description that permits the nursing staff to identify themselves as providers and simultaneously identifying the physician as the provider. Review of the Mifeprex documents given to the patient, the nursing staff has signed their name as the provider then printed the physician's name, as the provider, underneath their signature on 3 of 3 patients (# 5, 6, and 7) undergoing a medical abortion. Review of the clinics policy "MIFEPREX PROTOCOL" revealed: "...FDA (Food and Drug Administration) forms and booklet are signed and copies are given to patient...Our instruction sheets are given to pt (sic)...." Review of the signature page of the Mifeprex manufacturer's IFU booklet, "...page 14...I will do the following...contact my provider...return to my provider's office...The patient signed the PATIENT AGREEMENT in my presence after I counseled her and answered all her questions...I have given her the MEDICATION GUIDE for mifepristone (Mifeprex)...Provider's Signature...Name of Provider (print)...Date...." Page 14 is photocopied and placed in the	A 079		

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	AC5013	A. BUILDING: _____ B. WING _____	03/06/2014

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A 079	Continued From page 5 patient's permanent medical record. Review of the Mifeprex manufacturer's IFU "PATIENT AGREEMENT" form revealed: "...I discussed the information with my health care provider (provider)...My provider gave me advice on what to do if...I have my provider's name, address and phone number...The patient signed the PATIENT AGREEMENT in my presence after I counseled her and answered all her questions...Provider's Signature...Name of Provider (print)...After the patient and the provider sign this PATIENT AGREEMENT, give 1 copy to the patient before she leaves the office...." One copy of this agreement is placed in the patient's permanent medical record. Review of the clinics form "INSTRUCTIONS FOR MIFEPREX/MISOPROSTOL (CYTOTEC)" provided to the patients revealed: "...The doctor is available 24/7 by calling our main office number...." Review of medical records for patients # 5, 6, and 7 revealed: Patient # 5 Review of the copy of the "PATIENT AGREEMENT" in this medical record revealed: "...Provider's Signature___RN...Date 1/16/14...Name of Provider (print)Dr.___...." Review of the copy of the discharge instructions, page 14 revealed: "...Provider's Signature___RN...Name of Provider (print) Dr___...Date 1/16/14...." The RN # 3 has identified herself as the provider	A 079		

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A 079	Continued From page 6 by signing her name where the Provider's Signature is requested and printed physician # 1's name as the Name of the Provider. Patient # 6 Review of the copy of the "PATIENT AGREEMENT" in this medical record revealed: "...Provider's Signature___...Date [redacted]/13...Name of Provider (print)Dr.___...." There is no provider or physician signature on the patient agreement form. Physician # 1's name is printed on the "Name of Provider" line on the consent form. Review of the copy of the discharge instructions, page 14 revealed: "...Provider's Signature___RN...Name of Provider (print) Dr___...Date [redacted]/13...." The RN # 8 has identified herself as the provider by signing her name where the Provider's Signature is requested and printed physician # 1's name as the Name of the Provider. Patient # 7 Review of the copy of the "PATIENT AGREEMENT" in this medical record revealed: "...Provider's Signature___RN...Date 1/27/14...Name of Provider (print)Dr.___...." The RN # 6 has identified herself as the provider by signing her name where the Provider's Signature is requested and printed physician # 1's name as the Name of the Provider. Physician # 1's name is printed on the "Name of	A 079		

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A 079	Continued From page 7 Provider" line on the consent form. Review of the copy of the discharge instructions, page 14 revealed: "...Provider's Signature___RN...Name of Provider (print) Dr___...Date 8/14/13...." The RN # 6 has identified herself as the provider by signing her name where the Provider's Signature is requested and printed physician # 1's name as the Name of the Provider. The Licensee/Medical Director verified, during an interview conducted on 3/6/14, that the clinic does not have a policy that addresses the nurses signing their names as providers instead of the physicians. 2. Review of the medical records for 2 of 2 patients (# 5 and 7) provided during the survey process revealed: Patient # 5 Review of the clinics medical record form "PATIENT DATA SHEET" revealed: [redacted] 200 mg given PO (per os)...ID #...Exp:...04/16...Initials___... MD Initials:...Time: 305... Full instructions provided on [redacted] use and dispensed: [redacted] 200 mcg # 4: Lot... Exp: 9/15...Initials:___... [redacted] BID # 6/Doxycycline 100 mg BID # 6: Lot...Exp: 4/15...Initials___... Vicodin 5/500 mg # 10 Initials:___... MD Signature...Date: [redacted]/14...." RN # 3 has signed her initials where they are requested for the pharmaceuticals given and	A 079		

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A 079	Continued From page 8 dispensed. Review of the nursing license for RN # 3 does not include the privilege to prescribe and dispense. Patient # 7 Review of the clinics medical record form "PATIENT DATA SHEET" revealed: "...[redacted] 200 mg given PO (per os)...ID #...Exp:...4/16...Initials___... MD Initials:...Time: 300... Full instructions provided on [redacted] use and dispensed: [redacted] 200 mcg # 4: Lot... Exp: 9/15...Initials:___... [redacted] 500 BID # 6...Lot...Exp: 4/15...Initials___... [redacted]5/325 mg # 10...Initials:___... MD Signature...Date: [redacted]/14...." RN # 6 has signed her initials where they are requested for the pharmaceuticals given and dispensed. Review of the nursing license for RN # 6 does not include the privilege to prescribe and dispense. The Licensee/Medical Director verified, during an interview conducted on 3/6/14, that RN's # 3 and 6 do not have the advanced practice privilege to prescribe and dispense.	A 079		
A 089	R9-10-1503.C.7. Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are developed and implemented for:	A 089		

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A 089	Continued From page 9 7. Infection control including methods of sterilizing equipment and supplies; This REQUIREMENT is not met as evidenced by: Based on review of clinic policies and procedures, sterilization log, laundry temperature log, observation on tour, and staff interview, the Department determined the medical director failed to: 1. ensure the staff implements and documents the autoclave sterilization cycle time(s), temperature and chemical integrator results; and 2. ensure the staff documented the wash temperatures to ensure the linens are laundered in water at 160 degrees Fahrenheit. Findings include: The Surveyors requested the clinic policy and procedure delineating the sterilization process and were provided with two clinic policies, each with a current sterilizer processing log attached as follows: 1. a. Sterilization Tips and Techniques; and b. OCM/OCR Operation manual. 1. a. Review of clinic policy and procedure "STERILIZATION TIPS AND TECHNIQUES-ATS" revealed: "...STEAM STERILIZERS... Unwrapped items...3-4 minutes exposure at...273 degress Fahrenheit (F) plus dry time... Wrapped items...30 minutes exposure at 250 degrees F or 10 minutes at 273 degrees F plus	A 089		

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A 089	Continued From page 10 dry time...at 250 degrees F, pressure should read between 15-18 psi (pounds per square inch), at 275 degrees between 30-32 psi... DOCUMENTING THE CYCLE...Compile a written record of all sterilizer testing...This report should include the time and date of the sterilization cycle...." Review of the attached sterilizer process log documentation 9/4/13 through 2/25/14 revealed: "...Autoclave Log Record... 9/4/13...in 1130...out___...9/4/13...in 1:05...out___... 9/11/13...in 1300...out___... 9/12/13...in___...out___... 9/25/13...in 1205...out___...." The staff failed to document the sterilization time and if items were wrapped or unwrapped which would determine the cycle time and temperature. "...10/9/13...in 1200...out___... 10/16/13...in 0855...out___... 10/16/13...in 1400...out___...." The staff failed to document the sterilization time and if items were wrapped or unwrapped which would determine the cycle time and temperature. "...11/6/13...in 1130...out___... 11/14/13...in 1120...out___... 11/20/13...in 0805...out___... 11/20/13...in___...out___...." The staff failed to document the sterilization time and if items were wrapped or unwrapped which would determine the cycle time and temperature.	A 089		

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A 089	Continued From page 11 "...12/8/13...in 820...out___... 12/18/13...in 200 pm...out___... 12/27/13...in 1100...out___... 12/27/13...in 1400...out___...." The staff failed to document the sterilization time and if items were wrapped or unwrapped which would determine the cycle time and temperature. "...1/2/14...in 0850...out___... 1/2/14...in___...out___... 1/29/14...in___...out___...." The staff failed to document the sterilization time and if items were wrapped or unwrapped which would determine the cycle time and temperature. "...2/5/14...in___...out___... 2/12/14...in___...out___... 2/19/14...in 1015...out___...." The staff failed to document the sterilization time and if items were wrapped or unwrapped which would determine the cycle time and temperature. b. Review of clinic policy and procedure "OCM/OCR OPERATION MANUAL" revealed: "...Unwrapped instruments...250 degrees F, 15 psi, 15 minutes (min)...270 degrees 30 psi, 3 min... Lightly wrapped...250 degrees F, 15 psi, 20 min...270 degrees F, 30 psi, 9 min... Heavily wrapped...250 degrees F, 15 psi, 25 min...270 degrees F, 30 psi, 11 min... OPERATING AN AUTOCLAVE...ensure the autoclave attains the desired temperature (normally 121 degrees C-centigrade) and	A 089		

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A 089	Continued From page 12 pressure (minimum 15 psi) for the desired time (minimum 30 min.)...record information in "Daily Autoclave Use Log"...Unloading the Autoclave...verify temperature and duration of exposure has been met...." Review of the attached sterilizer process log page requests documentation of "...Machine number...ProChem EXT integrator log...Month...Year...Results...OK...Not OK...sterilization failed, describe how corrected...." Review of the sterilizer log records from 9/3/13 through 2/25/14 revealed: "...9/5/13...1210...266...9/5/13...2:30...265... 9/6/13...3:40...270... 9/9/13...8:45...260...9/9/13...1200...262... 9/10/13...1015...266...9/10/13...1100...262...9/10/13...1 pm...266...9/10/13...2 pm...260... 9/11/13...1:50...266... 9/12/13...08:25...266... 9/13/13...11:30...266... 9/16/13...8:00:..266...9/16/13...9:00...266... 9/17/13...11:40...266...9/17/14...300...262... 9/18/13...10:20...264...9/18/13...2:00...266... 9/19/13...1100...266... 9/20/13...1245...266 results...not ok...cycle time...9/20/13...1:30...Had to stop/valve-release...run again...9/20/13...2:45...262... 9/23/13...3:00...264... 9/24/13...illegible cycle time...266...9/24/13...2:30...260... 9/25/13...1200...266...9/25/13...1:30...258...Water poured out after venting-re-run... 9/26/13...8:45...260...9/26/13...210...266... 9/27/13...2:40...262... 9/30/13...10:30...266...	A 089		

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A 089	Continued From page 13 The staff failed to record the cycle time, if the items were unwrapped, lightly or heavily wrapped relative to the recorded temperatures range of 250-270. "...10/1/13...1:00...264...10/1/13...245...256... 10/2/13...1215...266...10/2/13...2:00...266... 10/3/13...11:22...266... 10/4/13...10:00...266... 10/5/13...1040...250... 10/7/13...8:30...266...10/7/13...1:25...266... 10/8/13...8:30...266...10/8/13...1140...266... 10/9/13...12:00...264... 10/11/13...8:30...266... 10/14/13...08:00...266...10/14/13...9:00...266 10/15/13...1215...260... 10/14/13 (sic)...0855...263... 10/16/13...11:10...cycle temp___integrator results___...10/16/13...2:15...265... 10/17/13...12:15...266...integrator results___10/17/13...1:20...264... 10/18/13...1100...266...10/18/13...1255...266... 10/19/13...0810...264...10/19/13...9:40...266...10/19/13...10:25...266... 10/21/13...1:17...265...10/21/13...1325...265... 10/22/13...0820...266...10/22/13...11:50...266... 10/23/13...10:05...266...10/23/13...1355...266...10/23/13...1420...cycle temp___...integrator results___... 10/24/13...10:36...266...10/24/13...12:15...266... 10/25/13...110 pm...266...10/25/13...1400...258... 10/28/13...0800...266... 10/29/13...1200...266...10/29/13...1:25...266... 10/31/13...10:20...cycle temp___...integrator results___...." The staff failed to record the cycle time, if the items were unwrapped, lightly or heavily wrapped relative to the recorded temperatures range of	A 089		

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A 089	Continued From page 14 250-266. The staff failed to record the chemical integrator results documented for the loads on 10/16/13 at 11:10, 10/17/13 at 1:20, 10/23/13 at 14:20 and 10/31/13 at 10:20. The staff failed to record the cycle temp results documented for the loads on 10/16/13 at 11:10, 10/23/13 at 14:20 and 10/31/13 at 10:22. "...11/1/13...11:40...266... 11/2/13...10:20...266... 11/5/13...9:26...266...11/5/13...11:25...268... 11/6/13...12:05...268...11/6/13...0825...268...11/6/13...1130...266... 11/7/13...2:45...266... 11/8/13...945...266...11/8/13...11:25...266... 11/9/13...810...270...11/9/13...10:40...265... 11/11/13...1005...266...11/11/13...1:10...266... 11/12/13...08:45...270...11/12/13...1145...266... 11/13/13...10:00...266... 11/14/13...8:10...266...11/14/13...11:20...266... 11/15/13...1130...260...11/15/13...1215...266...11/15/13...230...262... 11/16/13...1000...266... 11/18/13...1025...266...11/18/13...1205...264... 11/19/13...9:00...264... 11/20/13...0810...266...11/20/13...1200...266...11/20/13...1:35...266... 11/20/13...3:00...266... 11/21/13...130...264...11/21/13...3:00...266... 11/22/13...300...264... 11/25/13...08:00...266...11/25/13...1130...266...11/25/13...300...265... 11/28/13...2:00...266... (sic)11/27/13...8:50...266...." The staff failed to record the cycle time, if the items were unwrapped, lightly or heavily wrapped	A 089		

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A 089	Continued From page 15 relative to the recorded temperatures range of 260-270. "...12/2/13...800...266...12/2/13...0900...264...12/2/13...1020...268...12/2/13...1120...266...12/2/13...1220...266...12/2/13...225...264... 12/3/13...800...266...12/3/13...1030...268...12/3/13...12:45...266...12/3/13...1:55...268... 12/5/13...0115...263...12/5/13...11:55...264...12/5/13...210...266... 12/6/13...1215...250...12/6/13...115...260... 12/7/13...800...260... 12/9/13...820...266... 12/10/13...1 pm...266...12/10/13...300...268... 12/12/13...1130...264...12/12/13...225...266...12/12/13...305...254... 12/16/13...08:50...260...12/16/13...2:10...270... 12/17/13...0800...260...12/17/13...08:40...266...12/17/13...1130...270... 12/17/13...300...268... 12/18/13...8:20...269...12/18/13...1400...266... 12/19/13...11:25...cycle time___...integrator results___12/19/13...2:36...266... 12/20/13...9:30...266...12/20/13...1430...266...12/20/13...3:10...268... 12/23/13...11:45...268... 12/27/13...8:00...266...12/27/13...8:45...266...12/27/13...11:00...264... 12/27/13...1400...268... 12/30/13...12:15...266...12/30/13...125...260... 12/31/13...0800...268...12/31/13...1100...268...." The staff failed to record the cycle time, if the items were unwrapped, lightly or heavily wrapped relative to the recorded temperatures range of 250-270. The staff failed to record the cycle temperature and integrator results for the load on 12/19/13 at 11:25.	A 089		

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A 089	Continued From page 16 "...1/2/14...0850...266...1/2/14...1105...260... 1/3/14...1100...264...1/3/14...200...266... 1/4/14...800...264... 1/6/14...8:00...266...1/6/14...09:10...268...1/6/14... 12:05...268...1/6/14...1:05...264... 1/7/14...8:00...264...1/7/14...1000...272...1/7/14... 1200...268... 1/8/14...0830...268...1/8/14...0930...266... 1/9/14...0800...266...1/9/14...0900...272...1/9/14... 1200...268... 1/10/14...1100...266...1/10/14...1:20...268... 1/11/14...830...266...1/11/14...910...268...1/11/14.. .1045...266... 1/13/14...10:20...266...1/13/14...110...268...1/13/1 4...2:25...260... 1/16/14...2:25...266... 1/17/14...1135...270...integrator results___... 1/20/14...8:30...cycle temp___not redo...integrator results___... 1/20/14...1 pm...260...1/20/14...2:20...266... 1/23/14...8:15...264...1/23/14...1200...270... 1/24/14...100...failed-rerun...1/24/14...140...266... 1/25/14...915...266...1/25/14...10:30...262... 1/27/14...930...268...1/27/14...1130...262... 1/28/14...11:45...266... 1/29/14...8:50...266...1/29/14...11:05...266...1/29/ 14...1:10...270...1/29/14...3:10...cycle temp___...integrator results___... 1/30/14...9:40...266...1/30/14...205...268... 1/31/14...1120...268...1/31/14...2:05...268...." The staff failed to record the cycle time, if the items were unwrapped, lightly or heavily wrapped relative to the recorded temperatures range of 260-272. The staff failed to document why the cycle temperature exceeded the 270 degree limit on 1/7/14 and 1/9/14.	A 089		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC5013	A. BUILDING: _____ B. WING _____	03/06/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

(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
A 089	Continued From page 17 The staff failed to record the chemical integrator results for the loads on 1/17/14 at 11:35, 1/20/14 at 8:30 and 1/29/14 at 3:10. The staff failed to record the cycle temperature results for the loads on 1/20/14 at 8:30, 1/24/14 at 1:00 and 1/29/14 at 3:10. "...2/1/14...9:35...266... 2/3/14...8:30...268...11:30...266...12:15...267... 2/4/14...1:15...268... 2/5/14...10:18...268...1:25...266... 2/6/14...800...268...1:05...266... 2/7/14...8:15...267...272... 2/8/14...1015...268... 2/10/14...8:15...264...920...266...1025...268...11:37...266...1245...262... 2/11/14...0830...270...255...268... 2/12/14...800...268...1:45...266... 2/13/14...130...268... 2/14/14...11:10...266...130...266...315...260... 2/15/14...755...270... 2/17/14...745...272...845...276...200...268... 2/18/14...0800...268...10:50...268...11:50...266... 2/19/14...800...268... 2/20/14...1105...266...215...268... 2/21/14...1010...266...11:30...266... 2/22/14...735...268...935...272...1045...270... 2/24/14...0800...268...10:00...266...10:50...268... 2/25/14...8:15...270...100...266." The staff failed to record the cycle times (except the second load on 2/7/14) and if the items were unwrapped, lightly or heavily wrapped relative to the recorded temperatures range of 266-272. The staff failed to document why the cycle temperature exceeded the 270 degree limit on 2/7/14, 2/17/14 and 2/22/14.	A 089		

ADHS LICENSING SERVICES

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A 089	Continued From page 18 Review of both policies and the attachments revealed the staff is using both forms to inconsistently document the processes. The Licensee/Medical Director verified, during an interview conducted on 3/4/14 and 3/6/14, that the staff is not following the clinic policy and procedures implementing and documenting the autoclave and sterilization process. 2. Review of clinic policy "LAUNDRY/LINENS" revealed: "...Items must be washed at the highest temperature (Sanitize cycle) the fabric can withstand...Linens will be laundered in washer at 160 degrees F...The washing machine must be fitted with accurate heat sensors that are correctly positioned...Records must be kept of this and of regular monitoring of wash temperatures...." The Surveyor requested the manufacturer's IFU related to the washing machines Sanitize cycle, none was provided during the survey process. Review of the handwritten laundry temperature processing log presented, to Surveyors during the survey process, on 3/4/14 revealed columns created for the "...date...load to washer...dried ...put in clean laundry area...." The date recorded on the logsheet was for 3/1/14 and there was no water temperature recorded. The Licensee/Medical Director verified, during an interview conducted on 3/4/14, that the staff is not following the clinic policy and procedure and recording the water temperatures used to wash the clinic laundry.	A 089		

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A 213	Continued From page 19	A 213		
A 213	R9-10-1508.F. Abortion Procedures R9-10-1508. Abortion Procedures F. A medical director shall ensure that an abortion is performed according to the abortion clinic's policies and procedures and this Article. This REQUIREMENT is not met as evidenced by: Based on a review of clinic policy and procedure, medical records, and staff interviews, the Department determined the medical director failed to follow the abortion clinic policy when performing the abortion procedure on 2 of 2 patients (# 8 and 9). Findings include: Review of clinic policy and procedure "PROCEDURE ROOM [redacted]" revealed: "...[redacted])...[redacted]600 mcg (microgram) buccally given with pain meds per dr's order 90 min (minutes) before[redacted] removed...." Patient # 8 Review of the medical record dated [redacted]/13 revealed: "...[redacted]...By:...buccally...At: 8:24...Time started: 930...." RN # 2 verified, during an interview conducted on 3/6/14, that the D&E procedure was started at 66 minutes post[redacted] instead of 90 minutes per clinic policy and procedure. Patient # 9	A 213		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 213	Continued From page 20 Review of the medical record dated [redacted]/14 revealed: "..[redacted] 600 mcg...By:...buccally...At: 8:50...Time Started: 09:55...." RN # 2 verified, during an interview conducted on 3/6/14, that the D&E procedure was started at 65 minutes post [redacted] instead of 90 minutes per clinic policy and procedure. The Licensee/Medical Director verified, during an interview conducted on 3/6/14, that there is no additional documentation why the abortion procedures were started before 90 minutes per clinic policy and procedure on 2 of 2 patients (# 8 and 9). The Medical Director, during a discussion after the survey explained that based on her clinical judgement she will deviate from the policy and procedure. There were no adverse outcomes identified only a failure to follow the policy and procedure.	A 213		
A 229	R9-10-1508.I.2.c. Abortion Procedures R9-10-1508. Abortion Procedures I. A medical director shall ensure that follow-up care includes: 1. With a patient's consent, a telephone call to the patient by a member of the patient care staff, except a surgical assistant, within 24 hours of the patient's discharge to assess the patient's recovery. If the patient care staff is unable to speak with the patient, for any reason, the attempt to contact the patient is documented in the patient's medical record; and 2. A follow-up visit offered and scheduled, if requested, no more than 21 days after the abortion. The follow-up visit shall include: a. A physical examination;	A 229		

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A 229	Continued From page 21 b. A review of all laboratory tests as required in R9-10-1508(A)(3); and c. A urine pregnancy test. This REQUIREMENT is not met as evidenced by: Based on a review of clinic policy and procedures, medical records, and staff interviews, the Department determined the medical director failed to ensure a physical examination was performed during the follow-up visit for 5 of 5 surgical abortion patients (# 1, 2, 4, 8, and 9). Findings include: The Surveyors requested the clinic policy and procedure delineating care to be provided to the post surgical patient during the follow-up visit, none was provided during the survey process. Review of the clinics documentation contained in the medical records provided during the survey process revealed: "...S.O.A.P. (sign with title at all entries)...Date...24 hour Post Procedure Phone Call...HCG Slide...Cramps...Bleeding...Spotting...Birth Control...Sexual Activity...Diminished S/S (signs/symptoms) of Pregnancy...PE/Pap (pelvic examination/Papanicolaou)...Morning After Pill:...." The S.O.A.P. note is defined as: Subjective, Objective, Assessment, and Plan. The S.O.A.P. note is a method of documentation used by health care providers. Subjective describes the patient's current condition; Objective describes results of testing, physical examinations, and	A 229		

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A 229	Continued From page 22 measurements; Assessment describes the physician's medical diagnosis for that visit; and Plan describes what the health care providers is going to do to treat the patient such as ordering additional testing, referrals, and/or procedures. Review of the medical records for patients' # 1, 2, 4, 8, and 9 revealed: Patient # 1 Review of the follow-up visit documentation revealed: "...[redacted]/13...[redacted] The number "0" has a diagonal line drawn through it. The [redacted]. note documentation was created by an RN # 8. There is no documentation that a physical examination was performed based on the medical records provided during the survey process. Patient # 2 Review of the follow-up visit documentation revealed: "...[redacted]....." There was no documentation for the PE/Pap entry. The [redacted]. note documentation was created by an RN # 8. There is no documentation that a physical examination was performed based on the	A 229		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 229	Continued From page 23 medical records provided during the survey process. Patient # 4 Review of the follow-up visit documentation revealed: "..[redacted]..[redacted]13..[redacted]: [redacted]...." There was no documentation for the PE/Pap entry. The [redacted]. note documentation was created by an RN # 3. There is no documentation that a physical examination was performed based on the medical records provided during the survey process. Patient # 8 Review of the follow-up visit documentation revealed: "..[redacted]..[redacted]/13[redacted]: [redacted]...." The [redacted] entry states the patient has a primary care physician. There are no staff initials associated with the [redacted]/13 follow-up visit entries on the S.O.A.P. note. There is no documentation that a physical examination was performed based on the medical records provided during the survey process. Patient # 9	A 229		

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A 229	Continued From page 24 Review of the follow-up visit documentation revealed: "...[redacted]/14...[redacted]: [redacted]" The number "0" has a horizontal line drawn through it. The [redacted] entry states the patient has a primary care physician. The [redacted] note documentation was created by an RN # 6. There is no documentation that a physical examination was performed based on the medical records provided during the survey process. The Licensee/Medical Director verified, during an interview conducted on 3/6/14, that the follow-up visit includes a pregnancy test and ultrasound.	A 229		
A 262	R9-10-1510.1. Medications and Controlled Substances R9-10-1510. Medications and Controlled Substances A medical director shall ensure that: 1. The abortion clinic complies with the requirements for medications and controlled substances in A.R.S. Title 32, Chapter 18, and A.R.S. Title 36, Chapter 27; This REQUIREMENT is not met as evidenced by: Based on a review of clinic policies and	A 262		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 262	Continued From page 25 procedures, staff interviews, and controlled substances record, the Department determined the medical director failed to ensure 5 of 5 RNs (# 2, 3, 4, 5 and 6) preparing medications to be administered to patients have prescribing and dispensing authorization by their professional licensing agency. Findings include: During tour of the laboratory area (clean area), the Surveyors reviewed the stock medications that are dispensed to the clinic patients. The Surveyors identified numerous stapled white envelopes with the contents identified by a printed label pasted to the front of the envelope, no date or signature of prepares initials or name. Some of the medications identified by the outside label on the white envelopes and the manufacturer's pharmaceutical containers in the cabinet revealed: 12 envelopes labeled as "...Promethazine 25 mg (milligram) take one tablet three times a day for nausea/vomiting # 6...." 10 envelopes labeled as "...Ondansetron 8 mg one tablet three times a day for nausea/vomiting # 6...." 30 envelopes labeled as "...Amoxicillin 500 mg take 1 tablet two times per day for three days # 6...." 3 envelopes labeled as "...Flagyl-Metronidazole 500 mg One tablet two times a day for 7 days # 14...." and 2 envelopes not labeled but sealed and mixed in with the Amoxicillin envelopes. RN # 4 verified, during an interview conducted on	A 262		

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A 262	Continued From page 26 3/4/14 at 1520 hours, that the RNs at the clinic took medication from a multi-dose bottle, re-packaged the medications into a paper envelope, and placed a pre-printed label on the envelope. The envelopes were then placed in a locked medication cupboard, and the physician then provides the medication to the patient. The Lot number and expiration date were handwritten on the envelope, but there was no documentation as to whom re-packaged the medication and verified the contents of the envelope prior to dispensing it to the patient. Review of the personnel files of 5 of 5 RNs (# 2, 3, 4, 5, and 6) and their nursing license revealed none of the clinic nurses have prescribing and dispensing privileges attached to their current Arizona nursing license. The Licensee/Medical Director verified, during an interview conducted on 3/4/14 at 0815 hours, that 5 of 5 nurses (RN # 2, 3, 4, 5, and 6) were filling the packets/envelopes and labeling the medication for dispensing to the clinic patients.	A 262		
A 276	R9-10-1510.9.c. Medications and Controlled Substances R9-10-1510. Medications and Controlled Substances A medical director shall ensure that: 9. If medication is administered to a patient, the following are documented in the patient's medical record: a. The date and time of administration; b. The name, strength, dosage form, amount of medication, and route of administration; and c. The identification and signature of the individual administering the medication.	A 276		

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A 276	Continued From page 27 This REQUIREMENT is not met as evidenced by: Based on a review of clinic policy and procedure, medical records, and staff interviews, the Department determined the medical director failed to ensure the nursing staff documented the time, strength, dosage, and route of medication administered for the abortion procedure for 2 of 2 patients (# 8 and 9). Findings include: Review of clinic policy and procedure "PROCEDURE ROOM [redacted]" revealed: "...Pt (patient) also receives [redacted] unless allergic... [redacted] given with pain meds per dr's order 90 min (minutes) before [redacted] removed...." Patient # 8 Review of the medical record dated [redacted]/13 revealed: "..[redacted]...By:...[redacted].At: 8:24...Other: [redacted]...By:..At: 9:20...." There is no documentation of the route and dose of [redacted](antibiotic) administered to the patient by RN # 2 at 9:20. Patient # 9 Review of the medical record dated [redacted]/14 revealed: "..[redacted]...By:[redacted]...At: 8:50...Other: [redacted]...By:...At: 9:45...."	A 276		

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A 276	Continued From page 28 There is no documentation of the dosage of [redacted] administered to the patient by RN # 4 at 9:45. The Licensee/Medical Director verified, during an interview conducted on 3/6/14, that the medication documentation is absent.	A 276		

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{A 000}	Initial Comments Based on an acceptable Plan of Correction (POC) submitted to the Arizona Department of Health services on 7/30/14, with additional information submitted on 8/27/14 for Event # XXSO11, no follow up on site Compliance survey was conducted. _____ ADHS Representative Date	{A 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 08/27/14

ADHS LICENSING SERVICES

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A 000	Initial Comments The following deficiencies were cited at the time of the State compliance survey conducted on 08/22/12 and 08/24/12. _____ ADHS Representative Date	A 000		
A 068	R9-10-1503.B.1. Administration R9-10-1503. Administration B. A licensee shall: 1. Ensure compliance with federal and state laws, rules, and local ordinances; This REQUIREMENT is not met as evidenced by: Based on a review of facility policy and procedures, observation on tour, and staff interview, the Department determined the Medical Director failed to ensure the health and safety of the clinic patients by failing to: 1. securely store 9 of 9 size E oxygen canisters in storage area; 2. secure 2 of 2 portable fire extinguishers in patient care area hallway; 3. ensure inspections of fire extinguishers at 30-day intervals; and Findings include: 1. Surveyor requested policy and procedure addressing storage of the size E portable oxygen	A 068		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 12/20/2

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CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

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A 068	Continued From page 1 canisters (tanks). None was provided. Observation on tour of the biohazard storage area, and the employee bathroom, revealed 2 freestanding oxygen canisters located between the outside wall and the commode and 7 freestanding oxygen canisters located between the employee lockers and sink. Review of the "NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99" reveals: "... Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart...." The Medical Director verified during an interview conducted on 8/22/12, that 9 of 9 size E oxygen canisters are not securely stored. 2. Observation on tour reveals 2 of 2 unsecured fire extinguishers throughout the clinic area as follows: One First Alert fire extinguisher standing upright under the counter in the laboratory area immediately below the patient urine specimen door; and One fire extinguisher resting on the window sill located at the end of the patient care area hallway, and adjacent to the exit door. Review of the "NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99" reveals: "...1-6.7 Portable fire extinguishers...shall be securely installed on the hanger or in the bracket supplied or placed in cabinets or wall recesses...." The Medical Director verified during an interview conducted on 08/22/12, that the fire	A 068		

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A 068	Continued From page 2 extinguishers are not secured and can not produce documentation showing compliance with the city fire code ordinances. 3. Observation on tour reveals the fire extinguisher located in the laboratory area without a tag or label identifying when it was last inspected for compliance. The fire extinguisher located on the window sill has an inspection tag on it with the last inspection date of 2005 and a 12 month expiration date of 2006. Review of the "NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99" reveals: "...4-3.1 Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals...." The Medical Director verified during an interview conducted on 08/22/12, that the fire extinguisher located in the laboratory area does not have proof of inspection, and the fire extinguisher located on the hallway window sill is past the inspection due date of 2006.	A 068		
A 069	R9-10-1503.B.2. Administration R9-10-1503. Administration B. A licensee shall: 2. Adopt policies and procedures for the administration and operation of an abortion clinic; This REQUIREMENT is not met as evidenced by: Based on facility policy and procedures and staff interviews, the Department determined the	A 069		

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A 069	Continued From page 3 Administrator failed to adopt policies and procedures reflecting the day-to-day operation and administration of services for basic health and safety practices related to appropriate storage of oxygen supplies, maintenance of fire equipment, medications and controlled substances, security of medical records, and infection control. Findings include: Refer to the following tags: 068, 082, 083, 089, and 0267. The Medical Director verified during an interview conducted on 8/22/12 and 8/24/12 that the clinic does not have policy and procedures in place for the areas described in the above mentioned tags and based on statement.	A 069		
A 082	R9-10-1503.C.4. Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are developed and implemented for: 4. The storage, administration, accessibility, disposal, and documentation of a medication, and a controlled substance; This REQUIREMENT is not met as evidenced by: Based on a facility policy and procedures, observation on tour, personnel demonstration, and staff interview, the Department determined the Medical Director failed to: 1. designate in writing the clinic personnel	A 082		

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A 082	Continued From page 4 authorized to have access to the room containing medications and controlled substances; 2. maintain controlled substance/medications in a locked area; and 3. ensure personnel are trained in how to administer oxygen (medication) after receiving a physician order. Findings include: 1. The Surveyor requested the policy documenting the designated clinic personnel authorized to have access to the room housing the medication/controlled substances. There was no policy and procedure provided to the surveyor during the survey process. On tour of the medication room, containing the narcotic cabinet, the Administrator was asked to open the narcotic cabinet. She stated she does not have the combination to the cabinet. Employee # 5 has the combination to the outside lock and employee # 6 has the combination to the inside lock. Employee #5 is the office manager, who is not a licensed professional and employee # 6 is the financial officer for the clinic who is not practicing as a licensed professional. The Physician/Administrator verified during an interview conducted on 08/22/12 and 08/24/12, that there is no documented policy and procedure designating the personnel authorized to have access to the room containing the medications/controlled substances. 2. The Surveyor requested the policy and	A 082		

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A 082	Continued From page 5 procedure identifying the process for establishing and maintaining the medications and controlled substances in a locked area. There was no policy and procedure provided to the surveyor during the survey process. Review of the " THE DRUG ENFORCEMENT ADMINISTRATION (DEA), OFFICE of DIVERSION CONTROL; CONTROLLED SUBSTANCE SCHEDULES " reveals: " ...A controlled substance is placed in its respective schedule based on whether it has a currently accepted medical use in treatment in the United States and its relative abuse potential and likelihood of causing dependence ...SCHEDULE II CONTROLLED SUBSTANCES ...opioids with a high potential for abuse which may lead to severe psychological or physical dependence ...examples of these drugs are Fentanyl, Demerol (Meperidine), Oxycodone ...SCHEDULE IV CONTROLLED SUBSTANCES ...low potential for abuse relative to substances in schedule III ...example of this drug is midazolam (Versed) .... " Observation on tour of the laboratory area during the survey dates revealed: The cabinets and drawers are not secured. Opening the cabinet, on the immediate right, revealed an open bottle of the Schedule II controlled drug Oxycodone with Tylenol 5/325 mg (5 milligrams of Oxycodone and 325 mg of Tylenol) with a documented count of 258 tablets. The Surveyors performed a count of the Oxycodone and the actual count was 207 tablets. The count discrepancy was reported to the Physician/Administrator and she informed us that there is another bottle of the Oxycodone being stored in the home of employee # 5.	A 082		

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A 082	Continued From page 6 Surveyor requested the policy and procedure related to the transfer and storage of the Schedule II drug and any documentation stating the Oxycodone is being stored in the employees home. There was no policy and procedure provided. The Physician/Administrator stated she instructed employee # 5 to take the Oxycodone to her home. She stated she picked employee # 5 to do this because "we're like family" and has known her for 16 years. In one of the smaller drawers, located under the counter, was a small plastic basket with 4 of 4 signed prescriptions by physician # 1, for the Schedule II controlled substance Percocet 5/325. The Physician/Administrator verified on interview conducted on 8/22/12 and 8/24/12, Employee # 5 should not be storing the Schedule II controlled substance, Oxycodone, in her private residence; there is no policy and procedure and documentation related to the controlled substance transfer and storage process; there is an unexplained shortage of the Schedule II controlled substance, Oxycodone; and the physician signed prescriptions for Percocet 5/325 with the prescriptions not located in a secured location. 3. Surveyor requested the policy and procedure identifying how the personnel are to open and close an oxygen tank and what staff members are responsible for this tasks under direction of a physician. There was no policy or procedure provided.	A 082		

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A 082	Continued From page 7 Review of the personnel file competency skills checklist for employee # 4, a registered nurse (RN), did not identify training in the use and application of oxygen therapy in the clinic setting. Surveyor requested RN employee # 4 to demonstrate how she would turn on the oxygen tank (canister) and administer this medication to a patient in need, while working in the recovery room. She did not know how to turn on the oxygen tank. After 3 minutes she requested assistance from employee # 3, another RN. The Medical Director verified on interview conducted on 8/22/12, there was no policy and procedure addressing the use and application of oxygen therapy in the recovery room. The Medical Director verified turning on the oxygen tank is not part of the skills checklist.	A 082		
A 083	R9-10-1503.C.5. Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are developed and implemented for: 5. Accessibility and security of patient medical records; This REQUIREMENT is not met as evidenced by: Based on a review of clinic policy and procedure, observation tour, and staff interview, the Department determined the Medical Director failed to have written policies and procedures	A 083		

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A 083	Continued From page 8 developed and implemented to ensure the medical records are secure and protected from unauthorized access by unauthorized personnel. Findings include: The surveyor requested the policy and procedure specifying the personnel permitted access to the patient's medical records and security of the medical records. There was no policy and procedure provided during the survey process. On tour of the facility the Surveyor entered the patient care area hallway, from the patient waiting area, and on the immediate right and there were 2 of 2 open racks with 7 of 7 shelves of medical records with a year date listed on the folder tab and the patient names visible on the folders from a 3 foot distance and within reach of anyone entering or exiting this hallway. In the business office area there are 5 of 5 open racks with 7 of 7 shelves of medical records with a year date listed on the folder tab and the patient names visible on the folders. The business office area has a door that remains open permitting easy access to the medical records by staff, patients, or visitors at the check-out window or in the patient care area hallway. The check-in window is covered by an unsecured sliding window. The Physician/Administrator verified during an interview conducted on 8/22/12 and 8/24/12, there was no policy and procedure designating the personnel authorized to have access to the medical records and that the medical records are not secured for patient privacy and/or protected from loss.	A 083		

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A 089	Continued From page 9	A 089		
A 089	R9-10-1503.C.7. Administration R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are developed and implemented for: 7. Infection control including methods of sterilizing equipment and supplies; This REQUIREMENT is not met as evidenced by: Based on a review of facility policy and procedure, observation on tour, and staff interview, the department determined the Medical Director failed to establish and implement methods for infection control as follows: 1. cleaning and sanitizing equipment and surfaces in between patients; 2. cleaning and sanitizing the ultrasound unit in between patients; and 3. operation, maintenance and periodic efficacy testing of the Pelton Crane steam sterilizer autoclave with Attest biological indicators and tracking loads. Findings include: 1. The Surveyor requested the policy and procedure for cleaning equipment and surfaces in between patients. There was no policy and procedure provided to the Surveyor during the survey process. On tour of the patient exam rooms and laboratory	A 089		

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A 089	Continued From page 10 area revealed the following equipment in use on multiple patients during their clinic visits: a. Blood pressure cuffs; b. Oximeters; c. HemoPoint H2; d. Small volume nebulizer; e. thermometers; f. chairs; g. exam tables; h. fabric covered heating pads (4); i. stethoscopes; j. horizontal and vertical surfaces susceptible to patient contact; and k. ultrasound machines. The Physician/Administrator verified during an interview conducted on 8/22/12, that there was no documented policy and procedure for cleaning and sanitizing equipment and surfaces in between patients. 2. The Surveyor requested the policy and procedure describing the process for cleaning and sanitizing the ultrasound unit in between patients. There was no policy and procedure provided during the survey process. Observation on tour revealed 3 ultrasound machines currently in use in the clinic. Employee # 1 stated they routinely use Transeptic solution to clean and sanitize the ultrasound probes and ran out of the solution on 8/21/12. She also stated the clinic does not have a substitute cleaning solution for the Transeptic. Tour of the procedure room revealed 1 ultrasound machine covered with a thick layer of gray dust and debris, and a thick buildup of ultrasound gel caked on the probe tray in the back of the	A 089		

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A 089	Continued From page 11 machine and on the probe itself. The clinic accepts walk-in patients on a daily basis and any of these patients may require an ultrasound for diagnostic and/or therapeutic procedures. The Physician/Administrator verified during an interview conducted on 8/22/12, that there was no policy and procedure identifying the process for cleaning and sanitizing the ultrasound unit, the clinic was and is currently out of the Transeptic cleaning solution, and there was no alternate cleaning and sanitizing solution for the ultrasound units, and the ultrasound unit and probe in the procedure room was not clean. 3. The Surveyor requested the policy and procedure for operating, maintenance, Biological Indicator testing, and load identification during the use of the Pelton Crane steam autoclave unit. There was no policy and procedure provided during the survey process. Review of the " AMERICAN NATIONAL STANDARDS INSTITUTE, INC. (ANSI) & ASSOCIATION FOR THE ADVANCEMENT OF MEDICAL INSTRUMENTATION (AAMI) " reveals: " ...recommendations are intended to promote sterility assurance and to guide health care personnel in the proper use of processing equipment ...Each item or package intended for use as a sterile product should be labeled with a lot control identifier ...The policy ...determines when the lot control label is affixed to the package ...Lot identifiers enable personnel to retrieve items in the event of a recall and to trace problems to their source ...Each sterilization cycle ...should be recorded and maintained ...Biological indicators (BIs) consist of spores ...on a carrier	A 089		

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A 089	Continued From page 12 ...accompanied by the incubation media ...Biological indicators are intended to demonstrate whether the conditions were adequate to achieve sterilization ...All BIs should be used in accordance with the BI manufacturer ' s written indications for use (IFU) .... " Review of the " PELTON CRANE STEAM STERILIZER MAINTENANCE " reveals: " ...Regular weekly cleaning ...It is strongly recommended that the autoclave be cleaned at least weekly ...Clean chamber ...Boiler ring ...Cleaning outside ...Cleaning Stainless steel ...Door gasket ...Air valve .... " Review of the " ATTEST BIOLOGICAL MONITORING SYSTEM " reveals: " ...Biological indicators (BIS) and an incubator make up the Attest system ...two separate BI requiring 48 hour incubation...a log book ...for optimal sterilization quality assurance it is recommended ...BIs be used in test packs to monitor each load of steam sterilized supplies ...dry spore strips ...Validation testing should be performed ...to periodically evaluate products routinely sterilized ...Record results ...Identify the indicator by noting the sterilizer and load number, and the processing date on the label ...Any positive BI must be considered evidence of an inadequate sterilization process ...Attest BI have a 2-year shelf life from the date of manufacturer .... " Observation on tour identified the laboratory as the area where the 2 autoclave units are stored and maintained. The Attest Biological Indicator unit was stored, with the electrical cord wrapped around it, in the cabinet above the specimen freezer. There was currently a load in the autoclave unit.	A 089		

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A 089	Continued From page 13 Random review of 8 of the sterilized instruments revealed no dates on the packaging and no spore testing strips in any of the packages checked. Employee # 5 stated the clinic only uses the darkening of the autoclave tape to determine if the instruments have been sterilized. Surveyor requested the autoclave log book documenting the daily and weekly maintenance/cleaning. There was no evidence of a daily or weekly maintenance/cleaning log for the autoclave. Review of the biological indicator log book demonstrated no BI or dry spore testing performed from 6/20/11 to 8/7/12 and not since 8/8/12. The BI unit contained 12 of 25 indicators which expired on 7/11. There was one sterilization load of 8/8/12 and it was run using expired BIs. Employee # 5 stated the clinic sterilizes 1 to 2 loads a day and a load was last run on 8/22/12 and no BI or dry spore testing strip was used with the load. The Physician/Administrator verified upon interview conducted on 8/22/12 the following: there is no policy and procedure for the operation and maintenance of the 2 autoclave units, BI testing and load identification; there was no BI or spore testing performed from 6/20/11 to 8/7/12 and not since the one load on 8/8/12; the BIs expired on 7/11; the BIs used with the autoclave load on 8/8/12 had expired; there were no log books currently in use documenting the cleaning of the 2 of 2 autoclave units, identifying loads and use of spore testing in same.	A 089		

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A 267	Continued From page 14	A 267		
A 267	R9-10-1510.6. Medications and Controlled Substances R9-10-1510. Medications and Controlled Substances A medical director shall ensure that: 6. Expired, mislabeled, or unusable medications and controlled substances are disposed of according to the abortion clinic's policies and procedures; This REQUIREMENT is not met as evidenced by: Based on a review of facility policy and procedures, observation on tour, and staff interview, the Department determined the Medical Director failed to have policies and procedures documented and implemented that addressed safe practice for expired, mislabeled, or unusable medications and supplies. Findings include: The Medical Director verified on interview conducted on 8/22/12 and 8/24/12, there was no policy and procedure describing how medication and supplies are to be labeled after they are drawn out of the original source; there was no written policy and procedure identifying the expiration time for medications and supplies once opened; there is no policy and procedure describing how infection control is to be practiced when medications and supplies are to be removed from their original containers; and there was no policy and procedure addressing the use of single and multidose vials. The surveyor observed on 08/22/2012 and	A 267		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC5013	A. BUILDING: _____ B. WING _____	08/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

(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
A 267	Continued From page 15 08/24/2012 medication and supplies identified were not correctly labeled, needles and syringes were not maintained as single use items, and the butterfly needles were maintained in a non sterile environment. On tour of the laboratory, medication refrigerator, patient care and procedure rooms the following items are identified: "...2 pre-drawn TB (tuberculin) syringes labeled with the number .25... 8 syringes containing a clear solution and no labeling... 21 syringes in a specimen biohazard bag labeled as Heparin 100 u (units) dated 9/16, expire 12/12... 2 vials normal saline and 1 Potassium Hydroxide only labeled with initials... 6 syringes labeled as Versed... Vasopressin vial open with no labeling... 2 Sterile water single dose vials open... Lidocaine 50 ml (milliliter) multidose vial with no labeling... 1 syringe with no labeling in with a vial of Zofran... 92 open and unsterile butterfly needles with tubing placed in blood draw tray... The Medical Director stated the 92 butterfly needles were removed from the original sterile package for staff convenience. Also, stated she	A 267		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC5013	A. BUILDING: _____ B. WING _____	08/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

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A 267	Continued From page 16 did not know when these needles were opened or how quickly they may be used. "... 12 open needles of various sizes with a residual clear moisture in them, 3 syringes containing the residual of a clear solution; and 1 12 cc (cubic centimeters) syringe, all in a plastic basket in the one of the under counter drawers in the laboratory... 1 un-packaged syringe with needle and no labeling... 1 open multi-use Oxycodone bottle with no labeling... 17 open bottles of ultrasound gel with no labeling... 2 syringes Heparin 100 u (units) dated 10/7/10...." The following medications and supplies were found to have expired dates: " ...Medications ... 1 multi-dose vial of Tuberculin PPD Mantoux expired 11/20/11 ... 3 prefilled syringes of Bicillen C-R expired 8/07 ... 1 bottle of Proparacaine HCL Ophthalmic solution expired 4/08 ...stored in the medication refrigerator... 1 open multi-dose vial of Vitamin B 12 expired 5/12 ... 2 Vitamin B 12 multi-dose vials expired 12/11 and 5 vials expired 5/12 ... 1 bottle Alprazolam tablets expired 3/11 ... 1 bottle Diazepam 10 mg (milligrams) expired 12/11 ... 1 bottle Ferrous Subulfate solution expired	A 267		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC5013	A. BUILDING: _____ B. WING _____	08/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

(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
A 267	Continued From page 17 6/30/11 ... 30 prefilled syringes Heparin expired 4/12 ... 10 of 10 vials Atropine expired 10/11 ... 1 tube Silver Nitrate applicators expired 10/11, 1 expired 4/23/97 and 1 expired 1/08 ... 4 tablets Maxal-MLT expired 6/12 ...stored in the cabinets in the laboratory... 25 multi-dose vials Fentanyl expired 1/12 ... 25 ampules Demerol expired 5/12 ...stored in the narcotic cabinet... 3 multidose vials Narcan expired 12/1/11 ...stored in the major procedure room cabinet...." The Medical Director stated she has to have the Narcan if a drug addict comes in to the clinic drugged up and as a physician she has the authority to use it. She also, stated the Narcan is on backorder and cannot be obtained and she would rather give expired medication then nothing if someone overdoses. As of 8/22/12, the current therapeutic procedure orders include the use of Fentanyl. " ...Supplies ... 3 vials Hemascreen expired 4/12 ... 1 bottle Normal Saline 0.9 % irrigation solution expired 2/10 and 1 expired 11/09 ... 4 bags 3000 cc (cubic centimeters) Normal Saline 0.9 % irrigation solution expired 2/12 ... 2 intravenous caps expired 1/06 ... 1 bottle Plain packing strip expired 11/08 ... 3 bottles Saline solution expired 11/07 ... Urispec 11-way test strips expired 10/11 ... 1 bottle with 10 remaining stripes of 50 Free Style-Lite strips expired 7/12 ... 1 Aptima Urine & Female collection kit expired 7/12 ... 1 bottle Cidex Plus solution expired 1/12 and 1 expired 4/12 ...stored throughout the laboratory area, minor and major procedure rooms...." The Administrator/Physician verified during an interview conducted on 08/22/12 and 08/24/2012	A 267		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC5013	A. BUILDING: _____ B. WING _____	08/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

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A 267	Continued From page 18 the following: There was no policy and procedure addressing the storage and expiration of medication and supplies; There was no monitoring of the medication refrigerator temperature; There was no Schedule II controlled medications currently in the clinic that would warrant the use of the opioid antagonist Narcan; and There was no documentation from the manufacturer or the Arizona Board of Pharmacy that the practice of using expired medications was acceptable.	A 267		

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC5013	A. BUILDING: _____ B. WING _____	R 12/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

(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
{A 000}	Initial Comments Based on an acceptable Plan of Correction submitted to the Department of Health Services on 12/20/12, no onsite State Compliance follow up survey was conducted for Event # T2L211. _____ ADHS Rep Date	{A 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/27/12

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC5013	A. BUILDING: _____ B. WING _____	C 07/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

(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
A 000	Initial Comments There were no deficiencies found at the time of the off site complaint investigation for complaint AZ00083485 and event #NYPM11. _____ ADHS Signature DATE:	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC5013	A. BUILDING: _____ B. WING _____	01/31/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELBACK FAMILY PLANNING	4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018

(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
A 000	Initial Comments There were no deficiencies cited during the State initial licensing survey conducted on 10/12/2010. _____ ADHS Representative Date	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

City of Phoenix

CERTIFICATE OF OCCUPANCY

MAIL TO:

BUILDCOR CONSTRUCTION LLC
722 E FLYNN LANE
PHOENIX, AZ 85024

Issuance of this Certificate of Occupancy indicates the following described building, or portion of a building, has been inspected and been found to be in substantial compliance with applicable city codes and ordinances for the hereby authorized use and occupancy. No change in use, occupancy, or of use is allowed without obtaining a new Certificate of Occupancy. This building shall be maintained in a safe and sanitary condition. All devices, safeguards and exit facilities shall be maintained in good working order. This Certificate of Occupancy shall be void if any requirement, condition or stipulation of Certificate of Occupancy or of the authorizing permits is violated. This Certificate of Occupancy is to be kept on the subject property, and is required to be posted for public information if so ordered by the building official.

SUBJECT ADDRESS: 4141 N 32ND ST

OWNER: RIMROCK 32ND ST INVESTORS LLC
3333 E CAMELBACK RD #253
PHOENIX, AZ 85016

CERTIFICATE #: 0605230 **BUILDING PERMIT:** BLD 06002639

ISSUED: 28-APR-2006

PROJECT: 04-261 - MEDICAL OFFICE BUILDING

FLOOR AREA: 2,336

AUTHORIZED USE AND OCCUPANCY: I:B

phrp0101 rev 1.1 kl

EFFECTIVE BUILDING CODES: 2003 IBC, 2003 IRC, 2003 IMC, 2003 IECC (As amended by the 2004 supplement), 2005 NEC, ARIZONA STATE PLUMBING CODE

PROJECT NAME: DR GABRIELLE GOODRICK STE 105 LOG#: LPRT 0504687 PROJECT#: 04-261 SITE INSP (N)
SPECIAL EGRESS CONTROL (N) SPRINKLERS (Y) FIRE ALARM (N) EMERGENCY LIGHTING (Y)
ELEVATORS (N) DEFERRED SUBMITTAL (N) SPEC PER PCC SEC. 1701 (N) STR SEC. 1702 (N)
ELEC PCC SEC. 2702 (N) ELEC OBS PCC SEC. 2703 (N)
WATER METERS: EXISTING 2" SECONDARY BACKFLOW (N)

SCOPE OF WORK: BLDG PLMB MECH ELEC LSC PCD
ZONING: C-0
REVIEWER: DBA

DESCRIPTION OF WORK: Tenant improvement for a medical office in an existing shell building. Work includes: interior non-bearing partitions; ADA restrooms; millwork and finishes; split system HVAC with air distribution ductwork; associated mechanical, plumbing and electrical. Ste 105

NOTE: A SEPARATE PERMIT MAY BE REQUIRED WITH THE PHOENIX FIRE DEPARTMENT FOR:
-FIRE PROTECTION SYSTEM INSTALLATIONS/MODIFICATIONS

City of Phoenix
FIRE PREVENTION

Fire Inspection Notice

Inspector: Farren, Dan	**Inspector Email:** daniel.farren@phoenix.gov	**Inspector Phone:** 602-320-0397
Date of Inspection: 12/6/2017	**Occupancy Name:** Jackrabbit Family Medicine	**Permit No.** FPSR 1702954
Property Address: 4141 N. 32nd St.	**Suite No.** 105	**Property Phone:** 602-279-2337
Responsible Party: Kat Sabine		**RP Phone:** 602-279-2337
Responsible Party Email: kats@camelbackfamilyplanning.com		**RP 2nd Phone:**
Responsible Party After Hours: Gabrielle Goodrich		**RP After Hrs Phone:** 602-292-3582
Property Owner: 4141 N 32ND STREET CONDO ASSOC		**Owner Phone:**
Owner Address: 4141 N 32ND ST # 105		**Owner 2nd Phone:**
Owner Email:		

Notes:
No violations observed at time of inspection..

Occupancy Class	Square Footage	Cooking Operation	SHU Facility	Fire Alarm System	Dialer
Group B	2,500	☐	☐	Yes ○ No ◉	Yes ◉ No ○

Fire Sprinklers	Fire Pump	Emergency Lighting	Emergency Generator
◉ Yes ○ No ○ Partial	Yes ○ No ◉ Electric ○	Yes ◉ No ○	Yes ○ No ◉

In Compliance ☑ Served Via: ◉ E-Mail ○ Postal Mail ○ In Person

Nothing in this report or actions taken in response to this report shall be construed as relieving the owner/occupant of the subject property from the obligation to comply with all laws, codes, rules and regulations applicable to the premises. This is an official notice of required corrections within the specified timeframe. Failure to correct these requirements may lead to civil and/or criminal penalties assessed against any occupant, lessor, lessee, manager licensee, or other person having control over the property and/or operation. Violations of Phoenix City Code § Chapter 15 - Phoenix Fire Code is a Class 1 misdemeanor punishable by a fine, not to exceed Two Thousand Five Hundred Dollars ($2,500) for each violation per day and imprisonment not exceeding six months, or both. For information concerning this official notice call 602-262-6771 VOICE OR TTY 602-495-5555.

Customer Name:	Customer Title:
Kat Sabine	Representative

Date: 12/6/2017

☑ This report has been reviewed and a copy provided to the customer named above.

Phoenix Fire Department - Fire Prevention Division - 150 S 12th Street, Phoenix AZ 85034 - 602-262-6771

Form Status: New

City of Phoenix

FIRE PERMIT

To find out about Phoenix construction code adoption news and to research your permits or projects, please visit http://www.phoenix.gov/PDD

150 South 12th Street
Phoenix, Arizona 85034
General Information (602)262-6771

POST THIS PERMIT ON JOB SITE

Permit # F416 1800038 **Issue Date** 04-JAN-2018 **Expires** 04-JAN-2019

Permit Description CAMELBACK FAMILY PLANNING

Project 04-261 MEDICAL OFFICE BUILDING

Address 4141 N 32ND ST PHOENIX AZ 85018-4775 **Zoning** C-O

L * B * 4141 PROFESSIONAL OFFICES **Q S** Q17-35 **APN** 170-29-095 **Dist** 08

Description/Scope of Work: FP MEDICAL FACILITY PERMIT

FACILITY NAME: JACKRABBIT FAMILY MEDICINE

FACILITY TYPE: MEDICAL FACILITY

CONTACT NAME: KAT SABINE

CONTACT NUMBER: 602-279-2337

THIS PERMIT IS NOT TRANSFERABLE

All City of Phoenix Regulations and the Phoenix Fire Codes shall apply. This permit shall expire (12) twelve months from the date of issue. This permit is not transferable. New fire inspection and permit is required at change of ownership. Call (602) 262-6771 to schedule an inspection.

Owner Information

Name 4141 N 32ND STREET CONDO ASSOC Fax

Address 4141 N 32ND ST # 105 PHOENIX AZ 85018 Phone

Certificate of Occupancy Type: **COFC**

Contractor Information

Instructions and Comments

Permit Issued By DFAR Entered By DFAR

Inspections Required: FIRE-GEN

bvrp01fd