Division of Public Health Curlis State Office Building 1000 SW Jackson St., Suite 330 Topeka, KS 66612-1365



Phone: 785-296-0127 Fax: 785-559-4250 www.kdheks.gov/bhfr

Lee A. Norman, M.D., Acting Secretary

Laura Kelly, Governor

April 9, 2019

Comprehensive Health of Planned Parenthood Great Plains 44001 West 109th Street, Suite 100 Overland Park, Kansas 66211

Medical Care Facility License Approval for April 2019 Ambulatory Surgery Center State I.D. Number: S-046-001

Dear Mr. Brandon Hill, PhD,

This is a correction letter for the Medical Care Facility Approval Letter dated March 15, 2019 which listed your facility State I.D. Number: S-045-011, please use this corrected letter.

The Health Facilities Program has received the Medical Care Facility Annual Report for the Ambulatory Surgery Center. The state agency has amended our records according to the licensure application received for April 2019. The ASC new effective dates are April 1, 2019 through April 1, 2020. Please maintain a copy of this letter for individuals who may request the effective dates of this ASC license.

As a medical care facility, you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law.

A new license will be issued upon a change in the name on the face of the license or change in the address.

We appreciate your cooperation with Health Facilities Program during the annual renewal process and if our office can be of any assistance to you, do not hesitate to contact us.

Thank you,

Marílyn St Peter

Marilyn St Peter, RN, Director Health Facilities Program Kansas Department of Health and Environment Bureau of Community Health Systems 1000 SW Jackson St., Ste. 330 Topeka, KS 66612 Marilyn.St.Peter@ks.gov



Jim Perkins, Director Health Facilities Program 1000 SW Jackson, Suite 330 Topeka, KS 66612-1365



Jim.perkins@ks.gov Phone: 785-296-0131 Fax: 785-559-4250

www.kdheks.gov/bhfr/index.html

Susan Mosier, MD. Secretary

Department of Health & Environment

Sam Brownback, Governor

March 16, 2017

Comprehensive Health of Planned Parenthood Great Plains 44001 West 109th Street, Suite 100 Overland Park, Kansas 66211

Medical Care Facility License Approval Letter for April 2017 Kansas State ID No.: S-046-001

Dear Ms. McQuade,

The Health Facilities Program has received the Medical Care Facility Annual Report for the Ambulatory Surgery Center. The license application is approved for April 2017. The new effective dates are April 1, 2017 through April 1, 2018. Please maintain a copy of this letter for individuals who may request the effective dates of the ASC license.

As a medical care facility, you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law.

A new license will be issued upon a change in the name on the face of the license or change in the address.

We appreciate your cooperation with Health Facilities Program during the annual renewal process and if our office can be of any assistance to you, do not hesitate to contact us.

Thank you,

Jim Perkins, Director Health Facilities Program



Health Facilities Program 1000 SW Jackson, Suite 330 Topeka, KS 66612-1365



Phone: 785-296-0127 Fax: 785-291-3419 www.kdheks.goy/bhfr/index.html

Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

Americans

United for Life

March 24, 2016

Comprehensive Health of Planned Parenthood of Kansas &Mid-Missouri 44001 West 109th Street, Suite 100 Overland Park, Kansas 66211

Medical Care Facility License Approval Letter for April 2016 Kansas State ID No.: S-046-001

Dear Ms. McQuade,

Health Facilities Program received the renewal application for the ambulatory surgery center license. The application has been reviewed and approved for 2016. The new effective dates will be from April 1, 2016 until April 1, 2017. I would suggest you maintain a copy of this letter for individuals requesting the effective dates of the ASC license.

As a medical care facility, you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law. A new license will be issued upon a change in the name on the face of the license or change in the address.

Your compliance with this licensing agency is appreciated. If my staff can be of any assistance to you, do not hesitate to contact our office.

Thank you,

Ashley Goss

Bureau Director

ashley ow

Joyce Smith, Director Health Facilities Program 1000 SW Jackson, Suite 330 Topeka, KS 66612-1365



Phone: 785-296-0131 Fax: 785-291-3419 jsmith@kdheks.gov

www.kdheks.gov/bhfr/index.html

Susan Mosier, MD, Interim Secretary

Department of Health & Environment

Sam Brownback, Governor

April 22, 2015

Comprehensive Health of Planned Parenthood of Kansas and Mid-Missouri 4401 West 109th Street, Suite 100 Overland Park, Kansas 66211-3170

Medical Care Facility License Approval for May 2015 Kansas State ID No.: S-046-001

Dear Ms. McQuade,

Health Facilities Program received the renewal application for the ambulatory surgery center license. The application has been reviewed and approved for 2015. The new effective dates will be from May1, 2015 until May 1, 2016. I would suggest you maintain a copy of this letter for individuals requesting the effective dates of the ASC license.

As a medical care facility you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law. A new license will be issued upon a change in the name on the face of the license or change in the address.

Your compliance with this licensing agency is appreciated. If my staff can be of any assistance to you, do not hesitate to contact our office.

Thank you,

Joyce Smith, Director Health Facilities Program Americans United for Life Joyce Smith, Director Health Facilities Program 1000 SW Jackson, Suite 330 Topeka, KS 66612-1365



Phone: 785-296-0131 Fax: 785-291-3419 jsmith@kdheks.gov www.kdheks.gov/bhfr/index.html

Susan Mosier, MD, Interim Secretary

Department of Health & Environment

Sam Brownback, Governor

Americans

United

for Life

June 3, 2015

Comprehensive Health of P P K M, Inc 44001 West 109th Street, Suite 100 Overland Park, Kansas 66211

Medical Care Facility License Approval Letter for April 2015 Kansas State ID No.: S-046-001

Re: This is a revision letter for the letter dated April 22, 2015. This letter is to correct the new effective dates for the ASC license.

Dear Ms. McQuade,

Health Facilities Program received the renewal application for the ambulatory surgery center license. The application has been reviewed and approved for 2015. The new effective dates will be from April 1, 2015 until April 1, 2016. I would suggest you maintain a copy of this letter for individuals requesting the effective dates of the ASC license.

As a medical care facility you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law. A new license will be issued upon a change in the name on the face of the license or change in the address.

Your compliance with this licensing agency is appreciated. If my staff can be of any assistance to you, do not hesitate to contact our office.

Thank you,

Joyce Smith, Director Health Facilities Program Jim Perkins, Director Health Facilities Program 1000 SW Jackson, Suite 330 Topeka, KS 66612-1365



Jim.perkins@ks.gov Phone: 785-296-0131 Fax: 785-559-4250 www.kdheks.gov/bhfr/index.html

Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

June 19, 2017

South Wind Women's Center 5107 East Kellogg Drive Wichita, Kansas 67218

Medical Care Facility License Approval Letter for July 2017 Kansas State ID No.: S-087-025

Dear Ms. Burkhart,

The Health Facilities Program has received the Medical Care Facility Annual Report for the Ambulatory Surgery Center. The license application is approved for July 2017. The ASC new effective dates are July 1, 2017 through July 1, 2018. Please maintain a copy of this letter for individuals who may request the effective dates of the ASC license.

As a medical care facility, you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law.

A new license will be issued upon a change in the name on the face of the license or change in the address.

We appreciate your cooperation with Health Facilities Program during the annual renewal process and if our office can be of any assistance to you, do not hesitate to contact us.

Thank you,

Jim Perkins, Director Health Facilities Program Americans United for Life Joyce Smith, Director Health Facilities Program 1000 SW Jackson, Suite 330 Topeka, KS 66612-1365



Phone: 785-296-0131 Fax: 785-291-3419 jsmith@kdheks.gov www.kdheks.gov/bhfr/index.html

Susan Mosier, MD, Interim Secretary

Department of Health & Environment

Sam Brownback, Governor

June 18, 2015

South Wind Women's Center 5107 East Kellogg Drive Wichita, Kansas 67218

Medical Care Facility License Approval Letter for July 2015 Kansas State ID No.: S-087-025

Dear Ms. Burkhart,

Your application for the ambulatory surgery center has been received and approved for July 2015. The new effective dates will be from July 1, 2015 until July 1, 2016. I would suggest you maintain a copy of this letter for individuals requesting the effective dates of the ASC license.

As a medical care facility you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law. A new license will be issued upon a change in the name on the face of the license or change in the address.

Your compliance with this licensing agency is appreciated. If my staff can be of any assistance to you, do not hesitate to contact our office.

Thank you,

Joyce Smith, Director Health Facilities Program



Division of Public Health Curtis State Office Building 1000 SW Jackson St., Suite 330 Topeka, KS 66612-1365



Phone: 785-296-0127 Fax: 785-559-4250 www.kdheks.gov/bhfr

Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

June 21, 2019

South Wind Women's Center 5107 East Kellogg Drive Wichita, Kansas 67218

Re: Medical Care Facility License Approval for July 2019 Ambulatory Surgery Center Facility State I.D. Number: S-078-025

Dear Julie Burkhart.

The Kansas Department of Health and Environment/ Health Facilities Program received the Medical Care Facility Annual Report for the Ambulatory Surgery Center. The state agency has amended or records according to the ASC licensure application for July 2019. The ASC new effective dates are July 1, 2019 through July 1, 2020. Please maintain a copy of this letter for individuals who may request the effective dates of this ASC license.

As a medical care facility, you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law.

A new license will be issued upon a change in the name on the face of the license or change in the address.

We appreciate your cooperation with Health Facilities Program during the annual renewal process and if our office can be of any assistance to you, do not hesitate to contact us.

Thank you,

Marilyn St Peter

Marilyn St Peter, RN, Director Health Facilities Program Kansas Department of Health and Environment Bureau of Community Health Systems 1000 SW Jackson St. Ste. 330 Topeka, KS 66612 Marilyn.St.Peter@ks.gov



PRINTED: 04/10/2018 FORM APPROVED Kansas Department of Health and Environment STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ С B. WING S046001 05/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4401 WEST 109TH STREET SUITE 100 **COMPREHENSIVE HEALTH OF P P GREAT PPI OVERLAND PARK, KS 66211** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 00 Initial Comments S 00 The following citations represent the findings of ASC complaint survey (#QSJD11) Emailed 5/28/15 S 140 28-34-52a(a)(7) PATIENT RIGHTS S 140 At a minimum, each facility shall ensure that each patient has a right to the following: (7) be informed of the facility's policies regarding patient rights. This REQUIREMENT is not met as evidenced by: The Ambulatory Surgical Center (ASC) reported an average of 133 procedures per month. Based on medical record review, document review and staff interview the ASC failed to provide patients with notice of patient rights and advance directives for 12 of 12 sampled patients (Patient #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12). The ASC's failure to provide patients with their Bill of Rights and Advance Directives had the potential to not meet their needs or encourage them to take an active role in their health care. Findings include: - Policy titled "Bill of Patient Right" reviewed on 5/27/15 at 8:30am directed "...The Health Center Manager is responsible for ensuring staff and patients are familiar with these choices, rights, and responsibilities ..."

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

- Policy titled "Advanced Directive Policy" reviewed on 5/27/15 at 9:00am directed "... all adult patients will be provided the opportunity to learn about and/or make a valid advance directive

TITLE

..."

Kansas	Department of Healt	n and Environment	•		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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S 140	- Patient #1's medi 5/27/15 at 1:00pm in 5/26/15 for a surgic record lacked evide advanced directives - Patient #2's medi 5/27/15 at 1:15pm in 12/20/14 for a surgic record lacked evide advanced directives - Patient #3's medi 5/27/15 at 1:30pm in 12/22/14 for a surgic record lacked evide advanced directives - Patient #4's medi 5/27/15 at 1:45pm in 1/24/15 for a surgic record lacked evide advanced directives - Patient #5's medi 5/27/15 at 2:00pm in 4/30/15 for a surgic record lacked evide advanced directives - Patient #6's medi 5/27/15 at 2:30pm in 12/30/14 for a surgic record lacked evide advanced directives - Patient #6's medi 5/27/15 at 2:30pm in 12/30/14 for a surgic record lacked evide advanced directives - Patient #7's medi 5/27/15 at 2:30pm in 12/30/14 for a surgic record lacked evide advanced directives - Patient #7's medi	ical record reviewed on revealed an admission date of eal abortion. The medical ence the ASC provided is and patient rights. Ical record reviewed on revealed an admission date of ical abortion. The medical ence the ASC provided is and patient rights. Ical record reviewed on revealed an admission date of ical abortion. The medical ence the ASC provided is and patient rights. Ical record reviewed on revealed an admission date of ical abortion. The medical ence the ASC provided is and patient rights. Ical record reviewed on revealed an admission date of ical abortion. The medical ence the ASC provided is and patient rights. Ical record reviewed on revealed an admission date of ical abortion. The medical ence the ASC provided is and patient rights. Ical record reviewed on revealed an admission date of ical abortion. The medical ence the ASC provided	S 140		Samericans
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PRINTED: 04/10/2018 **FORM APPROVED** Kansas Department of Health and Environment STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING S046001 05/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4401 WEST 109TH STREET SUITE 100 **COMPREHENSIVE HEALTH OF P P GREAT PPI OVERLAND PARK, KS 66211** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 140 Continued From page 2 S 140 advanced directives and patient rights. - Patient #8's medical record reviewed on 5/27/15 at 1:15pm revealed an admission date of 11/1/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights. - Patient #9's medical record reviewed on 5/27/15 at 1:30pm revealed an admission date of 11/8/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights. - Patient #10's medical record reviewed on 5/27/15 at 1:45pm revealed an admission date of 11/11/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights. Patient #11's medical record reviewed on 5/27/15 at 2:00pm revealed an admission date of 11/6/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights. - Patient #12's medical record reviewed on 5/27/15 at 2:15pm revealed an admission date of 12/16/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights. - Staff A interviewed on 5/27/15 at 3:15pm acknowledged the ASC lacked evidence of



advanced directives and receipt of patient rights in the medical records for patient #'s 1, 2, 3, 4, 5,

- Staff B interviewed on 5/27/15 at 2:30pm

6, 7, 8, 9, 10, 11, and 12.

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	at 4:45 pm revealed G's personnel reco	nel record reviewed on 5/26/15 d a hire date of 2/2/05. Staff rd lacked evidence of an e evaluation and initial medical				
	5/26/16 at 4:45pm records for staff A,	es (HR) staff C interviewed on acknowledged personnel B, D, E, F and G are missing rformance evaluations and ns.				
	staff to include perf	o develop a policy directing formance evaluations and in the personnel files for SC.				S
S 575	28-34-58a(b) INFE	CTION CONTROL	S 575			
		each individual shall have a on consisting of examinations			Ameri	cans ted
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Kansas	Department of Healt	h and Environment				
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S 575	appropriate to the cincluding a tubercu medical examination shall be given period facility's policies This REQUIREMEI by: The Ambulatory Su an average census Based on documenthe ASC lacked evi TB skin test for six reviewed (staff A, E Findings include: - Staff A's personnat 4:45 pm revealed A's personnel recommedical exam and - Staff B's personnat 11:30 am revealed A's personnel recommedical exam and - Staff D's personnat 4:45 pm revealed D's personnel recommedical exam and - Staff E's personnat 4:45 pm revealed D's personnel recommedical exam and - Staff E's personnat 4:45 pm revealed E's personnel recommedical exam and	duties of the employee, lin skin test. Subsequent ons or health assessments odically in accordance with the NT is not met as evidenced of 133 procedures per month. It review and staff interview, dence of a medical exam and of six personnel records B, D, E, F, and G). el record reviewed on 5/26/15 d a hire date of 4/6/15. Staff ord lacked evidence of a TB skin test. tel record reviewed on 5/27/15 ed a hire date of 9/15/06. Staff ord lacked evidence of a TB skin test. tel record reviewed on 5/26/15 d a hire date of 12/8/14. Staff ord lacked evidence of a TB skin test. tel record reviewed on 5/26/15 d a hire date of 4/27/11. Staff ord lacked evidence of a TB skin test.		A		cans
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	Department of Health and Environment				
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S 575	Continued From page 6	S 575			
ı	F's personnel record lacked evidence of a medical exam and TB skin test.				
	- Staff G's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 2/2/05. Staff G's personnel record lacked evidence of a medical exam and TB skin test.				
	- Human Resources (HR) staff C interviewed on 5/26/16 at 4:45pm acknowledged personnel records for staff A, B, D, E, F and G are missing the required medical exam upon hire and evidence of TB skin test.				
	- The ASC failed to develop a policy directing staff to require a medical exam upon hire appropriate to the duties of the employee and evidence of a TB skin test in the personnel files for employees of the ASC.				
S 580	28-34-58a(b) INFECTION CONTROL	S 580			
	Each ambulatory surgical center shall develop policies and procedures for the control of communicable diseases, including maintenance of immunization histories and the provision of educational materials for patient care staff. Cases of employees with tuberculin skin test conversion shall be reported to the Kansas department of health and environment.				
	This REQUIREMENT is not met as evidenced by:			Sy	3
	The Ambulatory Surgery Center (ASC) reported an average census of 133 procedures per month. Based on document review and staff interview, the ASC lacked evidence of immunization			Ameri Uni	_
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Kansas Department of Health and Environment

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	histories for six of s (staff A, B, D, E, F,	ix personnel records reviewed and G).				
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	at 4:45 pm revealed	nel record reviewed on 5/26/15 d a hire date of 2/2/05. Staff rd lacked evidence of ries.				Ŝ
		es (HR) staff C interviewed on acknowledged personnel				ted
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FORM APPROVED Kansas Department of Health and Environment STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING S046001 05/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4401 WEST 109TH STREET SUITE 100 **COMPREHENSIVE HEALTH OF P P GREAT PPI OVERLAND PARK, KS 66211** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 580 Continued From page 8 S 580 records for staff A, B, D, E, F and G lacked evidence of immunization histories. - The ASC failed to develop a policy directing staff to maintain evidence of immunization histories in the personnel files for employees of the ASC.

