

Division of Public Health

State of Nebraska
Dave Heineman, Governor

April 27, 2011

Jennifer Warren Ulrick
Administrator
Planned Parenthood of the Heartland
3105 North 93rd Street
Omaha, NE 68134

Dear Ms. Warren Ulrick:

The results of the state licensure inspection to add procedures as defined in Neb. Rev. Stat. §28-326 for your Health Clinic have been reviewed. The inspection was conducted on April 22, 2011 by Dawn Freiberg, RN of this Department. We are pleased to inform you that your facility is in compliance with 175 NAC 7 -- Regulations Governing Licensure of Health Clinics -- to provide these services effective April 22, 2011.

The enclosed form indicates your facility is in compliance. Please keep the form for your files. No response is required.

Thank you for the courtesy and assistance during the inspection. If you have any questions, do not hesitate to contact this office.

Sincerely,



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

Enclosures: State Form
Survey Evaluation Form
Initial Licensure Inspection Protocols



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Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2011
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 3105 NORTH 93RD STREET OMAHA, NE 68134
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 000	<p>Initial Comments</p> <p>Planned Parenthood of the Heartland Northwest Health Center is in compliance with Title 175 Chapter 7 Regulations Governing Licensure of Health Clinic pertaining to the provision of medical/surgical abortion services.</p>	G 000		

Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE (X6) DATE
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Division of Public Health

Mailing Address: Box 94986
Lincoln, NE 68509-4986
Deliveries: 301 Centennial Mall South 3rd Floor/Licensure Unit

State of Nebraska

Dave Heineman, Governor

February 15, 2011

Jennifer Warren Ulrick
Administrator
Planned Parenthood of the Heartland
3105 North 93rd Street
Omaha, NE 68134

Dear Ms. Warren Ulrick:

The results of the initial state licensure inspection of the Health Clinic have been reviewed. The inspection was conducted on February 9, 2011 by Mary Kulhanek, RD of this Department. We are pleased to inform you that your facility is in compliance with 175 NAC 7 -- Regulations Governing Licensure of Health Clinics.

The enclosed form indicates your facility is in compliance. Please keep the form for your files. No response is required.

Currently health clinic provides family planning and screening services. Please notify this office prior to providing additional services so that an onsite inspection can be completed.

Thank you for the courtesy and assistance during the inspection. If you have any questions, do not hesitate to contact this office.

Sincerely,

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

Enclosures: State Form
Survey Evaluation Form
Initial Licensure Inspection Protocols



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Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2011
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 3105 NORTH 93RD STREET OMAHA, NE 68134
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G 000	<p>Initial Comments</p> <p>Planned Parenthood of the Heartlands, 3105 N 93rd Street, Omaha, NE is in compliance with Title 175 Chapter 7 Regulations Governing Licensure of Health Clinics.</p>	G 000		

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

TITLE

(X6) DATE



October 9, 2012

Mailing Address:

Box 94986
Lincoln, NE 68509-4986

Deliveries:

501 Centennial Mall South 3rd Floor/ Licensure Unit

Division of Public Health

State of Nebraska
Dave Heineman, Governor

Jennifer Warren-Ulrick, Administrator
Planned Parenthood of The Heartland
3105 North 93rd Street
Omaha, NE 68134

Dear Ms. Warren-Ulrick:

An onsite inspection was conducted to determine whether the above-named facility was in violation of Health Clinic licensure regulations that pertain to the below-stated allegations. The results of this inspection indicate that the facility was found to have not committed a violation.

Investigation/Inspection Dates: September 21, 2012-September 24, 2012

Surveyor(s): Dawn Freiberg, Registered Nurse

ALLEGATION:

The facility failed to ensure an informed, properly executed consent for surgical procedure was obtained.

FINDINGS:

Record review of 10 sampled patients found properly executed informed consents in all 10 records.

ALLEGATION:

The facility failed to ensure a patient history and physical examination was performed prior to surgery.

FINDINGS:

Record review of 8 of 8 sampled surgical abortion medical records found that a nursing history and physician history and physical examination was documented for each patient.

ALLEGATION:


The facility failed to release medical records upon consent of the patient.

FINDINGS:

Record review of facility policies and procedures related to medical records and staff interviews confirmed records are only released to the patient or legally responsible person after verification of identification. There was no evidence the facility did not follow their policy for release of medical records.

We thank you and your staff for the cooperation given during the investigation. This correspondence is for your files and does not require a response. Please contact this office if you have questions.

Sincerely,


Helen L. Meeks, Administrator
Licensure Unit
Division of Public Health
Nebraska Department of Health and Human Services
(402) 471-0179

HM/smm



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Nebraska DHHS Licensure Unit

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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 3105 NORTH 93RD STREET OMAHA, NE 68134
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G 000	<p>Initial Comments</p> <p>Planned Parenthood of the Heartland was found in compliance with Title 175 Chapter 7 Regulations 7-006.04 Patient Rights, 7-006.06 Patient Care and Treatment, 7-006.06 C Patient Education, and 7-006.07 Record Keeping Requirements for Health Clinics.</p>	G 000		

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

TITLE

(X6) DATE



March 10, 2016

Jennifer Warren-Ulrick
Administrator
Planned Parenthood Of The Heartland
3105 North 93rd Street
Omaha, NE 68134

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Ms. Warren-Ulrick:

On we conducted a review of paperwork for your revisit to verify that your facility had achieved and maintained compliance. Enclosed is the RevisitState Form showing that your facility was found to be in compliance.

Centers for Medicare and Medicaid Services (CMS) has been notified of the results of our finding that your facility is in compliance.

If you have any questions regarding this correspondence, please contact this office.

Sincerely,



Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities
DHHS Public Health - Licensure Unit
P O Box 94986, Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov

DM/lc

Enclosures: CMS-2567B



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STATE FORM: REVISIT REPORT

LICENSURE UNIT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER
HC056

MULTIPLE CONSTRUCTION
A. Building
B. Wing

FEB 17 2016

DATE OF REVISIT
2/12/2016

RECEIVED

NAME OF FACILITY
PLANNED PARENTHOOD OF THE HEARTLAND

STREET ADDRESS, CITY, STATE, ZIP CODE
3105 NORTH 93RD STREET
OMAHA, NE 68134

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix G0020	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 7-006.01	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/12/2016	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY REVIEWED BY (INITIALS) *AW* DATE *3/10/2016*

SIGNATURE OF SURVEYOR *Mary Ann...* DATE *2-12-16*

REVIEWED BY CMS RO REVIEWED BY (INITIALS) DATE

TITLE

FOLLOWUP TO SURVEY COMPLETED ON 8/21/2015

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO



Meyer, Diana

From: Warren-Ulrick, Jennifer <Jennifer.Warren-Ulrick@PPHeartland.org>
Sent: Tuesday, September 15, 2015 2:03 PM
To: Meyer, Diana
Cc: Moeller, Suzette; McQuinn, Kim; Racey, Lindsay
Subject: RE: PP plan of correction letter

Hi Diana,

Sorry I forgot that piece! The Nebraska health centers will be fully compliant by 10/15/15.

Please let me know if there is anything else.

Thanks!

Jennifer Warren Ulrick
Director of Health Services
Planned Parenthood of the Heartland

POC
approved.
9/16/15.
JWU/SW

jwu

From: Meyer, Diana [mailto:Diana.Meyer@nebraska.gov]
Sent: Monday, September 14, 2015 1:33 PM
To: Warren-Ulrick, Jennifer
Cc: Moeller, Suzette; McQuinn, Kim
Subject: PP plan of correction letter
Importance: High

Jennifer,

Thank you for submitting your plan of corrective action for the inspections conducted at the Lincoln and Omaha Planned Parenthood health clinics. We appreciate your timeliness! We do still need a date from you as to when you expect the facilities to be in correction. This needs to be a specific date sometime from the date of the exit until whenever you felt/feel they will be corrected. , i.e, October 1, 2015, etc.

If you have any questions, please give me a call. Thanks again!

Diana Meyer, RN, BSN – Program Manager
Acute Care Facilities/CLIA/Healthcare Facility Construction
301 Centennial Mall, S, 3rd Floor
Lincoln, NE 68508
402-471-3484
diana.meyer@nebraska.gov
DHHS.facilityconstruction@nebraska.gov
DHHS.acutecarefacilities@nebraska.gov



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JWU



LICENSURE UNIT

SEP 14 2015

RECEIVED

1171 - 7th Street
Des Moines, IA 50314
p: 1.877.811.7526
www.ppheartland.org

Planned Parenthood of the Heartland

September 11, 2015

Diana Meyer, RN BSN – Program Manager
Office of Acute Care Facilities
DHHS Public Health – Licensure Unit
PO Box 94986
Lincoln, NE 68509

Dear Ms. Meyer,

Thank you for your recent review of our practices in our Omaha and Lincoln health centers. This letter is to address the finding of noncompliance regarding the statistical reporting requirements of our abortion patients, “Report of Induced Abortion” that is due to the state within 15 days of the end of the calendar month in which the abortion was performed. The following corrective action has been put in place:

- Reviewed requirements with management staff at both health centers.
- The manager is ultimately responsible for ensuring this task is completed timely, she may delegate the task to a staff person, but will be held accountable to see that it is completed.
- A calendar appointment has been placed on both center manager’s calendars on the 8th of the month to remind staff that the reports are coming due.
- For the next 6 months, the regional director will confirm that the statistical report has been submitted timely.

Please let me know if you need additional information.

Jennifer Warren Ulrick
Director of Health Services
Planned Parenthood of the Heartland



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Handwritten signature and date: [Signature] 9/15/15

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLANI	STREET ADDRESS, CITY, STATE, ZIP CODE 3105 NORTH 93RD STREET OMAHA, NE 68134
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G 020	<p>7-006.01 Licensure Responsibilities</p> <p>The licensee of each health clinic must assume the responsibility for the total operation of the facility. The licensee responsibilities include:</p> <ol style="list-style-type: none"> 1. Monitoring policies to assure the appropriate administration and management of the health clinic; 2. Maintaining the health clinic ' s compliance with all applicable state statutes and relevant rules and regulations; 3. Providing quality care and treatment to patients whether care and treatment are furnished by health clinic staff or through a contract with the health clinic; 4. Periodically reviewing reports and recommendations regarding the Quality Assurance/Performance Improvement program and implementing programs and policies to maintain and improve the quality of patient care and treatment; 5. Maintaining written minutes of meetings and actions; 6. Designating an administrator who is responsible for the day to day management of the health clinic and defining the duties and responsibilities of the administrator in writing; 7. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs including who will be responsible for the position until another administrator is appointed; 8. Notifying the Department in writing within five working days when the vacancy is filled including effective date and name of person appointed administrator; and 9. Determining if emergency medical technician-intermediates or emergency medical technician-paramedics may perform activities within their scope of practice as either an employee or volunteer within the health clinic. 	G 020		
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Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE
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Nebraska DHHS Licensure Unit

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G 020	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Surveyor: 15107</p> <p>Based on staff interview; review of policy and procedures, review of certified mail receipts and DHHS statistical data; the HC (Health Clinic) failed to complete and/or submit the required Report of Induced Abortion form to the Nebraska Department of Health and Human Services (NDHHS) within 15 days after the reporting month for seven months out of seven months since January 1, 2015. Nebraska State Statute 28-343 requires the following: "The Department of Health and Human Services shall prescribe an abortion reporting form which shall be used for the reporting of every abortion performed in this state...The completed form shall be signed by the attending physician and sent to the department within fifteen days after each reporting month".</p> <p>Findings are:</p> <p>A. Review of the policy and procedure titled 'Statistical Reporting' (Revised 6/15) revealed the following: "The State of Nebraska requires that all abortions performed in the state be reported within 15 days of the end of the calendar month in which the abortion was performed. Nebraska Department of Health and Human services has provided us with a form to utilize for this purpose. The form is called Report of Induced Abortions. One form is filled out for each patient who has an abortion or spontaneous termination of pregnancy. The PP Heartland [Planned Parenthood] clinician who performed the abortion must sign the form. Forms are mailed monthly to the Vital Records Office by the 15th of the month."</p>	G 020		
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Licensure Unit
STATE FORM

6899

DSGZ11



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continuation sheet of

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2015
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G 020	<p>Continued From page 2</p> <p>B. Interview with the Office Manager on 8/18/15 at 2:30 PM revealed the following: U.S. (United States) Postal Service Certified Mail receipts for the mailing of the State of Nebraska Report of Induced Abortion forms to Vital Statistics for reports for the months of December 2014 through May 2015. The Business Office Manager confirmed May was last completed report sent in and "I'm a little behind on that".</p> <p>Surveyor: 21534</p> <p>C. A review of DHHS statistical data revealed the following information regarding the facility reporting:</p> <p>January 2015 - Report due to DHHS by February 15, 2015; the facility report was received on February 20, 2015.</p> <p>February 2015 - Report due to DHHS by March 15, 2015; the facility report was received on March 24, 2015.</p> <p>March 2015 - Report due to DHHS by April 15, 2015; the facility report was received on July 2, 2015.</p> <p>April 2015 - Report due to DHHS by May 15, 2015; the facility report was received on July 2, 2015.</p> <p>May 2015 - Report due to DHHS by June 15, 2015; the facility report was received on July 6, 2015.</p> <p>June 2015 - Report due to DHHS by July 15, 2015; As of August 25, 2015, no report had been received.</p> <p>July 2015 - Report due to DHHS by August 15, 2015. As of August 25, 2015, no report had been received.</p>	G 020		

August 26, 2015

Jennifer Warren-Ulrick
Administrator
Planned Parenthood of The Heartland
3105 North 93rd Street
Omaha, NE 68134

CERTIFIED MAIL

Dear Ms. Warren-Ulrick:

The enclosed report documents a finding of noncompliance with the licensure regulations for Health Clinics prepared following the focus survey that was conducted at your facility and completed on August 21, 2015 by Billye Jo Bignell, Registered Nurse, and Mary Arends, Laboratorian, surveyors with the Nebraska Department of Health and Human Services Division of Public Health.

The violations found must be corrected within 90 days to avoid disciplinary action against the facility's license. Therefore, a written statement of compliance must be submitted to the Department within 10 working days of receipt of this letter. The statement of compliance must include the following:

- 1) How the corrective action will be accomplished for individuals found to have been affected by the violation;
- 2) What measures will be put into place for systemic changes made to ensure that the violation will not recur and how potential to affect others will be identified;
- 3) How the facility will monitor its corrective actions/performance to ensure that the violation is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent;
- 4) Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
- 5) A realistic date by which each violation will be corrected; and
- 6) Signature of the administrator or other authorized official and date.

If you fail to submit and implement a statement of compliance, the Department may initiate disciplinary action against the facility license.

If you have any questions regarding this correspondence, contact this office.

Sincerely,



Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities
DHHS Public Health - Licensure Unit
PO Box 94986, Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov

DM/smm

Enclosures: State Form
Survey Evaluation



Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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G 020	<p>7-006.01 Licensure Responsibilities</p> <p>The licensee of each health clinic must assume the responsibility for the total operation of the facility. The licensee responsibilities include:</p> <ol style="list-style-type: none"> 1. Monitoring policies to assure the appropriate administration and management of the health clinic; 2. Maintaining the health clinic ' s compliance with all applicable state statutes and relevant rules and regulations; 3. Providing quality care and treatment to patients whether care and treatment are furnished by health clinic staff or through a contract with the health clinic; 4. Periodically reviewing reports and recommendations regarding the Quality Assurance/Performance Improvement program and implementing programs and policies to maintain and improve the quality of patient care and treatment; 5. Maintaining written minutes of meetings and actions; 6. Designating an administrator who is responsible for the day to day management of the health clinic and defining the duties and responsibilities of the administrator in writing; 7. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs including who will be responsible for the position until another administrator is appointed; 8. Notifying the Department in writing within five working days when the vacancy is filled including effective date and name of person appointed administrator; and 9. Determining if emergency medical technician-intermediates or emergency medical technician-paramedics may perform activities within their scope of practice as either an employee or volunteer within the health clinic. 	G 020		

Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE
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Nebraska DHHS Licensure Unit

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G 020	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Surveyor: 15107</p> <p>Based on staff interview; review of policy and procedures, review of certified mail receipts and DHHS statistical data; the HC (Health Clinic) failed to complete and/or submit the required Report of Induced Abortion form to the Nebraska Department of Health and Human Services (NDHHS) within 15 days after the reporting month for seven months out of seven months since January 1, 2015. Nebraska State Statute 28-343 requires the following: "The Department of Health and Human Services shall prescribe an abortion reporting form which shall be used for the reporting of every abortion performed in this state...The completed form shall be signed by the attending physician and sent to the department within fifteen days after each reporting month".</p> <p>Findings are:</p> <p>A. Review of the policy and procedure titled 'Statistical Reporting' (Revised 6/15) revealed the following: "The State of Nebraska requires that all abortions performed in the state be reported within 15 days of the end of the calendar month in which the abortion was performed. Nebraska Department of Health and Human services has provided us with a form to utilize for this purpose. The form is called Report of Induced Abortions. One form is filled out for each patient who has an abortion or spontaneous termination of pregnancy. The PP Heartland [Planned Parenthood] clinician who performed the abortion must sign the form. Forms are mailed monthly to the Vital Records Office by the 15th of the month."</p>	G 020		

Licensure Unit
STATE FORM

8899

DSGZ11



Continuation sheet 2 of 3

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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G 020	<p>Continued From page 2</p> <p>B. Interview with the Office Manager on 8/18/15 at 2:30 PM revealed the following: U.S. (United States) Postal Service Certified Mail receipts for the mailing of the State of Nebraska Report of Induced Abortion forms to Vital Statistics for reports for the months of December 2014 through May 2015. The Business Office Manager confirmed May was last completed report sent in and "I'm a little behind on that".</p> <p>Surveyor: 21534</p> <p>C. A review of DHHS statistical data revealed the following information regarding the facility reporting:</p> <p>January 2015 - Report due to DHHS by February 15, 2015; the facility report was received on February 20, 2015.</p> <p>February 2015 - Report due to DHHS by March 15, 2015; the facility report was received on March 24, 2015.</p> <p>March 2015 - Report due to DHHS by April 15, 2015; the facility report was received on July 2, 2015.</p> <p>April 2015 - Report due to DHHS by May 15, 2015; the facility report was received on July 2, 2015.</p> <p>May 2015 - Report due to DHHS by June 15, 2015; the facility report was received on July 6, 2015.</p> <p>June 2015 - Report due to DHHS by July 15, 2015; As of August 25, 2015, no report had been received.</p> <p>July 2015 - Report due to DHHS by August 15, 2015. As of August 25, 2015, no report had been received.</p>	G 020		
-------	---	-------	--	--

89967

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

March 6, 2019

Lizabeth Green
Regional Director of Health Services
Planned Parenthood of The Heartland
3105 North 93rd Street
Omaha, NE 68134

Dear Ms. Green:

This is to acknowledge the results of the Compliance Inspection conducted at your facility on February 21, 2019 by representatives of the Department. Your facility was found in compliance with 175 NAC 7 – Regulations Governing Licensure of Health Clinics. A copy of the Compliance Inspection Report was given to you at the completion of the inspection.

The results of the Compliance Inspection are commendable and we applaud your efforts to maintain compliance with the Health Clinic regulations.

If you have any questions in the future, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Diana Meyer BSN".

Diana Meyer, RN BSN - Program Manager
DHHS Public Health - Licensure Unit - Acute Care Facilities
P O Box 94986, Lincoln, NE 68509-4986
Email: diana.meyer@nebraska.gov

DM/smm

Enc: State Form



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Helping People Live Better Lives

89967

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

March 6, 2019

Lizabeth Green
Regional Director of Health Services
Planned Parenthood of The Heartland
3105 North 93rd Street
Omaha, NE 68134

Dear Ms. Green:

This is to acknowledge the results of the Compliance Inspection conducted at your facility on February 21, 2019 by representatives of the Department. Your facility was found in compliance with 175 NAC 7 – Regulations Governing Licensure of Health Clinics. A copy of the Compliance Inspection Report was given to you at the completion of the inspection.

The results of the Compliance Inspection are commendable and we applaud your efforts to maintain compliance with the Health Clinic regulations.

If you have any questions in the future, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Diana Meyer BSN".

Diana Meyer, RN BSN - Program Manager
DHHS Public Health - Licensure Unit - Acute Care Facilities
P O Box 94986, Lincoln, NE 68509-4986
Email: diana.meyer@nebraska.gov

DM/smm

Enc: State Form



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Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 3105 NORTH 93RD STREET OMAHA, NE 68134
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 000	<p>Initial Comments</p> <p>On 2/19/19 - 2/21/19, DHHS Public Health representatives conducted a complaint investigation survey in conjunction with a licensure survey to determine compliance with regulatory requirements. The facility was found to be in compliance with the regulatory requirements of 175 NAC 7 at the time of this survey.</p>	G 000		

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

TITLE

(X6) DATE





Planned Parenthood of the Heartland

JUL 9 2013

RECEIVED 5631 S. 48th St., Suite 100
Lincoln, NE 68516
p: 1.877.811.7526
www.ppheartland.org

July 3, 2013

Diana Meyer
RN, BSN – Program Manager
Office of Acute Care Facilities
Division of Public Health – Licensure Unit
Department of Health and Human Services

Dear Ms. Meyer:

In response to the issue of expired medications during the Lincoln inspection and statement of compliance requested by DHHS, a corrective action plan has been created to ensure all areas are inspected monthly and any expired medications are removed.

1 RN at the health center will be responsible for the ordering, checking in, and rotation of medications. This nurse will also be responsible for the removal of expired medications while rotating stock.

Each month 2 more sweeps of medication areas will be completed and documented on a newly created checklist. 1 RN (different than the RN responsible for ordering), or a designee in the absence of a 2nd RN, will be responsible for inspecting each area where medications are kept and removing any expired medications and will initial on the checklist as completed. The center manager (or designee in the absence of the manager) will be responsible for doing a 2nd sweep of the same areas each month and will initial on the checklist as completed.

Expired medications will be removed, clearly marked as expired, and locked in the pharmacist cupboard to await disposal.

Any expired medications that need ordered will be put on the ordering list.

The center manager is responsible for ensuring the checklist and sweeps are done monthly. This process will be effective beginning July 2013.

This process will ensure that all expired medications are removed from areas where medications are in use and are not available for patient use.

Sincerely,

Cassandra Winkler, Center Manager II
Planned Parenthood of the Heartland
Lincoln South Health Center



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State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number HC059	(Y2) Multiple Construction A. Building _____ B. Wing _____	(Y3) Date of Revisit 7/31/2013
Name of Facility PLANNED PARENTHOOD OF THE HEARTLAND	Street Address, City, State, Zip Code 5631 SOUTH 48TH STREET, SUITE 100 LINCOLN, NE 68516	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>G0410</u> Reg. # <u>7-006.09E</u> LSC _____	Correction Completed 07/31/2013	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	LICENSURE UNIT ID Prefix <u>AUG 01 2013</u> Reg. # _____ LSC <u>RECEIVED</u>	Correction Completed

Reviewed By _____	Reviewed By <u>JM</u>	Date: <u>8/5/13</u>	Signature of Surveyor: <u>[Signature]</u>	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Followup to Survey Completed on: 6/10/2013			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2667) Sent to the Facility? YES NO	



Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 5631 SOUTH 48TH STREET, SUITE 100 LINCOLN, NE 68516
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 410	<p>7-006.09E Storage of Drugs/Devices/Biologicals</p> <p>All drugs, devices, and biologicals must be stored in secured areas and stored in accordance with the manufacturer ' s, distributor ' s, packager ' s, or dispensing pharmacist ' s instructions for temperature, light, humidity, and other storage instructions. Only authorized personnel, designated by policy and procedure of the health clinic as responsible for administration, provision, or dispensing, must have access to drugs, devices, and biologicals. The supply of drugs, devices, and biologicals must be protected and restricted to use for legally authorized purposes and must be checked on a regular basis to ensure expired, mislabeled, unlabeled, or unusable products are not available for patient use.</p> <p>This Standard is not met as evidenced by: Licensure Reference Number: 175 NAC Chapter 7 7-006.09 E Based on observation and staff interview the facility failed to ensure expired medications were available for patient use on both the Family Planning and Procedure sides of the Health Clinic. Findings are:</p> <p>A. Observations made on facility tour 6/6/13 from 2:45 PM to 3:15 PM revealed the following: Family Planning side of the clinic - Emergency Kit stored in the clean storage room had an Epinephrine pen which expired on 5/2013. Procedure Room 1 had an Emergency Drug Box which contained (1) Solu Medrol 125 mg/2 ml for injection which expired 4/2013. (1) liter bag of Dextrose 5 % in Water intravenous solution expired 2/2013 was also found in Room 1. B. Staff interview during the tour with the Director of Business Development for the clinic</p>	G 410		

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

TITLE

(X6) DATE
6/10/13



Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2013
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 5631 SOUTH 48TH STREET, SUITE 100 LINCOLN, NE 68516		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 410	Continued From page 1 revealed staff "are to be doing monthly checks to check for expired medications."	G 410		



Division of Public Health

State of Nebraska
Dave Heineman, Governor

June 21, 2013

Jennifer Warren-Ulrick
Administrator
Planned Parenthood Of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

CERTIFIED MAIL

Dear Ms. Warren-Ulrick:

The enclosed report documents a finding of noncompliance with the licensure regulations for Health Clinics prepared following the compliance inspection/complaint investigation at your facility completed on June 10, 2013 by Candace Stevens, Registered Nurse and Dawn Freiberg, Registered Nurse, Surveyor with the Nebraska Department of Health and Human Services Division of Public Health.

The violations found must be corrected within 90 days to avoid disciplinary action against the facility's license. Therefore, a written statement of compliance must be submitted to the Department within 10 working days of receipt of this letter. The statement of compliance must include the following:

- 1) How the corrective action will be accomplished for individuals found to have been affected by the violation;
- 2) What measures will be put into place for systemic changes made to ensure that the violation will not recur and how potential to affect others will be identified;
- 3) How the facility will monitor its corrective actions/performance to ensure that the violation is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent;
- 4) Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
- 5) A realistic date by which each violation will be corrected; and
- 6) Signature of the administrator or other authorized official and date.

If you fail to submit and implement a statement of compliance, the Department may initiate disciplinary action against the facility license.

If you have any questions regarding this correspondence, contact this office.

Sincerely,

Diana Meyer, RN, BSN - Program Manager
Office of Acute Care Facilities
Division of Public Health - Licensure Unit
Department of Health and Human Services
(402) 471-3484 Fax: (402) 471-0555

DM/smm

Enclosures: State Form
Survey Evaluation

7011 1570 0001 7610 8391



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Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/14/2015
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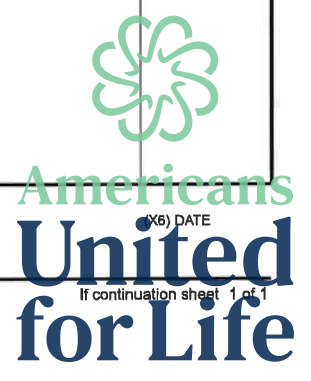
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 5631 SOUTH 48TH STREET, SUITE 100 LINCOLN, NE 68516
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 000	<p>Initial Comments</p> <p>Planned Parenthood of the Heartland is in Compliance with Title 175 Chapter 7 at 7-006.15E2 under 7-006.15E Environmental Safety.</p>	G 000		

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

TITLE

(X6) DATE



April 21, 2015

Jennifer Warren-Ulrick
Administrator
Planned Parenthood Of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516


Dear Ms. Warren-Ulrick:

The results of the state licensure inspection of the Public Health Clinic have been reviewed. The inspection was conducted on April 14, 2015 by Dawn Freiberg, Registered Nurse of this Department. We are pleased to inform you that your facility is in compliance with 175 NAC 7 -- Regulations Governing Licensure of Health Clinics.

The enclosed form indicates your facility is in compliance. Please keep the form for your files. No response is required.

Thank you for the courtesy and assistance during the inspection. If you have any questions, do not hesitate to contact this office.

Sincerely,


Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities/CLIA
DHHS Public Health - Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov
DHHS.acutecarefacilities@nebraska.gov

Enclosures: State Form



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April 21, 2015

Ms. Jennifer Warren-Ulrick
Administrator
Planned Parenthood Of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

Dear Ms. Warren-Ulrick:

An unannounced visit was made to **Planned Parenthood Of The Heartland** on April 14, 2015, by a Nursing Services Sveyor Consultant II from our office. The purpose of the visit was to investigate a complaint regarding non-compliance with regulatory requirements which had been received by our office.

The following are the general allegation(s) and conclusions:

ALLEGATION:

The facility fails to maintain doors, stairways, passageways or other means of exit in a manner that provides safe and adequate access for care and treatment.

FINDINGS:

Observations, interviews and record reviews were conducted during this investigation. Observations during the investigation found that the facility had multiple exit doors that would accommodate wheelchairs or ambulance gurneys. The facility has had no emergency transfers for the past 6 months.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,



Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities/CLIA
DHHS Public Health - Licensure Unit
P O Box 94986
Lincoln, NE 68509-4986
(402) 471-3484
diana.meyer@nebraska.gov

DM/smm



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July 5, 2016

Jennifer Warren-Ulrick
Administrator
Planned Parenthood Of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Ms. Warren-Ulrick:

On June 29, 2016 we conducted a review of paperwork for your revisit to verify that your facility had achieved and maintained compliance. Enclosed is the STATE FORM: Revisit Report showing that your facility was found to be in compliance.

If you have any questions regarding this correspondence, please contact this office.

Sincerely,



Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities
DHHS Public Health - Licensure Unit
P O Box 94986, Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov

DM/smm

Enclosures: STATE FORM: Revisit Report



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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER HC059	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/29/2016
---	---	------------------------------

NAME OF FACILITY PLANNED PARENTHOOD OF THE HEARTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 5631 SOUTH 48TH STREET, SUITE 100 LINCOLN, NE 68516
---	---

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix G0020 Reg. # 7-006.01 LSC	Correction Completed 06/29/2016	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS) <i>JW</i>	DATE 7/5/16	SIGNATURE OF SURVEYOR <i>Mary Kuehnhack RJS</i>	DATE 6/29/16
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE



FOLLOWUP TO SURVEY COMPLETED ON 8/20/2015	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <table style="float: right;"> <tr> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
YES	<input type="checkbox"/>				
NO	<input checked="" type="checkbox"/>				



LICENSURE UNIT

SEP 14 2015

RECEIVED

1171 - 7th Street
Des Moines, IA 50314
p: 1.877.811.7526
www.ppheartland.org

Planned Parenthood of the Heartland

September 11, 2015

Diana Meyer, RN BSN – Program Manager
Office of Acute Care Facilities
DHHS Public Health – Licensure Unit
PO Box 94986
Lincoln, NE 68509

Dear Ms. Meyer,

Thank you for your recent review of our practices in our Omaha and Lincoln health centers. This letter is to address the finding of noncompliance regarding the statistical reporting requirements of our abortion patients, “Report of Induced Abortion” that is due to the state within 15 days of the end of the calendar month in which the abortion was performed. The following corrective action has been put in place:

- Reviewed requirements with management staff at both health centers.
- The manager is ultimately responsible for ensuring this task is completed timely, she may delegate the task to a staff person, but will be held accountable to see that it is completed.
- A calendar appointment has been placed on both center manager’s calendars on the 8th of the month to remind staff that the reports are coming due.
- For the next 6 months, the regional director will confirm that the statistical report has been submitted timely.

Please let me know if you need additional information.

Jennifer Warren Ulrick
Director of Health Services
Planned Parenthood of the Heartland



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JW 9/15/15

Meyer, Diana

From: Warren-Ulrick, Jennifer <Jennifer.Warren-Ulrick@PPHeartland.org>
Sent: Tuesday, September 15, 2015 2:03 PM
To: Meyer, Diana
Cc: Moeller, Suzette; McQuinn, Kim; Racey, Lindsay
Subject: RE: PP plan of correction letter

Hi Diana,

Sorry I forgot that piece! The Nebraska health centers will be fully compliant by 10/15/15.

Please let me know if there is anything else.

Thanks!

Jennifer Warren Ulrick
Director of Health Services
Planned Parenthood of the Heartland

*POC approved.
9/16/15.
JW/SW*

jwu

From: Meyer, Diana [mailto:Diana.Meyer@nebraska.gov]
Sent: Monday, September 14, 2015 1:33 PM
To: Warren-Ulrick, Jennifer
Cc: Moeller, Suzette; McQuinn, Kim
Subject: PP plan of correction letter
Importance: High

Jennifer,

Thank you for submitting your plan of corrective action for the inspections conducted at the Lincoln and Omaha Planned Parenthood health clinics. We appreciate your timeliness! We do still need a date from you as to when you expect the facilities to be in correction. This needs to be a specific date sometime from the date of the exit until whenever you felt/feel they will be corrected. , i.e, October 1, 2015, etc.

If you have any questions, please give me a call. Thanks again!

Diana Meyer, RN, BSN – Program Manager
Acute Care Facilities/CLIA/Healthcare Facility Construction
301 Centennial Mall, S, 3rd Floor
Lincoln, NE 68508
402-471-3484
diana.meyer@nebraska.gov
DHHS.facilityconstruction@nebraska.gov
DHHS.acutecarefacilities@nebraska.gov



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JW

August 26, 2015

Jennifer Warren-Ulrick
Administrator
Planned Parenthood of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

CERTIFIED MAIL

Dear Ms. Warren-Ulrick:

The enclosed report documents a finding of noncompliance with the licensure regulations for Health Clinics prepared following the focus survey that was conducted at your facility and completed on August 20, 2015 by Sharon Wellensiek, Registered Nurse, and Mary Kulhanek, Registered Dietician/Licensed Medical Nutrition Therapist, surveyors with the Nebraska Department of Health and Human Services Division of Public Health.

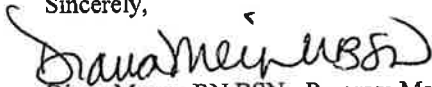
The violations found must be corrected within 90 days to avoid disciplinary action against the facility's license. Therefore, a written statement of compliance must be submitted to the Department within 10 working days of receipt of this letter. The statement of compliance must include the following:

- 1) How the corrective action will be accomplished for individuals found to have been affected by the violation;
- 2) What measures will be put into place for systemic changes made to ensure that the violation will not recur and how potential to affect others will be identified;
- 3) How the facility will monitor its corrective actions/performance to ensure that the violation is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent;
- 4) Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
- 5) A realistic date by which each violation will be corrected; and
- 6) Signature of the administrator or other authorized official and date.

If you fail to submit and implement a statement of compliance, the Department may initiate disciplinary action against the facility license.

If you have any questions regarding this correspondence, contact this office.

Sincerely,



Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities
DHHS Public Health - Licensure Unit
PO Box 94986, Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov

DM/smm

Enclosures: State Form
Survey Evaluation



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Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER **PLANNED PARENTHOOD OF THE HEARTLANI** STREET ADDRESS, CITY, STATE, ZIP CODE **5631 SOUTH 48TH STREET, SUITE 100 LINCOLN, NE 68516**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 020	<p>7-006.01 Licensure Responsibilities</p> <p>The licensee of each health clinic must assume the responsibility for the total operation of the facility. The licensee responsibilities include:</p> <ol style="list-style-type: none"> 1. Monitoring policies to assure the appropriate administration and management of the health clinic; 2. Maintaining the health clinic ' s compliance with all applicable state statutes and relevant rules and regulations; 3. Providing quality care and treatment to patients whether care and treatment are furnished by health clinic staff or through a contract with the health clinic; 4. Periodically reviewing reports and recommendations regarding the Quality Assurance/Performance Improvement program and implementing programs and policies to maintain and improve the quality of patient care and treatment; 5. Maintaining written minutes of meetings and actions; 6. Designating an administrator who is responsible for the day to day management of the health clinic and defining the duties and responsibilities of the administrator in writing; 7. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs including who will be responsible for the position until another administrator is appointed; 8. Notifying the Department in writing within five working days when the vacancy is filled including effective date and name of person appointed administrator; and 9. Determining if emergency medical technician-intermediates or emergency medical technician-paramedics may perform activities within their scope of practice as either an employee or volunteer within the health clinic. 	G 020		

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

TITLE



Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLANI	STREET ADDRESS, CITY, STATE, ZIP CODE 5631 SOUTH 48TH STREET, SUITE 100 LINCOLN, NE 68516
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G 020	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Surveyor: 04557</p> <p>Based on staff interview and review of policy and procedures, the health clinic (HC) failed to complete and/or submit the required Report of Induced Abortion form to the Nebraska Department of Health and Human Services (NDHHS) within 15 days after the reporting month for five months out of seven months since January 1, 2015. Nebraska State Statute 28-343 requires the following "The Department of Health and Human Services shall prescribe an abortion reporting form which shall be used for the reporting of every abortion performed in this state....The completed form shall be signed by the attending physician and sent to the department within fifteen days after each reporting month."</p> <p>Findings are:</p> <p>A. A review of the facility policy and procedure 'Statistical Reporting' (revised June 2015), revealed the following: "The State of Nebraska requires that all abortions performed in the state be reported within 15 days of the end of the calendar month in which the abortion was performed. Nebraska Department of Health and Human Services has provided us with a form to utilize for this purpose. The form is called Report of Induced Abortions. One form is filled out for each patient who has an abortion or spontaneous termination of pregnancy. The PP Heartland [Planned Parenthood] clinician who performed the abortion must sign the form. Forms are mailed monthly to the Vital Records Office by the 15th of the month."</p>	G 020		
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Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLANI	STREET ADDRESS, CITY, STATE, ZIP CODE 5631 SOUTH 48TH STREET, SUITE 100 LINCOLN, NE 68516
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(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
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G 020	<p>Continued From page 2</p> <p>B. Interview with Center Assistant - A by telephone on 8/19/15 from 2:53 PM to 3:05 PM and again on 8/20/15 from 9:00 AM to 9:05 AM revealed the following:</p> <ul style="list-style-type: none"> -The Center Assistant "started completing the Report of Induced Abortions in March or April when another employee left"; -The Center Assistant has completed 2 monthly reports and "gave the first month to the Assistant Manager to mail and the second month to the Center Manager to mail"; and -July reports have not been completed yet. <p>Surveyor: 21534</p> <p>C. A review of DHHS statistical data revealed the following information regarding the facility reporting:</p> <p>January 2015 - Report due to DHHS by February 15, 2015; the facility report was received on March 4, 2015.</p> <p>February 2015 - Report due to DHHS by March 15, 2015; the facility report was received on March 23, 2015.</p> <p>March 2015 - Report due to DHHS by April 15, 2015; the facility report was received on April 13, 2015.</p> <p>April 2015 - Report due to DHHS by May 15, 2015; the facility report was received on May 19, 2015.</p> <p>May 2015 - Report due to DHHS by June 15, 2015; the facility report was received on June 8, 2015.</p> <p>June 2015 - Report due to DHHS by July 15, 2015; the facility report was received on August 6, 2015.</p>	G 020		
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Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLANI	STREET ADDRESS, CITY, STATE, ZIP CODE 5631 SOUTH 48TH STREET, SUITE 100 LINCOLN, NE 68516
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G 020	Continued From page 3 July 2015 - Report due to DHHS by August 15, 2015. As of August 25, 2015, no report had been received.	G 020		
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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

January 15, 2019

Ms. Jennifer Warren-Ulrick, Administrator
Planned Parenthood Of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

Dear Ms. Warren-Ulrick:

An unannounced visit was made to Planned Parenthood Of The Heartland on December 27, 2018 & January 2, 2019, by representatives of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

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

ALLEGATION:

The Administrator failed to spend a sufficient number of hours at the health clinic for planning, organizing, and directing the day to day operation of the health clinic.

The facility Administration failed to develop procedures for reporting any evidence of abuse, neglect or exploitation of any patient served by the health clinic according to state regulations.

FINDINGS:

Interviews were conducted with the Administrator during the unannounced survey. The Administrator reported the number of hours spent in the clinic and the frequency and how the clinic was directed with the day to day operation. During the initial tour, the facility was clean and organized, staff registered the patients and information was given. The Administrator was readily available to the health clinic. It was determined that there was no violation to this regulation.

Interview with the Administrator, Clinic Manager, and Regional Manager revealed that the facility had procedures developed for any allegation of abuse, neglect, or exploitation and notification to the appropriate state agency or police if appropriate. The facility does an internal investigation with staff suspension if needed. The facility procedure was reviewed. It was determined that the health clinic was in compliance with the regulation.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

A handwritten signature in black ink that reads "Diana Meyer BSN".

Diana Meyer, RN, BSN – Program Manager
DHHS Public Health – Licensure Unit - Acute Care Facilities
P O Box 94986, Lincoln, NE 68509-4986
Email: diana.meyer@nebraska.gov

DM/smm

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Pete Ricketts, Governor

January 15, 2019

Jennifer Warren-Ulrick
Administrator
Planned Parenthood Of The Heartland
5631 South 48th Street, Suite 100
Lincoln, NE 68516

Dear Ms. Warren-Ulrick:

This is to acknowledge the results of the Compliance Inspection conducted at your facility on December 27, 2018 & January 2, 2019 by representatives of this Department. Your facility was found in compliance with 175 NAC 7 – Regulations Governing Licensure of Health Clinics. A copy of the Compliance Inspection Report was given to you at the completion of the inspection.

The results of the Compliance Inspection are commendable and we applaud your efforts to maintain compliance with the Health Clinic regulations.

If you have any questions in the future, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Diana Meyer RN BSN".

Diana Meyer, RN BSN - Program Manager
DHHS Public Health - Licensure Unit - Acute Care Facilities
P O Box 94986, Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov

DM/smm

Enc: State Form



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 3105 NORTH 93RD STREET OMAHA, NE 68134
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G 000	<p>Initial Comments</p> <p>On 2/19/19 - 2/21/19, DHHS Public Health representatives conducted a complaint investigation survey in conjunction with a licensure survey to determine compliance with regulatory requirements. The facility was found to be in compliance with the regulatory requirements of 175 NAC 7 at the time of this survey.</p>	G 000		

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TITLE

(X6) DATE



Email from BHC with additional POC information 9 2015

From: Lee Carhart <acconebraska@gmail.com>
Sent: Wednesday, September 23, 2015 9:34 AM
To: Wellensiek, Sharon; Meyer, Diana
Subject: Manuals
Attachments: birtcher.pdf; medic 4.pdf; synevac 10.pdf

I have attached the service part of the manuals for the Medic 4 (EKG), Birtcher (Cautery) and Synevac 10 (suction machines).

Please let me know if you need anything else.

Lindsey

--

Abortionclinics.org
1002 West Mission Ave
Bellevue, NE 68005
402-291-4797
402-292-4164
acconebraska@gmail.com



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2019
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NAME OF PROVIDER OR SUPPLIER BELLEVUE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WEST MISSION BELLEVUE, NE 68005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 000	<p>Initial Comments</p> <p>On 9/4/19- 9/5/19, DHHS Public Health representatives conducted a complaint investigation survey in conjunction with a licensure survey to determine compliance with regulatory requirements. The facility was found to be in compliance with the regulatory requirements of 175 NAC 7 at the time of this survey.</p>	G 000		

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

TITLE

(X6) DATE



Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/29/2010
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLEVUE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WEST MISSION BELLEVUE, NE 68005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 000	<p>Initial Comments</p> <p>A revisit survey was conducted on 9-29-2010 by representatives of the Department. The facility was found to be in compliance with all deficiencies cited on the 12-3-2009 survey.</p>	G 000		

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

TITLE

(X6) DATE



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Section 9 – Maintenance

The HYFREATOR PLUS requires little maintenance. To keep your instrument performing at its best, however, external cleaning should be performed on a regular basis.

NOTE: All internal service should be performed by qualified maintenance personnel only.

External Cleaning

To clean the external case of the HYFREATOR PLUS and the up/down switching handle and cord:

- Moisten a lint-free cloth with a mixture of mild soap and water.
- Clean all external surfaces with this solution.
- Dry all surfaces thoroughly using a clean, lint-free cloth.

Soap-based solutions – rather than harsh chemicals – are recommended cleaning agents for the HYFREATOR PLUS. Evaporative solutions are preferred so as to limit exposure of internal electrical components. Material characteristics of the unit do not allow for gas, steam or cold sterilization techniques.

Steam Sterilization of Accessories

NOTE: Do not autoclave the power up/down switching handle and cord. If procedures require sterility, use Ethylene Oxide at <140°F.

[If a footswitch is utilized, a sterile disposable non-switching pencil and a reusable adapter can be utilized (product number 137657 for the pencil and 670-3 for the adapter). An autoclavable reusable non-switching pencil is also available (product number 7-796-6), which also requires a footswitch (product number 7-796-4).]

To steam sterilize accessories and electrodes:

- Place accessories in autoclavable packaging or wrap with a cloth.
- Autoclave at 121°C (250°F) ± 3°C for 15 minutes minimum/20 minutes maximum.
- Remove accessories from the autoclave and allow to cool for 30 minutes minimum.

NOTE: It is not advisable to cold sterilize surgical electrodes due to potential corrosion.



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Maintenance

Preventive maintenance

The purpose of preventive maintenance is to reduce or eliminate future problems as much as possible. Keeping the defibrillator in good operating condition ensures that it will perform safely and dependably.

At least once a year, you should:

- ✓ Visually inspect the defibrillator
- ✓ Clean the defibrillator
- ✓ Check the power cord
- ✓ Check the patient cable
- ✓ Inspect the printhead
- ✓ Check the internal battery
- ✓ Check the leakage currents and impedance

Additional recommendations and maintenance routines are described in your *Operator's Manual*. If a repair is required, only qualified technicians should do the work. Refer to "Service" on pg. 5.

Visual Inspection

Check for anything out of the ordinary. Are there any cracks or missing parts? Are the cords and connectors damaged or weak? Does the defibrillator seem to operate properly? Is there a buildup of electrode gel on the paddles? If everything looks fine, but you still suspect a problem, check inside the defibrillator for loose connections, burn damage, or contamination from liquids.

Cleaning

The need for cleaning depends on the environment and how often the defibrillator is used. Use a damp cloth to clean the housing. Avoid abrasive cleaners or polishes. Wipe dry with a soft, clean cloth. It is especially important to clean the paddles and electrode surfaces. A buildup of gel can create



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a hazardous conductive pathway between the paddle electrode and the operator during defibrillation!



Caution! Always turn the defibrillator off and disconnect the power cord before cleaning. Do not pour liquids (such as alcohol or other cleaners) on the unit. This will cause severe electrical damage!

Power cord

Check the power cord and appliance inlet for any visible signs of deterioration, loose connections, or burn damage.

Patient cable

Check the patient cable and input connector for any visible signs of damage or loose connections. Disconnect the patient cable from the unit and inspect it for short circuits, broken wires, or poor contacts by measuring the resistance for individual electrode leads.

Maintaining the printhead

Keep the thermal array printhead free of dirt and other foreign materials.



Warning! The printhead is very sensitive to static electricity. Use an anti-static work surface.

Individual dots or groups of dots which do not print (particularly at the baseline) are an indication that the printhead is dirty. Use a small amount of rubbing alcohol and a lint-free swab to remove residue. Avoid abrasives or cleaners which may damage the printhead.

Charging the battery

The *Medic4* has a rechargeable, internal battery. This battery is automatically recharged whenever the defibrillator is plugged into an AC source. Normally, the battery provides enough power for at least 50 consecutive 360-J discharges or about 2.5 hours of continuous monitoring. At least once every 3 months, check the battery performance as outlined in "Testing the battery" on pg. 6.



Note: The operating times are approximate. Actual time varies depending upon how much printing is done on battery power. If the defibrillator is stored for a long period of time, it should be recharged once every 6 months



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to prevent a reduction in the battery's life. Under normal circumstances, the battery's life expectancy is approximately 2 years.

Measuring chassis leakage current

Use a high quality meter or safety analyzer capable of testing to AAMI specifications. An inappropriate meter can produce erroneous leakage readings. Do the leakage tests at a nonconductive work station.



Be careful! The meter must be suitably insulated and capable of withstanding the power line voltage.

To check the chassis leakage current:

1. Turn the *Medic 4 Defibrillator* energy select switch to **1 ECG**.
2. Connect a leakage meter between the rear panel chassis ground jack and power line ground. Ensure that leakage current is less than 100 μA .
3. Open ground line and ensure leakage current is less than 100 μA .
4. Reverse line polarity and ensure that leakage current is less than 100 μA with ground closed.
5. With reversed polarity, open ground line and ensure leakage is less than 100 μA .

Measuring paddle leakage current

Use a high quality meter or safety analyzer capable of testing to AAMI specifications. An inappropriate meter can produce erroneous leakage readings. Do the leakage tests at a nonconductive work station.



Be careful! The meter must be suitably insulated and capable of withstanding the power line voltage.

1. Connect a leakage meter between the paddle electrodes and measure current.
2. Make sure that there is less than 1 μA leakage.



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Checking the ground impedance

To check the ground impedance:

1. Disconnect the power cord from wall receptacle.
2. Connect an ohmmeter (capable of measuring milli-ohms) between chassis ground on the *Medic 4 Defibrillator* rear panel and power cord ground terminal.
3. Ensure that the ground impedance is less than 0.1 Ω .



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Revision 1.0

Service Manual

Diagnostic Ultrasound System

Z5/Z5BW/Z5T/Z5Vet
Z6/Z6T/Z6S/Z6W/Z6Vet



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9.1 Overview

These procedures in this chapter are recommended.

9.1.1 Tools, Measurement Devices and Consumables

Table 9-1 Tools and Measurement Devices

Tool/Measurement Devices	Qty.	Remarks
Resin or plastic container	1 pcs	Can accommodate two probes
Soft brush	1 pcs	About a toothbrush size
Small plastic basin	1 pcs	Used to fill the soapy water
Safety test analyzer	1 pcs	Refer to appendix A
Inner hexagon wrench	2 pcs	Inner hexagon wrench 6

Table 9-2 Consumable List

Consumable	Qty.	Remarks
Aluminum foil	About 1 meter	
Physiological saline	About 1000ml	Filling a half container (immersing the whole probe (referring to appendix A). (concentration 0.85 ~ 0.95%)
Mild soapy water	About 400ml	
Dry soft cloth/cotton cloth	About 5 pcs	

9.1.2 Care and Maintenance Items

No.	Maintain content	Frequency	Method
1.	Clean display	Monthly	Referring to 9.2.1
2.	Clean trackball	Monthly	Same as the above
3.	Clean control panel	Monthly	Same as the above
4.	Clean probes (the head)	Every time after using	Same as the above
5.	Clean probe cable and the surface of connector	Monthly	Same as the above
6.	Clean holders (including probe holder and gel holder)	Monthly	Same as the above
7.	Clean cover	Monthly	Same as the above
8.	Clean peripherals	Monthly	Referring to 9.2.2
9.	Check surface of probe	Daily	Referring to 9.3.1
10.	Check power cable and plug	Monthly	Same as the above
11.	Check battery	Annually	Same as the above
12.	Check function of peripherals and options	Annually	Referring to 9.3.3
13.	Mechanical safety inspection	Annually	Referring to 9.3.4
14.	Electrical safety inspection	Once per two years	Referring to appendix A

Table 9-3 Maintenance Items and Frequency



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9.2.1 Clean the System

9.2.1.1 Flow of Cleaning

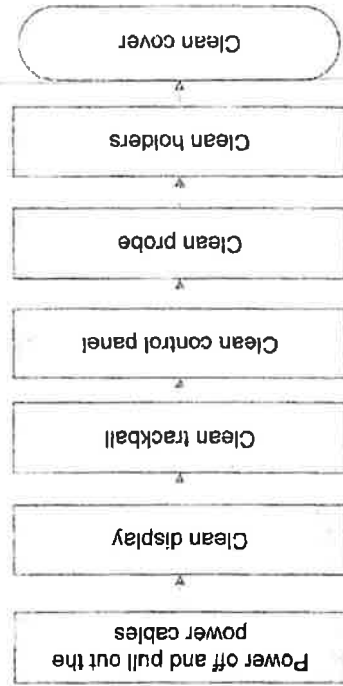


Figure 9-1 View of Cleaning Maintenance

WARNING: Before cleaning the system, be sure to turn off the power and disconnect the power cord from the outlet. If you clean the system while the power is "On", it may result in electric shock.

9.2.2 Content

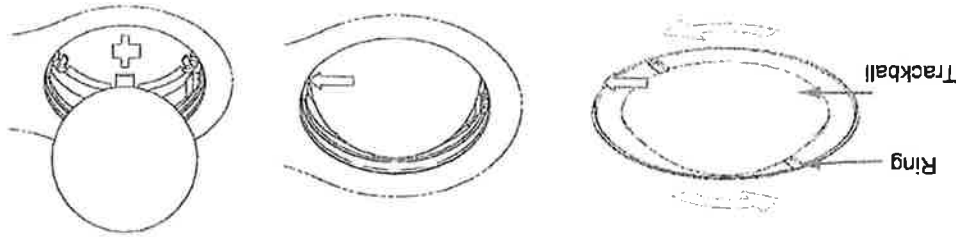
1. **Clean Display**
 - Tool: soft dry cloth, clear water or mild soapy water
 - Method:

- Surface of display should be cleaned with soft dry cloth. Remained stain should be washed out by cloth with clear water or soapy water, and then air-dry the surface.
2. **Clean Trackball**
 - Tool: dry cloth, mild soapy water
 - Method:



Trackball is one of important interface parts, which are embedded into the main unit keyboard, and part of which is exploded to be operated by users in order to implement variety of module's control functions. Trackball is one of the most using frequency of input assemblies on the whole operation panel, and the trackball similar to a multi-directory caster can rotate in every direction driven manually, due to the feature, gas or dust can enter into module internal easily, as a result, contamination of lens would lead to the failure of the trackball.

- a) Disassembling the trackball:
Turn the trackball ring about 35° counterclockwise until it lifts, now, you would remove the ring and pull out the trackball with plastic cloth if you can't hold it by your hands directly. Disassembling the trackball is as following:



Turn trackball ring 35° to the left Disassemble the ring Remove the trackball

Figure 9-2 Disassembly of the Trackball

a) Cleaning

After removing the ring and the trackball, wipe down the lens with a clean paper until you can see nothing in the groove zoom, and then clean the other contaminant material, please pay attention to your intensity adopted on wiping dust of bead down, as shown in the following figure. Power-off is not need during cleaning, and maintenance effect can be experienced directly. After cleaning completely, you can install the trackball and the ring.

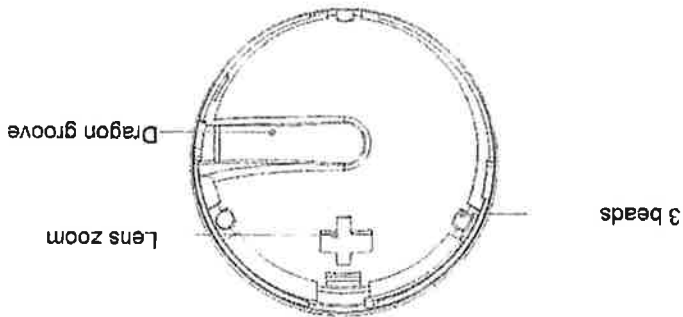


Figure 9-3 The Sketch Map of Len, Bead, Dragon groove

If liquid is accidentally sprayed on or into the system, most of which could discharge from the dragon port of trackball, but some of which would left in the trackball cover, now you may clean it with clean soft dry cloth or paper according to the above maintenance procedure.

b) Installing the trackball

After the trackball maintenance, you can restore the installing following procedure: Put the trackball back in the trackball mechanism and align the clamping ring with the top cover notches. Press the bulges on the ring with both hands and turn the ring about 35° counterclockwise until the ring clicks and locks. As the bulges are flush with the top cover, the ring is secured. See the figure below.

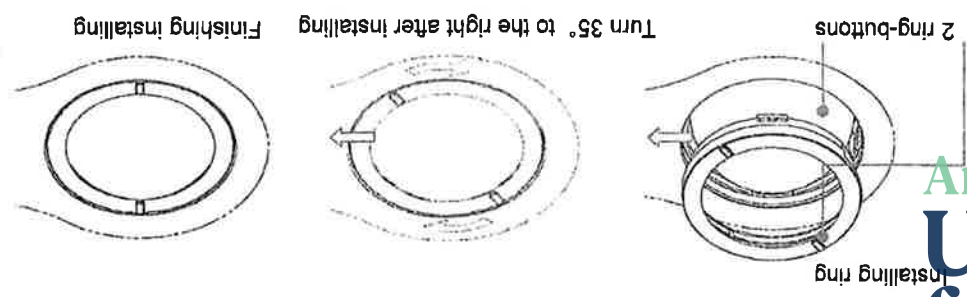
- Use dry soft cloth to clean the cover of the system. If the system is dirty, moisten the soft cloth with mild soapy water and wipe off any stains, then air-dry.
 - Note: Be sure to use soft brush to brush the dust attached to all the sockets or interfaces which can be seen (such as probe sockets, sockets or interfaces in IO panel and power supply panel), not the cloth with water.
6. **Clean the Cover**
- Tools: dry soft cloth, soapy water
 - Method:

- a) Wipe out the dust attached to surface or inner of probe holder,
 - b) Remained stain or dust attached to probe holder should be washed out by cloth with clear water or soapy water, and then air-dry the surface of probe cable.
5. **Clean Holders**
- Tools: mild soapy water , dry soft cloth Method:
 - c) Use a soft brush to clean the probe holder, removing dust simultaneously.

- a) Wipe out the dust attached to surface of probe, and check if it has any abnormally such as crack;
 - b) Remained stain or dust attached to surface of probe cable should be washed out by cloth with clear water or soapy water, and then air-dry the surface of probe cable;
 - c) Use a soft brush to clean the probe holder, removing dust simultaneously.
4. **Clean Probe**
- Tools: mild soapy water , dry soft cloth , soft brush
 - Method:

NOTE: Keyboard on the control panel should be cleaned periodically; otherwise, keys may be blocked by dirt and buzzer dings, keys don't work.

- Use dry soft cloth to clean the surface of the system. If the system is dirty, moisten the soft cloth with mild soapy water and wipe off any stains. Use dry soft cloth to remove any moisture and allow all hard surfaces to completely air-dry. If it is difficult to clean the control panel, disassemble the keys first and then use mild soapy water to clean it.
3. **Clean control panel**
- Tools: dry soft cloth, mild soapy water
 - Method:





9.2.3 Clean the Peripherals

Do the cleaning maintenance according to your actual peripheral configuration; items which are not configured can be skipped.

No.	Content	Description
1.	Color and BMW video printer	First wipe off dust or stain attached to the cover of printer with soft dry cloth, then clean the inside of printer. Be sure to do the cleaning maintenance according to the operation manual if is necessary.
2.	Graph / text printer	First wipe off dust or stain attached to the cover of printer with soft dry cloth, then clean the inside of printer. Be sure to do the cleaning maintenance according to the operation manual if is necessary.
3.	Foot switch	Use soft dry cloth with a little mild soap water to wipe off the dust or stain attached to the pedals or cable of foot switch.
4.	Bar code scanner	First use soft dry cloth to wipe off dust attached to glass panel of scanner, then the dust or strain attached to cable and bracket. Be sure to do the especial cleaning maintenance according to the operation manual if is necessary.

Table 9-4 Peripherals Cleaning List

9.3 Checking

9.3.1 General check

No.	Content	Method
1.	Probe	a) Visually check to confirm that there is no crack and expansion to probe head. b) Visually check to confirm that there is no deterioration or desquamation to probe cable. c) Visually check to confirm that there is no bend, destroyed or falling off pins to the connector
2.	Power supply cable and plug	a) Visually check to confirm that there is no wrinkles, crack or deterioration b) Manually check to confirm that there is no looseness or rupture. The connection of plug is reliable and the retaining clamp of power supply cable is effective.

Table 9-5 General check list



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9.3.2 System Function Check

The system function checking is not required during Preventive Maintenance. Engineer or Customer may use it as part of their product Quality Assurance Program tests.

Table 9-6 System function list

No.	Content	Method
3.	Battery	<p>a) Check if battery can be charged normally when power-on. That the current capacity is 100% or capacity increases after a short time indicates that the battery can be charged normally. It takes less than 2 minutes to increase 1% capacity when the total capacity is less than 90% and it takes more time when the capacity is more than 90%.</p> <p>b) Disconnect the system from the AC power supply to confirm if the system can maintain normal work status in the battery power supply.</p>

No.	Content	Method
1.	B mode	Verify basic operation of B mode. Check basic software and hardware controls affecting B mode operations.
2.	Color mode	Verify basic operation of Color mode. Check basic software and hardware controls affecting Color mode operations.
3.	Doppler mode (PW/CW)	Verify basic operation of Doppler mode. Check basic software and hardware controls affecting Doppler mode operations.
4.	M mode	Verify basic operation of M mode. Check basic software and hardware controls affecting M mode operations.
5.	Measurement (2D, M, Doppler general measurement, applied measurement)	Scanning gray scale imaging on phantom, verify distance and area accuracy with measurement control. Verify measurement accuracy by performance test.
6.	Keyboard test	Operate keyboard test to verify if all control keys can work normally.
7.	LCD	Verify LCD display function and parameters adjustment. Refer to that of LCD checking.
8.	Software menu check	Verify software menu display function: if each operation menu and page can be accessed

Remark: Please refer to 5.4~5.5 for details.

9.3 Peripherals and Options Check

If the system is not configured with any module or peripheral, the corresponding items checking can be skipped.

Table 9-7 Options, Peripherals and Accessories Check list

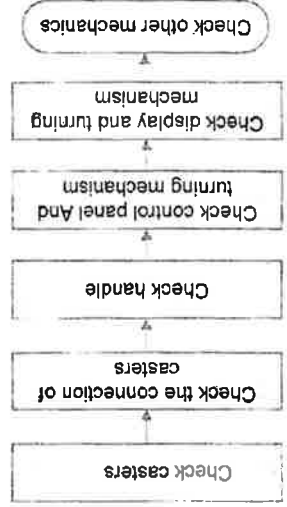
No.	Content	Method
1.	Color and B/W video printer	Check if the output of video printer is normal.
2.	Graph / text printer	Check if the output of graph / text printer is normal.
3.	Foot switch	Check if the foot switch can implement the set functions according to the program.
4.	DVD-R/W	Check if DVD can work normally (write, read and pop).
5.	Bar code scanner	Check if the scanner can work normally and the output content is right.
6.	DICOM	Check if DICOM can work normally and send pictures and other data to DICOM server.

Remark: Please refer to 5.3 for details.

9.3.4 Mechanical Safety Inspection

Mechanical safety inspection is mainly used to check mechanical strength and mechanical function of the key assembly of ultrasonic system. The mode of test evaluation mainly is: Perform the evaluation by means of visual check and operating check, if the check result cannot pass, the system is in abnormal status now. Stop using the system and adopt proper measures. The test flow is as following:

Fig 9-4 Mechanical Safety Inspection Flow



Only technical professionals from Mindray or engineers authorized by Mindray after training can perform electric safety inspection.
Please refer to appendix A: Electrical Safety Inspection for details.

9.3.5 Electrical Safety Inspection

NO.	Item	Method	Tool
1.	Casters a) Visually check to confirm there is no any crack. b) Operate the casters to confirm the locking and releasing functions are normal.		none
2.	Connection of the caster a) Visually check to confirm that there is no skewness and the connecting screws are free of breakage or falling off. b) Check with the spanner to make sure that there is no looseness between the caster and the base connection screw.		inner hexagon wrench 8
3.	Handle 1. Visually check to confirm there is no any crack. 2. Rock the handle gently and then lift the ultrasound machine to confirm that the handle is free of looseness and it can accept normal force.		none
4.	Control panel and turning mechanism Open the control panel to confirm that turning mechanism is normal and the control panel is free of skewness and looseness.		none
5.	Display and turning mechanism a) Visually check to confirm there is no any crack to the cover of display. b) Manually operate the monitor to make sure that the turning angle of display is normal and no looseness exists.		none
6.	Other mechanical structures Check to confirm that there is no looseness to other mechanical parts, no crack to cover and no conductive parts show in sight.		none

Table 9-8 Mechanical Safety Check



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August 26, 2015

Ms. Mary Carhart
Administrator
Bellevue Health Center
1002 West Mission
Bellevue, NE 68005

CERTIFIED MAIL

Dear Ms. Carhart:

The enclosed report documents a finding of noncompliance with the licensure regulations for Health Clinics prepared following the complaint investigation at your facility completed on August 6, 2015 by Sharon Wellensiek, Registered Nurse and Mary Kulhanek, Nutrition/Dietitian, surveyor with the Nebraska Department of Health and Human Services Division of Public Health.

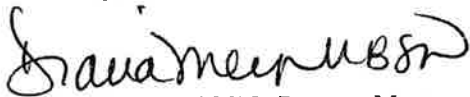
The violations found must be corrected within 90 days to avoid disciplinary action against the facility's license. Therefore, a written statement of compliance must be submitted to the Department within 10 working days of receipt of this letter. The statement of compliance must include the following:

- 1) How the corrective action will be accomplished for individuals found to have been affected by the violation;
- 2) What measures will be put into place for systemic changes made to ensure that the violation will not recur and how potential to affect others will be identified;
- 3) How the facility will monitor its corrective actions/performance to ensure that the violation is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent;
- 4) Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
- 5) A realistic date by which each violation will be corrected; and
- 6) Signature of the administrator or other authorized official and date.

If you fail to submit and implement a statement of compliance, the Department may initiate disciplinary action against the facility license.

If you have any questions regarding this correspondence, contact this office.

Sincerely,



Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities
DHHS Public Health - Licensure Unit
PO Box 94986, Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov
DHHS.acutecarefacilities@nebraska.gov

DM/smm

Enclosures: State Form



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G 150	<p>7-006.06 Patient Care and Treatment</p> <p>Each health clinic must establish and implement written policies and procedures that encompass all care and treatment provided to patients. The policies and procedures are consistent with prevailing professional standards, delineate the scope of services provided in the health clinic and encompass aspects to protect the health and safety of patients.</p> <p>This Standard is not met as evidenced by: Based on observation, staff interview and policy review; the facility failed to have a policy in place to consistently identify tissue specimen(s) removed during the abortion procedure (extraction of fetal tissue from the uterus) that were stored in the freezer. Five of Five specimens in the freezer were not consistently identified. This procedure had the potential to effect any tissue specimen(s) stored by the facility.</p> <p>Findings are:</p> <p>A. During the facility tour on 8/4/15 from 12:00 PM to 1: 20 PM; the freezer (which had been identified for storage of tissue specimens) was observed to have five tissue specimen(s) with the following identification: -Specimen 1-- A tissue specimen wrapped in a chux (a water impermeable pad) placed in a plastic bag identified with initials and a date written with a magic marker; -Specimen 2-- A tissue specimen wrapped in a chux placed in a plastic bag identified with a first initial, last name and a patient number written with a magic marker; -Specimen 3-- A tissue specimen wrapped in a chux placed in a plastic bag identified with the words 'room 1 specimen' and the date written</p>	G 150		
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G 150	<p>Continued From page 1</p> <p>with a magic marker;</p> <ul style="list-style-type: none"> - Specimen 4-- A tissue specimen wrapped in a chux placed in a plastic bag identified with a first name, last name and the date written with a magic marker; and - Specimen 5 -- A tissue specimen wrapped in a chux placed in a plastic bag without any identifying information such as a name, number or date written on the bag. <p>B. An interview with the Director of Nurses [DON] during the tour on 8/4/15 from 12:00 PM to 1:20 PM revealed, that there needed to be a better system for identification of the specimens in the freezer. The DON identified that there was not a specific policy or procedure in place for labeling and identifying specimens placed in freezer for hold.</p> <p>C. Per a written response as part of the physician interview dated 8/13/15, the sole exception to the disposal of tissue via protocol for the certified medical waste disposal company pick up would be:</p> <ul style="list-style-type: none"> "a) A request from a referring provider to have the tissue forwarded to a laboratory for further diagnostic study. b) A request from a law enforcement agency or jurisdiction to have the tissue surrendered to an agent for evidence. c) A request from the patient to have the tissue released to a licensed funeral director or a agent to prepare the fetus for cremation or burial." <p>D. Review of the facility Policy and Procedure Manual, Section 8 -Procedure Manual: Identification of Products of Conception (POC) revealed the following information: "...If the POC was a result of rape, it will be put in sterile specimen cup, labeled and placed in the</p>	G 150		

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G 150	Continued From page 2 freezer." The Policy and Procedure Manual lacked any further protocol regarding the identification and management of frozen tissue specimens.	G 150		
G 410	7-006.09E Storage of Drugs/Devices/Biologicals All drugs, devices, and biologicals must be stored in secured areas and stored in accordance with the manufacturer ' s, distributor ' s, packager ' s, or dispensing pharmacist ' s instructions for temperature, light, humidity, and other storage instructions. Only authorized personnel, designated by policy and procedure of the health clinic as responsible for administration, provision, or dispensing, must have access to drugs, devices, and biologicals. The supply of drugs, devices, and biologicals must be protected and restricted to use for legally authorized purposes and must be checked on a regular basis to ensure expired, mislabeled, unlabeled, or unusable products are not available for patient use. This Standard is not met as evidenced by: Based on observation and staff interview; the facility failed to ensure that expired biologicals were not available for patient use. Two of Two exam room cupboards contained boxes of Lamical Osmotic Cervical Dilators and Laminaria Tents [a thin rod of dried kelp that is placed into the cervix (the "neck" of the uterus) to soften and dilate (open) the cervix prior to the abortion procedure (extraction of fetal tissue from the uterus)]. [Each box contained 20-24 Cervical Dilators in individualized pouches.] This had the potential to effect all patients requiring the use of this product for an abortion procedure.	G 410		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 410	Continued From page 3 Findings are: A. Observations made on the facility tour 8/14/15 from 12:00 PM to 1:20 PM revealed the following: 1) Exam Room 1 had a cupboard that contained multiple boxes of Lamigel Osmotic Cervical Dilators and Laminaria Tents. The following boxes of Laminaria/Lamigel Osmotic Cervical Dilators were outdated: -5 boxes of 4 mm (millimeter long) / 70 mm (millimeter diameter) Laminaria Tents which were outdated 9/2014 and 1 box that was outdated 11/2013; -1 box of 2 mm / extra small Laminaria Tents with an outdate of 1/2014 and 1 box that outdated 7/2015; -1 box of 6 mm / 70 mm Laminaria Tents with an outdate of 12/2011; 4 boxes that outdated 7/2014; and 1 box that outdated 7/2015; -1 box of 3 mm / (no other mm listing on box related to diameter) of Lamigel Osmotic Cervical Dilators with an outdate of 8/2005; 1 box with an outdate of 10/2005; 1 box with an outdate of 5/2008 and 1 box with an outdate of 7/2008; and -2 boxes of 5 mm / (no other mm listing on box related to diameter) of Lamigel Osmotic Cervical Dilators with an outdate of 7/2008 and 1 box outdated 12/2003. 2) Exam Room 2 had a cupboard that contained multiple boxes of Laminaria Tent. The following boxes of Laminaria were outdated: -1 boxes of 4 mm (millimeter long) / 70 mm (millimeter diameter) Laminaria Tents with an outdate of 11/2013; -1 box of 2 mm / extra small Laminaria Tents with an outdate of 3/2014; and -1 box of 8 mm / 70 mm Laminaria Tents with an	G 410		



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G 410	Continued From page 4 outdate of 2/2015. B. Staff interview (during the tour on 8/4/15 from 12:00 PM to 1:20 PM) with the Director of Nurses for the clinic revealed, "I do monthly checks to check for expired medications, but didn't realize that those had outdated."	G 410		
G 530	7-006.15B Equipment, Fixtures, and Furnishings The facility must provide and maintain all equipment, fixtures, and furnishings clean, safe and in good repair. 7-006.15B1 The facility must establish and implement a process designed for routine and preventative maintenance of equipment and furnishings to ensure that such equipment and furnishings are safe and function to meet the intended use. This Standard is not met as evidenced by: Based on observation and staff interview; the facility failed to: 1) establish preventative maintenance processes for 7 of 10 sampled pieces of medical equipment (2 ultrasound machines - medical equipment that uses sound waves to produce images of what is going on inside the body; 2 defibrillator/cardiac monitors - used only for monitoring the rhythm of the heart; 1 cautery machine - an instrument used to cut and repair tissue; 2 suction machines - a machine which has a tube that provides suction to removed tissue or fluid from the body) and 2) implement preventative maintenance for 3 of 10 sampled pieces of medical equipment (3 autoclaves - a machine that sterilizes medical instruments in between patient use). This failed practice has the potential to affect all patients receiving surgical procedures at the clinic.	G 530		

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NAME OF PROVIDER OR SUPPLIER BELLEVUE HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WEST MISSION BELLEVUE, NE 68005		
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G 530	Continued From page 5 Findings are: A. A tour of the clinic on 8/4/15 from 12:00 PM to 1:20 PM; revealed the following medical equipment with no evidence of preventive maintenance on the equipment: -Procedure Room 1 - ultrasound machine, defibrillator/cardiac monitor, suction machine, and cautery machine; -Procedure Room 2 - ultrasound machine, defibrillator/cardiac monitor, and suction machine. Interview with the Director or Nursing (DON) on 8/4/15 from 12:00 PM to 1:20 PM (during the tour) indicated that no one provided preventive maintenance on the above equipment. B. A tour of the clinic on 8/4/15 from 12:00 PM to 1:20 PM; revealed 3 autoclaves in the center sterilization room. The DON provided a 3-ring note book that contained log sheets titled '2015 Autoclave' for each autoclave machine. The log sheets contained an area for documenting completion of weekly, monthly and Maxi Test maintenance (a test that is completed to make sure the sterilizer is working properly). The following directions were listed at the bottom of the log sheets: "Please initial and date when completed." The log sheet for each of the 3 autoclaves only contained initials on the weekly log for January 2015. All other areas on the form were blank. C. Interview with the DON on 8/6/15 from 9:50 AM to 10:10 AM revealed that the clinic lacked a policy and procedure for preventive maintenance on equipment. Interview with the Clinic Manager 8/6/15 from 11:15 AM to 11:45 AM revealed that the clinic had no scheduled preventive	G 530		



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NAME OF PROVIDER OR SUPPLIER BELLEVUE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WEST MISSION BELLEVUE, NE 68005
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G 530	Continued From page 6 maintenance for the medical equipment.	G 530		

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G 000	<p>Initial Comments</p> <p>Bellevue Health Center is in compliance with the requirements of Title 175 Chapter 7, Regulations Governing Licensure of Health Clinics.</p>	G 000		

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TITLE

(X6) DATE



Nebraska DHHS Licensure Unit

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NAME OF PROVIDER OR SUPPLIER BELLEVUE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WEST MISSION BELLEVUE, NE 68005
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 000	<p>Initial Comments</p> <p>A revisit was conducted on 10/13/2015 by representatives of the Department. The facility was found to be in compliance with 175 NAC 7-006.06, 175 NAC 7-006.09E and 175 NAC 7-006.15B.</p>	G 000		

Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE
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89968

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

September 18, 2019

Ashley Edwards, Administrator
Bellevue Health Center
1002 West Mission
Bellevue, NE 68005

Dear Ms. Edwards:

An unannounced visit was made to Bellevue Health Center on September 4 & 5, 2019, by representatives of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

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

ALLEGATION:

The facility failed to ensure the standards of infection control were followed for health care facilities.

FINDINGS:

Based on an environmental tour conducted of all areas of the facility; a review of patient medical records; a demonstration of sterilization and cleaning practices by facility staff; interviews conducted with facility staff; a review of facility policies and procedures regarding infection control; sanitization and medical waste; and a review of facility log books and documentation; it was determined that the facility was in compliance with the regulations and this allegation was not substantiated.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

Diana Meyer, RN, BSN - Program Manager
DHHS Public Health - Licensure Unit - Acute Care Facilities
PO Box 94986, Lincoln, NE 68509-4986
Email: diana.meyer@nebraska.gov

DM/lc



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Helping People Live Better Lives

Division of Public Health

State of Nebraska
Dave Heineman, Governor

December 18, 2014

Mary Carhart
Administrator
Bellevue Health Center
1002 West Mission
Bellevue, NE 68005

Dear Ms. Carhart:

An unannounced visit was conducted to investigate a complaint at Bellevue Health Center on December 3, 2014-December 3, 2014, by Candace Stevens, Registered Nurse, Mary Arends, Laboratorian, representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION(S):

The facility fails to ensure patient records contain sufficient information to clearly identify the patient and document the diagnosis, care treatment and results accurately.

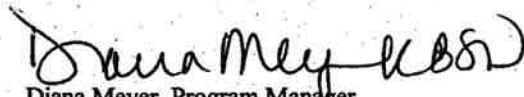
FINDINGS:

Based on medical record review of 10 patients, interviews of staff, review of facility records the patient records do contain sufficient information to clearly identify the patient and the diagnosis, care, treatment and results accurately and thoroughly. The allegation was not substantiated and no deficiencies were identified.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,



Diana Meyer, Program Manager
Office of Acute Care Facilities
Licensure Unit, Division of Public Health
Department of Health and Human Services
(402) 471-3484 FAX - (402)742-8319

DM/smm

Enc: State Form



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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

September 18, 2019

Ashley Edwards
Administrator
Bellevue Health Center
1002 West Mission
Bellevue, NE 68005

Dear Ms. Edwards:

After reviewing the findings of the survey conducted at your Health Clinic on September 5, 2019 by representatives of this Department, we are pleased to inform you that your facility is in substantial compliance with the 175 NAC 7 - Regulations Governing Licensure of Health Clinics.

The enclosed form indicates the survey results. Please retain for your files.

The surveyor wishes to thank you and your staff for the courtesy and assistance during the survey. If you have any questions, please contact this office.

Sincerely,

A handwritten signature in black ink that reads "Diana Meyer RN BSN".

Diana Meyer, RN, BSN - Program Manager
DHHS Public Health - Licensure Unit - Acute Care Facilities
PO Box 94986, Lincoln, NE 68509-4986
Email: diana.meyer@nebraska.gov

DM/ic

Enclosure: CMS-2567



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October 21, 2015

Mary Carhart
Administrator
Bellevue Health Center
1002 West Mission
Bellevue, NE 68005

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Ms. Carhart:

On October 13, 2015 we conducted a revisit to verify that your facility had achieved and maintained compliance. Enclosed is the State Form: Revisit Report showing that your facility was found to be in compliance.

If you have any questions regarding this correspondence, please contact this office.

Sincerely,


Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities
DHHS Public Health - Licensure Unit
P O Box 94986, Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: diana.meyer@nebraska.gov
DHHS.acutecarefacilities@nebraska.gov

DM/smm

Enclosures: State Form: Revisit Report



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Division of Public Health

Mailing Address: Box 94986
Lincoln, NE 68509-4986
Deliveries: 301 Centennial Mall South 3rd Floor/Licensure Unit

State of Nebraska

Dave Heineman, Governor

October 20, 2010

Ms. Mary Carhart
Bellevue Health Center
1002 West Mission
Bellevue, NE 68005

Dear Ms. Carhart:

IMPORTANT NOTICE - PLEASE READ CAREFULLY

On September 29, 2010 we conducted a revisit to verify that your Health Clinic located at 1002 West Mission, Bellevue, NE 68005 had achieved and maintained compliance. Enclosed is the State Form showing that your facility was found to be in compliance at this revisit.

If you have any questions regarding this correspondence, please contact this office.

Sincerely,

Joann Erickson, Administrator
Office of Acute Care Facilities
Licensure Unit – Division of Public Health
(402) 471-3484 - FAX (402) 471-0555
Joann.Erickson@nebraska.gov

JE/smm

Enclosures: State Form



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