### <u>SUPPLEMENTAL</u>

### TABLE OF CONTENTS

1.		Director Catherine Heigel's Nov. 2015 Response to the LAC Report
2.		Summary of DHEC Interactions with Planned Parenthood 2010-present
	2.A	Supplemental Infectious Waste Program Documents referenced in Summary
	2.B	Supplemental Health Licensing Program Documents referenced in Summary
3.		Updated Fines and Fees Collected by DHEC for 2011 to 2015
4.		Recent Proposed Consent Orders issued by DHEC Infectious Waste Program
5.		Updated Clinic Responses to DHEC Administrative Orders
	5.A	Planned Parenthood Plans of Correction
	5.B	Planned Parenthood Proof of Training
	5.C	Planned Parenthood Request for Reconsideration, Withdrawal of Request for Reconsideration
	5.D	Planned Parenthood Request for Review, Withdrawal of Request for Review
	5.E	Planned Parenthood, Letter Confirming Compliance with Administrative Order



Catherine E. Heigel, Director Promoting and protecting the health of the public and the environment

November 2, 2015

K. Earle Powell Director South Carolina Legislative Audit Council 1331 Elmwood Ave., Suite 315 Columbia, SC 29201

Dear Mr. Powell:

Please accept this correspondence as the formal position of the South Carolina Department of Health and Environmental Control (DHEC) in response to the Legislative Audit Council (LAC) Report, dated May 2015. Any prior letters or statements from the agency that may be contrary to the positions set forth herein are superseded by this correspondence.

The Agency appreciates the work of the LAC and is committed to implementing the recommendations of their report in the spirit in which those recommendations were made – to enhance DHEC's ability to effectively regulate abortion clinics in the interest of promoting and protecting public health.

DHEC has accepted each of the Report's recommendations. The attached chart lists the LAC recommendations and the status of the Agency's implementation of each recommendation. As noted on the attachment, several recommendations will be implemented through agency regulation amendments, which have been drafted but will not be pursued until these hearings have concluded. We want to ensure we allow the opportunity for further revisions based upon feedback we receive during this process.

Again, we appreciate the thoughtful review of DHEC's abortion clinic inspection program. We remain committed to protecting and promoting the public health of South Carolinians. To that end, where we can do better, we will.

Sincerely,

Catherine & Hergel

Catherine E. Heigel

cc: The Honorable Gary E. Clary, Chairman

LAC Recommendations	DHEC Responses
1. The S.C. Department of Health and Environmental Control should conduct all annual inspections, as required by state law.	DHEC is conducting annual inspections of the abortion clinics.
<ol> <li>The S.C. Department of Health and Environmental Control should review a statistically-representative sample of patient files based on a percentage of total files and ensure that all files for minors are reviewed.</li> <li>The S.C. Department of Health and Environmental Control should take steps to amend S.C. Regulation 61-12 to require that abortion clinics organize patient files in such a way as to allow for easy identification of the files of patients who are minors.</li> </ol>	The Centers for Medicare and Medicaid Services (CMS) guidelines specify that inspectors select at least 20 patient records to review at ambulatory surgical centers with a monthly case volume exceeding 50. For any ambulatory surgical center that have a lower monthly volume, the inspectors select at least 10 patient records to review. DHEC staff contacted other states including North Carolina (20+), Georgia (10), Arizona (no specific number given), South Dakota (20), Delaware (no set methodology), Michigan (no set methodology), and Indiana (10% or no less than 30) and found no consistent method for sampling. DHEC inspectors decided to select 25 patient records to review for the abortion clinic routine inspections. This recommendation requires revisions to Regulation 61-12 because the abortion clinics are not currently required to organize their patient records to easily identify records of minors.
4. The S.C. Department of Health and Environmental Control should enforce a system of graduated penalties on clinics with repeat violations.	Pursuant to Regulation 61-12, DHEC has discretion with respect to imposition of penalties and bases its final decision on several factors included in the regulation. Those factors include: "specific conditions and their impact or potential impact on health, safety or well-being; efforts by the facility to correct; overall conditions; history of compliance; any other pertinent conditions that may be applicable to current statutes and regulations." R.61-12, Section 103.E. As such, mandatory penalties are not appropriate for every circumstance and DHEC's enforcement of penalties on abortion clinics is consistent with other regulated health care facilities.

LAC Recommendations	DHEC Responses
5. The S.C. Department of Health and Environmental Control should develop a standardized statement of patient rights which includes consistent and correct information about how patients may file complaints and requires all licensed clinics to post this statement in a conspicuous location, maintain a copy signed by each patient in the patient's medical record, and include a copy with the patient's discharge documents.	This recommendation requires revisions to Regulation 61-12. Currently, abortion clinics develop their own statement on patients' rights and DHEC inspectors verify that the clinics have the patients' rights posted as required by the regulation. However, DHEC will have to revise the regulation in order to develop a standardized statement of patients' rights and to add requirements on how the abortion clinics handle the patients' rights statement.
<ul> <li>6. The S.C. Department of Health and Environmental Control should ensure that its inspectors verify that the total number of abortions performed by each facility conforms to the number reported to DHEC's Public Health Statistics and Information Services.</li> <li>7. The S.C. Department of Health and Environmental Control should establish a toll-free number for reporting complaints against abortion clinics.</li> <li>8. The S.C. Department of Health and Environmental Control should Recommendations maintain access to previous records of all complaint tracking systems for abortion clinics used by the agency.</li> </ul>	<ul> <li>DHEC inspectors ask the facilities how many procedures were performed each of the last six or seven months. Each facility provided a document of the number of abortions completely monthly, and DHEC inspectors compared that number to what the clinics reported to Vital Records for the same time periods. DHEC is having further internal discussions on whether a feasible system can be developed to cross-reference the two sets of data collection.</li> <li>DHEC has established an online complaint form that also includes information on how to report a complaint via telephone and email and maintains consistency with the other regulated health care entities.</li> <li>DHEC maintains records of complaint tracking systems for abortion clinics and, previous tracking systems are stored on the agency's network drive.</li> </ul>
9. The S.C. Department of Health and Environmental Control should establish a policy for forwarding complaints involving abortion clinics it receives, that are not under its purview, to other agencies for investigation.	DHEC has established a standard operating procedure to address forwarding complaints, which are not under DHEC's purview, to other agencies for investigation.
10. The S.C. Department of Health and Environmental Control should continue to update, in a timely manner, its complaint policies regarding abortion clinics to reflect its current systems and operations.	DHEC is continuously updating the complaint policies.

LAC Recommendations	DHEC Responses
11. The S.C. Department of Health and Environmental	DHEC maintains previous versions of policies on the agency's
Control should maintain histories of all revisions to its	network drive.
abortion clinic policies.	
12. The S.C. Department of Health and Environmental	DHEC has implemented this policy for new inspectors.
Control should implement a policy for reviewing the	
inspectors' investigation reports of abortion clinics prior to	
their completion. 13. The S.C. Department of Health and Environmental	
Control should establish a policy for communicating	
allegations under its purview that are not processed as formal	When DHEC receives allegations of potential regulatory violations,
complaints to field inspectors.	that information is processed into a formal complaint.
14. The S.C. Department of Health and Environmental	
Control should revise its policies to ensure that abortion	This recommendation requires revisions to Regulation 61-12 because
clinic inspectors check the accuracy of the information for	currently the regulation does not require the clinics to have a policies
filing a complaint during their inspections.	on how to file a complaint with DHEC.
15. The S.C. Department of Health and Environmental	DHEC has updated its policies to address what functions the positions
Control should update its policies to address what functions	will perform.
all positions will perform.	
16. The S.C. Department of Health and Environmental	DHEC has implemented an online system for reporting accidents and
Control should approve, implement, and update as	incidents at abortion clinics. The online system is now in practice
necessary, all standard operating procedures for regulating	mode and should be launched as a live website soon.
abortion clinics, including a standard operating procedure	
for responding to accidents and incidents at abortion clinics.	
17 The S.C. Department of Health and Environmental	DHEC has standard operating procedures specific to abortion clinics
17. The S.C. Department of Health and Environmental Control should incorporate these standard operating	based on the manual accident and incident reporting system. Once the online system becomes live, the standard operating procedures will be
procedures for abortion clinics into its operating manual.	updated to reflect the new online system.
procedures for abortion ennies into its operating manual.	updated to reflect the new offine system.

LAC Recommendations	DHEC Responses
18. The S.C. Department of Health and Environmental Control should incorporate standard operating procedures for conducting inspections, responding to complaints, and investigating accidents reported by abortion facilities into the training for inspectors.	DHEC has incorporated the standard operating procedures into training for inspectors.
19. The S.C. Department of Health and Environmental Control should continue to revise its training program for inspectors and amend its policies and procedures, as necessary, to reflect changes in how training is to be performed, by whom, duration, assessment tools, and continuing education and training.	DHEC is continuously revising its training program for inspectors as well as the policies and procedures for how training is to be performed.
20. The S.C. Department of Health and Environmental Control should ensure that those who conduct training are qualified by virtue of educational background and experience to train persons who will be inspecting healthcare facilities and interacting with trained medical professionals in the field.	DHEC has a training coordinator, and is in the process of hiring two field trainers and a nurse trainer.
21. The S.C. Department of Health and Environmental Control should not allow an inspector to inspect an abortion clinic without the assistance of an experienced inspector unless the employee has successfully completed a valid assessment test aimed at measuring competency in, at a minimum, the regulations, medications, medical procedures, and terminology.	DHEC's current policy is to have an experienced inspector conduct inspections and DHEC has also developed an assessment test for new inspectors.
22. The S.C. Department of Health and Environmental Control should actively recruit and give priority to candidates for the job of inspector to individuals with clinical experience.	DHEC actively recruits nurse inspectors.

LAC Recommendations	DHEC Responses
23. The S.C. Department of Health and Environmental	DHEC must publicly disclose abortion clinic inspection reports if a
Control should provide a prominent link to abortion clinic	written request is submitted to DHEC, and is specific as to facility,
inspection report results on its home page and ensure the	dates, documents, and other information requested.
reports can be viewed in a user-friendly format.	
24. The S.C. Department of Health and Environmental	DHEC must publicly disclose abortion clinic inspection reports if a
Control should provide its full abortion clinic inspection	written request is submitted to DHEC, and is specific as to facility,
reports, without patient identifying information, on its	dates, documents, and other information requested. DHEC is
website to users in a easily downloadable and printable	prohibited by law from publicly disclosing the identities of individuals
format.	in the facility.
25. The S.C. Department of Health and Environmental	DHEC must publicly disclose abortion clinic inspection reports if a
Control should establish and implement a policy to allow for	written request is submitted to DHEC, and is specific as to facility,
uploading abortion clinic inspection results to its website	dates, documents, and other information requested.
within 30 days of each inspection.	
	DHEC must publicly disclose complaint investigation results if a
	written request is made, specific as to facility, dates, documents, and
26. The S.C. Department of Health and Environmental	other information requested. The DHEC website provides a list of
Control should modify its website to include complaint	facility license status information and a list of enforcement actions
investigation results, facility license status information, and any penalties levied against abortion clinics.	taken against facilities, including enforcement actions where penalties are imposed.
27. The S.C. Department of Health and Environmental	DHEC updated the list of ultrasound providers on the DHEC website
Control should comply with state law by updating its list of	on May 12, 2015.
providers annually.	
th28. The S.C. Department of Health and Environmental	DHEC added the hours of operation for the ultrasound providers on
Control should comply with state law by documenting the	the DHEC website.
hours of operation for the ultrasound providers on DHEC's	
website.	
29. The S.C. Department of Health and Environmental	DHEC has created a booklet for these materials to be in an easily
Control should comply with state law and add an option to	downloadable and printable format. The booklet is currently ongoing
its website for the user to download the materials in an easily	the internal approval process for publication.
downloadable and printable format.	

LAC Recommendations	DHEC Responses
30. The General Assembly should amend state law to require	This recommendation requires action on the part of the General
a pre-abortion ultrasound to determine the gestational age of	Assembly.
the fetus for all abortions.	

#### FIVE YEAR HISTORY OF DHEC'S INTERACTIONS WITH PLANNED PARENTHOOD<sup>1</sup>

### **INFECTIOUS WASTE PROGRAM:**

- March 3, 2010 DHEC Infectious Waste Program sent an infectious waste registration renewal form to Planned Parenthood, which included information from previously provided registration updates.
- March 5, 2010 Planned Parenthood submitted the renewal form signed by a Planned Parenthood representative to DHEC to renew its registration as an Infectious Waste Generator.
- March 15, 2010 DHEC Infectious Waste Program sent a confirmation letter for registration renewal.
- March 9, 2011 DHEC Infectious Waste Program performed an on-site inspection and found the following violation of the Infectious Waste Management Regulation 61-105: Section F(6)(j).
- March 31, 2011 DHEC Infectious Waste Program sent a warning letter to Planned Parenthood requiring corrective action for the violation noted during the March 9, 2011 inspection.
- April 5, 2011 Planned Parenthood completed and signed a certification of corrective action form in response to DHEC's warning letter dated March 31, 2011.
- January 2, 2013 DHEC Infectious Waste Program sent an infectious waste registration renewal form to Planned Parenthood, which included information from previously provided registration updates.
- January 28, 2013 Planned Parenthood submitted the renewal form signed by a Planned Parenthood representative to DHEC to renew its registration as an Infectious Waste Generator.
- January 30, 2013 DHEC Infectious Waste Program sent a confirmation letter for registration renewal.
- June 25, 2014 DHEC Infectious Waste Program performed an on-site inspection and did not find any violations.
- August 31, 2015 DHEC Infectious Waste Program performed an on-site inspection and found the following violations of the Infectious Waste Management Regulation 61-105:

<sup>&</sup>lt;sup>1</sup> This history does not included payment of fees to DHEC by Planned Parenthood. Please see the attached chart for information regarding Total Fees and Penalties Collected by SCDHEC from Planned Parenthood South Atlantic.

Sections F(5); F(6)(j); H; M(1)(b); M(1)(f); M(1)(j); T(9); and AA(3). The facility was referred to Enforcement.

- September 11, 2015 DHEC Enforcement Program sent a Notice of Alleged Violation/Notice of Enforcement Conference to Planned Parenthood as a result of the findings from the August 31, 2015 inspection.
- September 28, 2015 DHEC held an Enforcement Conference with Planned Parenthood and their attorney regarding alleged violations noted during the August 31, 2015, inspection.

### **BUREAU OF HEALTH FACILITIES LICENSING:**

- February 2, 2010 DHEC Bureau of Health Facilities Licensing conducted a general inspection and cited Planned Parenthood for one violation of Standards for Licensing Abortion Clinics, Regulation 61-12: Section 303.C. Planned Parenthood subsequently provided a timely and acceptable Plan of Correction to the cited violation.
- September 2, 2011 DHEC Bureau of Health Facilities Licensing conducted a general inspection and cited Planned Parenthood for four violations of Standards for Licensing Abortion Clinics, Regulation 61-12: Sections 201.B, 204.B.8, 204.B.1, and 204.F. Planned Parenthood subsequently provided a timely and acceptable Plan of Correction to the cited violations.
- August 10, 2012 DHEC Bureau of Health Facilities Licensing issued a citation-by-mail to Planned Parenthood for failing to renew its application prior to the expiration date of its license.
- October 19, 2012 DHEC Bureau of Health Facilities Licensing conducted a general inspection and cited Planned Parenthood for five violations of Standards for Licensing Abortion Clinics, Regulation 61-12: Sections 204.A, 204.B.1, 204.F, 204.H., and 503.A. Planned Parenthood subsequently provided a timely and acceptable Plan of Correction to the cited violations.
- October 17, 2014 DHEC Bureau of Health Facilities Licensing conducted a general inspection and did not initially cite Planned Parenthood for any violations. Therefore, DHEC Bureau of Health Facilities Licensing did not request a Plan of Correction from Planned Parenthood. Upon further review of the inspection results, DHEC Bureau of Health Facilities Licensing staff revised the Report of Visit to reflect that Planned Parenthood had one violation of Standards for Licensing Abortion Clinics, Regulation 61-12: Section 204.B. DHEC Bureau of Health Facilities Licensing has no record of requesting a Plan of Correction from Planned Parenthood based on the revised Report of Visit.
- July 22, 2015 DHEC Bureau of Health Facilities Licensing hosted a regulation development meeting regarding a potential revision to Regulation 61-12, Standards for

Licensing Abortion Clinics. Planned Parenthood attended the meeting and provided written comments to the Department prior to the meeting.

- August 31, 2015, and September 1, 2015 DHEC Bureau of Health Facilities Licensing conducted a general inspection and a complaint investigation, following up on a complaint received in a letter from Governor Haley dated August 18, 2015.
  - As a result of the complaint investigation, DHEC Bureau of Health Facilities Licensing cited Planned Parenthood for violations of Standards for Licensing Abortion Clinics, Regulation 61-12: Sections 204.H, 301.D.4, 304.H, 401.A.1, 401.A.12, 403.A.1, and 605.D. Planned Parenthood subsequently provided a timely and acceptable Plan of Correction.
  - As a result of the general inspection, DHEC Bureau of Health Facilities Licensing cited Planned Parenthood for violations of Standards for Licensing Abortion Clinics, Regulation 61-12: Sections 204.A, 204.C, 204.E, 204.F.1, 204.F.2, 204.F.3, 204.F.4, 204.G.1, 208, 301.K, 303.A.1, 303.C, 304.H, 401.A.1, 401.A.12, 602.B, 605.D, and 808.A. Planned Parenthood subsequently provided a timely and acceptable Plan of Correction.
- September 11, 2015 DHEC Bureau of Health Facilities Licensing executed the Administrator Order imposing a monetary penalty of \$7,500 and suspending Planned Parenthood's license. The Administrative Order stated that the suspension would be lifted if the following conditions were met:
  - Payment of assessed penalty in the amount of \$7,500;
  - o Timely submission of a Plan of Correction; and
  - Proof of staff training.
- September 24, 2015 DHEC Bureau of Health Facilities Licensing and Planned Parenthood met and discussed the Administrative Order and Planned Parenthood's plans for submission of a Plan of Correction.
- September 28, 2015 Planned Parenthood delivered the following to DHEC:
  - Plan of Correction;
  - Payment of the assessed penalty in the amount of \$7,500;
  - Evidence of some staff training;
  - Requests for Consideration of Citation Violations for four violations: Standards for Licensing Abortion Clinics, Regulation 61-12: Sections 204.A, 208, 304.H, and 605.D; and
  - Request for Review of the Administrative Order of suspension, with \$100 filing fee.
- September 30, 2015 DHEC Bureau of Health Facilities Licensing and Planned Parenthood met and discussed Planned Parenthood's Plan of Correction, which DHEC Bureau of Health Facilities Licensing determined to be incomplete, and evidence of staff

training, which DHEC Bureau of Health Facilities Licensing also determined to be incomplete.

- October 9, 2015 Planned Parenthood indicated to DHEC Bureau of Health Facilities Licensing via letter and email it was withdrawing its Requests for Consideration for Citation Violation.
- October 12, 2015 Planned Parenthood submitted its final Plan of Correction for investigation to DHEC Bureau of Health Facilities Licensing.
- October 14, 2015 Planned Parenthood submitted its final Plan of Correction for general inspection to DHEC Bureau of Health Facilities Licensing.
- October 22, 2015 Planned Parenthood submitted its final documents evidencing staff training to DHEC Bureau of Health Facilities Licensing.
- October 23, 2015 DHEC Bureau of Health Facilities Licensing provided initial notification to Planned Parenthood via email that Planned Parenthood met all of the conditions for lifting the suspension in the Administrative Order.
- October 26, 2015 DHEC Bureau of Health Facilities Licensing mailed a letter to Planned Parenthood officially notifying it that all conditions for lifting the suspension in the Administrative Order were satisfied.

### **BUREAU OF DRUG CONTROL:**

- The South Carolina Controlled Substances Act requires that every person or entity who dispenses any controlled substance in South Carolina obtain an annual registration from the DHEC Bureau of Drug Control and register with the U.S. Drug Enforcement Administration prior to engaging in such activity. S.C. Code Section 44-53-290.
- Planned Parenthood has been registered with the DHEC Bureau of Drug Control since **1997**. Planned Parenthood's registration renewal fee is **\$125** and expires annually on **April 1st**. Every controlled drug is ordered under Planned Parenthood's U.S. Drug Enforcement Administration registration and one set of records would be allowed to account for the disposition of the drugs.
- Each physician who prescribes, possesses, administers, dispenses and distributes controlled substances at Planned Parenthood is also required to be registered individually. Planned Parenthood's registered physicians pay the **\$125** registrant fee, which expires annually on **October 1st**. Currently, DHEC Bureau of Drug Control records indicate one Planned Parenthood physician registered as the medical director, Dr. Jack Valpey, and his controlled substances registration has been current since **1977**.
- December 30, 2014 DHEC Bureau of Drug Control inspected Planned Parenthood's stock of controlled substances. No violations of the South Carolina Controlled

Substances Act or the South Carolina Controlled Substances Regulations were noted at the time of the inspection.

### **BUREAU OF MATERNAL AND CHILD HEALTH:**

- As part of the Title X federal regulation, women are provided with options counseling which includes written information that includes Planned Parenthood locations that provide abortion services in South Carolina.
- Our FP/STD clinic staff provide this information when the client expresses the desire for a termination.
- No money is provided to Planned Parenthood for these services.

### PUBLIC HEALTH STATISTICS AND INFORMATION SERVICES:

- Public Health Statistics and Information Services interacts with abortion providers regarding the reporting of abortions as required by SC Code Section 44-41-60. This interaction includes:
  - Providing training on completion of the report;
  - Collection of information on forms; and
  - Compiling statistics based on the information collected.

#### South Carolina Department of Health and Environment Control Bureau of Land and Waste Management Division of Waste Management Infectious Waste Generator Inspection Report

Date of Inspection: 3/9/11

Α.	General Information:	27	· <u> </u>	
	1. Generator Name:	PLANNED PARENTHOOD OF SOUTH CAROLINA	Registration 1	Number: SC40-
	0333G		. –	

#### 2. Address: 2712 MIDDLEBURG DR STE 107 COLUMBIA, SC 29204-2478

#### 3. Contact Person: STEHANIE A ADDISON BROWN Phone Number: 803-256-2600

<ul><li>4. If the information above changed, were we notified within 30 days?</li><li>5. Does the facility have a designated infection control committee and a written waste stream protocol?</li></ul>	Yes Yes			
B. Packaging & Labeling Requirements:				
1. Containers Properly Packaged?	Yes			
2. Containers Properly Labeled?	v			
a. Universal biohazard symbol?	Yes			
b. Department issued number?	Yes			
c. Date the container storage began?	Yes			
C. Storage of Infectious Waste:				
<ol> <li>Waste protected from insects or rodents?</li> </ol>	Yes			
2. Waste protected from weather conditions?	Yes			
<ol><li>Waste stored to prevent release?</li></ol>	Yes			
4. Outdoor storage area locked?	Yes			
<ol><li>Authorized personnel only area?</li></ol>	Yes			
6. Labeled with biohazard symbol?	Yes			
7. Waste odorless and under storage time limit?	Yes			
D. Infectious Waste Disposal:			· · · · · · · · · · · · · · · · · · ·	
1. Is the waste managed to prevent exposure or release?	Yes			
2. Is the waste properly treated prior to disposal?	Yes			
3. Records maintained for 2 years?	Yes			
4. Waste picked up at facility?	Yes			
5. Is it properly manifested with the name and registration				
number of the generator?	Yes			
a. Number of containers and the weight?		No	(R.61-105 (F)(6)(j))	
b. Name of transporter?	Yes	1.0		
6. Is the transporter registered with the Department?	Yes			
If no, please note name, address, contact person,		number for	r the transnorter	
7. Does the facility treat waste on site?	turne t	No		
Results of Inspection: <u>Summary of Violations/Discrepancies or Other Comments</u> <u>Waste is picked up by Stericycle twice a month. No weight log on hand at time of inspection, did have the</u> volume.				

Inspector: Kim Clyburn

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South Carolina Department of Health and Environment Control Bureau of Land and Waste Management Division of Waste Management Infectious Waste Generator Inspection Report

General Information:

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1. Generator Name: <u>PLANNED PARENTHOOD OF SOUTH CAROLINA</u> Registration Number: <u>SC40-0333G</u>

#### 2. Address: 2712 MIDDLEBURG DR STE 107 COLUMBIA, SC 29204-2478

Date of Inspection: \_\_\_\_\_3/9/11\_\_\_\_\_



BOARD: Paul C. Aughtry, III Chairman

Edwia H. Cooper, Ill Vice Chairman

Steven G. Klisser Secretary



I FRAN

BOARD: Henry C. Scott M. David Mitchell, MD Glenn A. McCall Coleman F. Buckhouse, MD

4002

C. East Hunter, Commissioner Promoting and protecting the health of the public and the environmes

March 31, 2011

#### WARNING LETTER

Registration Number SC40-0333G

eć.

STEHANIE A ADDISON BROWN PLANNED PARENTHOOD OF SOUTH CAROLINA 2712 MIDDLEBURG DR STE 107 COLUMBIA SC 29204-2478

Dear STEHANIE A ADDISON BROWN:

The Department conducted an inspection of your facility located at <u>2712 }</u> <u>IDDLFBURG DR</u> <u>STE 107 in COLUMBIA</u> on 03/09/2011 and the following violations of South Carolina Infectious Waste Management Regulations (R. 61-105) were noted during the inspection:

F.6.j. Failure to obtain and record accurate weight of waste within 50 days of shipment.

Please be advised this is a warning communication. The above violations should be addressed as soon as possible. Submit to the Department in writing, within 30 days, celtification that corrective action has been taken to address these violations. The enclosed document may be completed and submitted to satisfy this requirement. Compliance with these regulations is necessary to avoid further enforcement actions being imposed by this Department. Please refer to our Program website <u>www.scdhec.gov/infectiouswaste</u> to review the Infectious Waste Management Regulations, R.61-105.

Your cooperation is appreciated. If you have any questions, please contact your inspector at (803) 896-4240.

Sincerely,

Susan E. genking

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Susan Jenkins, Manager Infectious and Radioactive Waste Section Bureau of Land and Waste Management

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#### CERTIFICATION OF CORRECTIVE ACTION

#### RE: STEHANIE A ADDISON BROWN PLANNED PARENTHOOD OF SOUTH CAROLINA 2712 MIDDLEBURG DR STE 107 COLUMBIA SC 29204-2478

#### REGISTRATION NUMBER - SC40-0333G

This correspondence certifies that necessary corrective action has be r. taken to address all violations noted in the warning letter issued by the S.C. Departument of Health and Environmental Control dated 333111.

Description of Corrective Action(s)

Waste Management Company, Sterisycle, was contacted anday of inspection and Weight documentation was dixed to the Planned Parenthood office. Sterisycle was made aware that we were cited for this violation and that weiled to viscouved Weight documentation monthly and not cubic - volume. Stericycle will now email monthly Weights to Health Contr Mangger and Will be Kept on file. See attached documentation

Please certify by signing and dating below:

Suphanie A. Mom. KN. 100 Authorized Signature

4|5|1( Date

Stephanie A. Brown, RNIED Printed Name-

Regional Director for Medical Gerrices Printed Title

Please return this form to: Kim Clyburn SC-DHEC Infectious & Radioactive Waste Management Section 2600 Bull St. Columbia, SC 29201

Or fax to: 803-896-4242 Questions: (803-896-4240)

EFISTIN ROCHIE	CS02/19/10 THAT RS					
D.H.E.C. Licensing Standards Division of Hea	Compliance Report Date: 02 / 02 / /0					
and Environmental Operation	Licensed As: AB-0002					
	to report dated://					
General Inspection [G]	□ Fire/Life Safety [FL] □ Consultation [CS]					
Complaint Investigation [CI] Number (s)	On-Site: Ves D No					
To: Mrs. Stephanie A. Brown Reanned Parenthood of San	the Carolina, NA, NA,					
This inspection/investigation was conducted by: Mressoy	(licensed espacity / census)					
licensee from the need to meet all applicable standards, regulation	ions, conduct or practices that were found to be in violation of ed as a check of every condition that may exist, nor does it relieve the ons and laws.					
The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure, maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service.						
If applicable to the type of report being made, the signature of the reviewed during the exit discussion.	he activity representative indicates that all of the items cited were					
Chena My Collec Team Representative sign	Theman Hurton Runda Stater and X Suphenie & Prons, W					
	(Activity Representative sign)					
Within 15 days ( <u>02, 17, 10)</u> , complete this report, sign the adm copies for your records and mail the original copies of this report	ainistrators certification at the bottom of this page, retain the third , including this page, to:					
South Carolina Department of Health & Environmental C	Control					
2600 Bull Street	RECEIVED					
Columbia, SC 29201-1708	FEB 172010					
Administrators Certification	HEALTH LIC.					
I certify that I have described in the appropriate places of this repo	ort:					
<ul> <li>(1) the actions taken to correct each cited deficiency,</li> <li>(2) the actions taken to prevent similar recurrences, and</li> <li>(3) the actual or expected completion dates of those actions</li> </ul>	L.					
(Facility Administrator: na	Stephance Adison Brown, Mi Regional Director 2/15/10 (Facility Administrator: same, title, signature, date)					
Disposition of copies of all pages: Original - Facility returns to DHEC with descrip Facility.	tion of corrective actions. Copy 1 - DHEC suspense. Copy 2 - Retained by					

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### SUPPLEMENT TO: Licensing Standards Compliance Report Division of Health Licensing

Page: of Activity: Planned Parenthood & South Carolina Date: 12. A2.10 Standards contained in sections of Regulation 61- 72 were Not Met as indicated below. Please state corrective action taken or plan to be taken in space below statement of violation cited, and return this form. Do not identify any patient, client, resident, or staff member (other than the administrator) by name on this form. Description/Corrective Action taken to correct and prevent recurrence and date of completion Item/Section/Class #1. 303. C/II-Sexeral medications were found throughout the facility that had expired. Sor 4 docarde HCI: 25 PK expired 1 Dec 2009 4Bts expired I NOV 2009 docarre HCI: red Bulliered 10% Sormalin exp 1/16/04 Doilleucline Hyc joann were found redun an un looked cabinet in recovery room. All medications in all areas will be checked for expiration dates by Medical Staff members on a monthly basis and discarded in the appropriate manner. The administrator will oversee and check on a montly basis effective Immediately. All medications Will remain locked in cabinets while setting up daily surgical dinics by licensed Staff The administrativ Will monitor daily or assigned designee effective immediately.

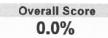
Disposition of copies of all pages: Original - Facility returns to DHEC with description of corrective actions. Copy 1 - DHEC suspense. Copy 2 - Retained by Facility.



South Carolina Department of Health and Environmental Control

### FREEDOM OF INFORMATION REPORT

	Facility Information		Audit Information
Permit Number	: AB-0002	Audit Name:	Abortion Clinic ROV 20101001
Facility Name:	PLANNED PARENTHOOD OF SOUTH	Туре:	L01 Routine
	CAROLINA-COLUMBIA	Start Date:	02 Sep 2011 11:45 PM
Address:	2712 MIDDLEBURG DR STE 107	End Date:	02 Sep 2011 04:32 PM
City/State/Zip:	COLUMBIA, SC 29204-2478 Richland	Inspector:	Thressa M. Hinton
Phone 1:	803-256-4908		
Email:	STEPHANIE.BROWN@PPHSINC.ORG		



### **Report Notice**

Question ID	Question	Answer
NOTICE01	Division of Health Licensing 2600 Bull St Columbia SC 29201-1708	Report Notice
	REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.	

### Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	<ul> <li>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</li> <li>(1) the actions taken to correct each cited deficiency,</li> <li>(2) the actions taken to prevent similar recurrences, and</li> <li>(3) the actual or expected completion dates of those actions.</li> </ul>	POC REQUIRED
	PRINT NAME:	
	TITLE:	
	SIGNATURE:	
	DATE:	

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Division of Health Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below.

#### Comments

• Plan of Correction is due on September 19, 2011.

### **Inspection Information**

Question ID	Question	Answer
INSP	Select the Type of Inspection to be Performed:	General Inspection
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
VERIFY03	Does the Facility/Activity Address agree with the Address of Record?	YES
VERIFY04	Does the Facility/Activity Telephone Number agree with the Telephone Number of Record?	YES
VERIFY05	Does the Facility/Activity E-mail Address agree with the E-mail Address of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit?	NO
ONSITE	Is this an On-Site Visit?	YES

### Administrative AC

Question ID	Question	Answer
R-61-12-201 B	201.B. Policies and procedures for operation of the facility shall be formulated and reviewed annually by the licensee of the facility. They shall include but not be limited to: (Class II Violation) <b>Comments</b>	OUT
	<ul> <li>At the time of the inspection, there was no documentation of an annual review of the policies and procedures. Additionally, there was no documentation available for review of the proceedure for ensuring that required training listed in Section 204 E, and F of Regulation 61-12, Standards for Liciensing Abortion Clinics to be conducted annually</li> </ul>	
R-61-12-204,B8	204.B.8. A person shall be designated in writing at each facility to coordinate TB screening of personnel and any other TB control activities. (Class III Violation) Comments	OUT
	<ul> <li>At the time of the inspection, there was no documentation available for review of a person designated in writing at the facility to coordinate TB screening of personnel and any other TB control activities.</li> </ul>	

### **Record Retention**

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention

Steton	Mobile	Auditor
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	<b>Facility Information</b>	
Permit Numbe	r:AB-0002	
Permit Type:	HL- Abortion Clinic	

eton Mobile Auditor	
D H F C	Audit Information
Facility Information	
Permit Number: AB-0002         Permit Type:       HL- Abortion Clinic         Location Name:       PLANNED PARENTHOOD OF SOUTH         CAROLINA-COLUMBIA         Address:       2712 MIDDLEBURG DR STE 107         City/State/Zip:       COLUMBIA, SC, 29204-2478, Richland         Phone:       803-256-4908         F-Mail:       STEPHANIE.BROWN@PPHSINC.ORG	Stop Date: 12/31/9999 Auditor: Thressa M. Hinton Contact Name: STEPHANIE A BROWN

Division of Health Licensing 2600 Bull St Columbia SC 29201-1708 FAX 803-545-4212	
REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the con- conduct or practices that were found to be in violation of requirements. This inspection or inves- not to be construed as a check of every condition that may exist, nor does it relieve the licensee from the need to meet all applicable standards, regulations and laws. The South Carolina Code requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate trea- persons served in this State. It also empowers the Department to require reports and make inspe- investigations as considered necessary. Furthermore, the Code authorizes the Department to de- or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (am- reasons), violating a provision of law or departmental regulations or conduct or practices detrin health or safety of patients, residents, clients, or employees of a facility or service. If applicable of report being made, the signature of the activity representative indicates that all of the items or reviewed during the exit discussion. If this Report of Visit is required by regulation to be made a conspicuous place in a public area within the facility, redaction of the names of those individu- report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 19 amended.	(owner) of Laws turnent of trections and ny, suspend, ong other nental to the to the type sited were available in uals in the 076, as
ADMINISTRATOR'S SIGNATURE - PLAN OF CORRE	CTION
PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of condescribes: (1) the actions taken to correct each cited deficiency, (2) the actions taken to prevent similar recurrences, and (3) the actual or expected completion dates of those actions. PRINT NAME: <u>Stephanic</u> A. Briwn, RN TITLE: <u>Brgional Director for Medical Services</u>	RECEIVED REQUIRED COP 192011
SIGNATURE: Suphenie & Brown, KW 1210	CELITH LIC.
DATE: 9110 11	× .

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### Plan of Corrections for DHEC site visit on 09/02/2011 For Planned Parenthood

- 201.B. A statement of review has been placed in the policy and procedure manual and will be done on an annual basis by administrator or designee. All documentation of required staff training were obtained from HR Department and place in on site personnel records. All trainings such as OSHA infectious control, fire training, and confidentiality will be kept on site effective immediately.
- 204 B.8. The TB coordinator is designated in writing in the PPHS OSHA manual. <sup>1</sup> Copy is enclosed.
- **204 B.1.** TB screening done annually and will be maintained in each staff members personnel file by Administrator/designee. Enclosed TB testing for 2011.
- 204.F. Effective immediately all staff will sign a written job description annually and will maintain in each staff members personnel file by Administrator or designee.

SEP 192011 HEALTH LIC.

### Steton Mobile Auditor

Administrator returns a copy of this report (original signature required) with description of corrective actions to:	
SCDHEC, Division of Health Licensing, 2600 Bull St, Columbia, SC, 29201	
Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below: • Plan of Correction is due on September 19, 2011.	
INSPECTION INFORMATION	
What Date Did the Auditor Arrive at the Facility?	9/2/2011
What Time Did the Auditor Arrive at the Facility?	11:45:00 PM
Select the Type of Inspection to be Performed:	General Inspection
Facility Administrator:	Stephanie A. Brown, RN
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Does the Facility/Activity Address agree with the Address of Record?	YES
Does the Facility/Activity Telephone Number agree with the Telephone Number of Record?	YES
Does the Facility/Activity E-mail Address agree with the E-mail Address of Record?	YES
Are there any other individuals accompanying the auditor for this visit?	NO
Is this an On-Site Visit?	YES
ADMINISTRATIVE AC	L
<ul> <li>201.B. Policies and procedures for operation of the facility shall be formulated and reviewed annually by the licensee of the facility. They shall include but not be limited to: (Class II Violation)</li> <li>At the time of the inspection, there was no documentation of an annual review of the policies and procedures. Additionally, there was no documentation available for review of the proceedure for ensuring that required training listed in Section 204 E, and F of Regulation 61-12, Standards for Liciensing Abortion Clinics to be conducted annually.</li> </ul>	OUT
<ul> <li>204.B.8. A person shall be designated in writing at each facility to coordinate TB screening of personnel and any other TB control activities. (Class III Violation)</li> <li>At the time of the inspection, there was no documentation available for review of a person designated in writing at the facility to coordinate TB screening of personnel and any other TB control activities.</li> </ul>	OUT
STAFF RECORDS AC	
204.B.1. Persons with negative tuberculin skin tests who have direct contact	

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Steton Mobile Auditor	
<ul> <li>with patients shall have an annual tuberculin skin test. (Class III Violation)</li> <li>At the time of the inspection there was no documentation available for review of an annual tuberculin skin test for the following employees:</li> </ul>	OUT
<ul> <li>204.F. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: (Class III Violation)</li> <li>At the time of the inspection, there was no documentation available for review of attendance to inservice training programs planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities.</li> </ul>	OUT
DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention
PROTECTED INFORMATION	
Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client, resident, or participant, you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO.' (The names of facility/activity staff members are NOT considered CONFIDENTIAL. If required for the audit, list the names of staff members in the citation.)	YES

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9/2/2011

### Fire Drill Report

Planned Parenthood of South Carolina 2712 Middleburg Dr. Suite 107 Columbia SC 29204

Reported by: \_\_\_\_\_ Date: 7-5-11

Communications:

Was discovery of fire reported appropriately to available personnel? (YN Was "Dr. Red" called ? Was "all clear" called following the drill ? How much time elapsed between notification and evacuation ?

Response:

Did personnel evacuate all patients? Was fire department called ? Was fire department met?

Containment:

Were all windows and doors closed? (YN) Were the proper extinguishers brought to scene to contain fire? (YN)

Evacuation:

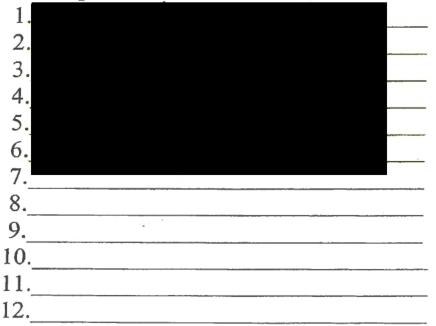
Were proper evacuation methods used? Were bathrooms checked for patients? Were exits and corridors kept clear and free of obstruction? Were patients escorted to a safe area? Are all evacuation routes clearly posted?

Recommendations:

Planned Parenthood of SC Fire Drill Report

Date <u>7-5-11</u> Dr. Red called at <u>11:24 am</u> Location of supposed fire <u>Recovery Room</u> All accounted for at : <u>Nouse Frapp Restaurant</u>

### **Participants**





September 6, 2011

I, Stephanie A. Brown, RN, Administrator, Planned Parenthood Columbia Health Center, have reviewed and approved all policy and procedure manuals for this facility.

Stephanie A. Brown, KN 1969 Stephanie A. Brown, RN Regional Director for Medical Services Planned Parenthood Health Systems, Inc. 2712 Middleburg Dr. Suite 107 Columbia SC 29204 Phone 803-2564908 Ext 6718 Fax 803-256-4900 Staff Meeting on July 28,2011

#### ATTENDANCE

Stephanie Brown, RLD

Meeting called to order by @ 3pm.

- All staff observed video on Abortion follow up, dose, and after care.
- Welcomed back from maternity leave
- Nancy discussed Syncope and client collapse
- HCAs working lab on Family Planning days need to make sure speculums are washed before leaving.
- Confidentiality discussed regarding patients and services. No one is to give out any information over the phone.

Meeting adjourned @ 4:30pm

### OSHA TRAINING

FACILITY: Planned Bunched Hack Syden ( COLUMBIA Conton) DATE: 8/11/10 TRAINER: LYNNE LACK, INFECTION CONTROL AND OSHA CONSULTANT

#### RECORDKEEPING

WORKERS' COMP LAW RE: WORKING AT HOME POST ACCIDENT

#### **BLOODBORNE**

ANNUAL RISK ASSESSMENT OF SAFETY NEEDLES DISINFECTION REVISITED HEPATITIS-TIP OF THE ICEBERG HEPATITIS OUTBREAKS IN NEVADA, NEW YORK, TENNESSEE, GA. SPREAD OF HIV TO PATIENTS FROM PROVIDER-IS IT POSSIBLE?

#### <u>PPE</u>

FINAL RULE ON "PER INSTANCE" RESPIRATORY MASKS-CDC AND OSHA VS. WHO DO YOU NEED A RESPIRATORY PROTECTION PLAN

#### <u>TB</u>

LATEST STATISTICS NEW TB TEST FASTER THAN CULTURE XMDRTB – NEW COMBINATION TREATMENT

### **HAZARD COMMUNICATION**

UNIVERSAL LABELS – STAY TUNED DISPOSAL OF UNUSED DRUGS NIOSH PROJECT: ALTERNATE DUTIES FOR AT RISK WORKERS

### **EMERGENCY ACTION PLAN**

**REVIEW OF PROCEDURES** 

### **GENERAL SAFETY**

VIOLENCE IN THE WORKPLACE

#### (OVER)

**INFECTION CONTROL** 

POSITIVE DEVIANCE JOINT COMMISSION PLANS FOR OFFICES MRSA – NEW STRAINS INFLUENZA PLAN RESISTANT FLU, STAPH, ENTEROCOCCUS AND ENTEROBACTER DON'T KISS A PIG (OR AN ELEPHANT) IS YOUR CELL PHONE BUGGED? HOW TO PROTECT YOURSELF FROM FLU IN THE WORKPLACE

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### OSHA UPDATE 2010

# DATE: 8/17/10

### SIGNATURE

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### Suphanne d. Anno, KN

### JOB POSITION

Regional Direction

EDUCATION & TRAINING OSHA COMPLIANCE Has fulfilled the requirements for the current year for August 17, 2010 to certify to all that the office of Pealth S Farmed Parenthood LYNNE LACK CMA, IC/OH consultant OSHA 圎 

### ANNUAL REVIEW

The policies and procedures (work practice controls), engineering controls, PPE and administrative controls in this OSHA manual are reviewed annually and revised as necessary.

The bloodborne policy, in particular, is reviewed annually to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. Annual consideration, documentation and implementation, where appropriate,of commercially available devices designed to eliminate or minimize exposure will be found in the bloodborne policy of this manual and on the quarterly safety report.

The OSHA coordinator is the designated reviewer for this office:

REVIEW DATE	BY (OSHA COOR	DINATOR)
(prome)	3/12/05	
Stephanie &. Brun	3/23/06	
Stephanie A Bra	3/19/07	
Stiphinierd . Bre	3/6/05	
Sephanie & pron	8/19/09	24 <sup>-</sup> 5
Stephanie & Brow	8/17/10	

Planned Parenthood Health Systems, Inc.

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# Planned Parenthood Health Systems, Inc.

# TB/PPD Testing record for employees of PPHS

Name: Stephanic A. Brown	Date: 7/28/11
Date of injection: 7128/11 Arm:	OFA
Given by:	
Return in 48 hours to have test read.	
Read on: 7/30/11	
Read By:	·····
Results: 0 mm	
Employee Signature: Suphinie d. from , RN ;	00
Date: 7/28/11	

# Planned Parenthood Health Systems, Inc.

Name:	Date: 7/28/11
Date of injection: 7128/11	Arm: F A
Given by:	
Return in 48 hours to have test read.	
Read on: 7/30/11	
Read By:	
Results: Ømm	
Employee Signature: _	
Date: 7/28/11	

### TB/PPD Testing record for employees of PPHS

Name: _		Date:	7-28-2011
Date of injection:	Arm:		
Given by:			
Return in 48 hours to have test read.			
Read on:			<i>z</i>
Read By:			
Results: Not eligible for PAD Employee Signature	- 6	Prior	Converter.
Employee Signature			Neg Chest Kray
Date: 7-28-2011			2009

Name: _	Date:/2.8/11
Date of injection: 7/28/11	Arm: OFA
Given by:	
Return in 48 hours to have test read.	
Read on: 7/30/11	
Read By:	
Results:Ø im m	
Employee Signature:	
Date: 7(28)0	

Name:	Date: 7/28/11
Date of injection:	Arm: F_A
Given by:	
Return in 48 hours to have test read.	
Read on: 7/30/11	
Read By: Mm. KN , KN	
Results: Ømm	
Employee Signature	
Date: 7/28/11	

Name:		Date:	7/28/11	
Date of injection: 7/28/11	Arm: _	( <b>)</b> ‡	A	
Given by: _				
Return in 48 hours to have test read.				
Read on: 730/11				
Read By:				
Results: ØMM				
Employee Signature: _		_		
Date: 7/28/11				

Name:	Date: 7/28/11
Date of injection: 7/28/11	Arm: DFA
Given by:	
Return in 48 hours to have test read.	
Read on: 7/30/11	
Read By:	
Results: Ømm	
Employee Signature:	
Date: 7/28/11	



South Carolina Department of Health and Environmental Control

## FREEDOM OF INFORMATION REPORT

	Facility Information		Audit Information
Permit Number	: AB-0002	Audit Name:	1-RENEW ROV 20120611
Address:	PLANNED PARENTHOOD OF SOUTH CAROLINA-COLUMBIA 2712 MIDDLEBURG DR STE 107	Type: Start Date: End Date:	L21 Citation By Mail 10 Aug 2012 08:30 AM 10 Aug 2012 08:32 AM
City/State/Zip: Phone 1: Email:	COLUMBIA, SC 29204-2478 Richland 803-256-4908 STEPHANIE.BROWN@PPHSINC.ORG	Inspector:	Shara Merritt

Overall Score 0.0%

#### **Report Notice**

Question ID	Question	Answer
NOTICE01	Division of Health Licensing 2600 Bull St Columbia SC 29201-1708	Late Fee Notice
	LICENSE RENEWAL REQUIREMENTS NOT MET - EXPIRED LICENSE	
	CITATION: You are being cited for non-compliance with the section of the applicable regulation regarding license renewal requirements as noted in this report.	
	LATE FEES: Late Fees are being assessed against your facility as a result of the citation(s) contained in this report. In accordance with the most recent State Budget Proviso, failure to submit a license renewal application or fee to the department by the license expiration date shall result in a late fee of \$75 or 25% of the licensing fee amount, whichever is greater, in addition to the licensing fee. The State Budget Proviso, while in effect, supersedes late fees addressed in regulations and provides for a late fee assessment where omitted from regulations. The First Late fee is assessed on the first day after the license expires. The Second Late Fee is assessed 60 days after the expiration date of the license. 90 days after the assessment of the Second Late Fee, the department may initiate an Enforcement Action for continual failure to submit completed and accurate renewal applications and/or fees by the time period specified. The department may waive any or all of the assessed late fees in extenuating circumstances, as long as it is with public knowledge.	

INVOICES: Attached to this report is your Annual License Fee invoice, First Late Fee Invoice, and Second Late Fee Invoice (if applicable).

Should you have any questions or concerns, please contact our office at (803) 545-4370.

Division of Health Licensing Representative:

## Administrator's Signature - Plan of Correction

 
 Question ID
 Question

 SIGN01
 PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction includes: (1) Completed or Corrected Application, if applicable (2) Payment of all Licensing Fees, if applicable (3) Payment of all Late Fees assessed, if applicable
 F

Answer POC REQUIRED (4) Transaction Receipt from L1 Identity Solutions for the Criminal Record Check, if applicable,(5) Emergency Evacuation Plan, if applicable.

PRINT NAME	
ΠΤLΕ	
SIGNATURE:	

DATE

Administrator returns a copy of this report (original signature required) with required documentation and fees. If you are being assessed a late fee for insufficient funds, payment must be made by cashiers check or money order. If you are not being assessed a late fee for insufficient funds, payment may be made by check, credit card, or money order. Make payments payable to SCDHEC. Pay the total amount due and mail to our office with a copy of the invoice and all other required documentation to:

SCDHEC, Division of Health Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

#### Comments

August 27, 2012

## **Renewal Information**

Question ID	Question	Answer
ONSITE	Is this an On-Site Visit?	NO
LATE	Type of Late Fee being assessed:	First Late Fee

### **Regulation Sections**

Question ID	Question	Answer
RENEW-01	Type of Healthcare Facility/Activity:	Abortion Clinic
R-61-12-102.H	102.H. License Renewal. Applicants for an annual license renewal shall file an application with the Department (Class III Violation) Comments	OUT
	<ul> <li>Application has not been received prior to the expiration date of the license (1st Late Fee assessed - see attached Invoices).</li> </ul>	

#### **Record Retention**

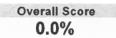
Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention



South Carolina Department of Health and Environmental Control

# FREEDOM OF INFORMATION REPORT

	Facility Information		Audit Information
Permit Number	: AB-0002	Audit Name:	Abortion Clinic ROV 20121001
Facility Name:	PLANNED PARENTHOOD OF SOUTH CAROLINA-COLUMBIA	Type: Start Date:	L01 Routine 19 Oct 2012 12:30 PM
Address:	2712 MIDDLEBURG DR STE 107	End Date:	19 Oct 2012 03:43 PM
City/State/Zip: Phone 1:	COLUMBIA, SC 29204-2478 Richland 803-256-4908	Inspector:	Thressa M. Hinton
Email:	STEPHANIE BROWN@PPHSINC ORG		



## **Report Notice**

Question ID	Question	Answer
NOTICE01         Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708           REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, cond practices that were found to be in violation of requirements. This inspection or investigation is not to be con a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all a standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish a enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and s ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to reports and make inspections and investigations as considered necessary. Furthermore, the Code authorize Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person for (among other reasons), violating a provision of law or departmental regulations or conduct or practices		Answer Report Notice
	for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, dients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.	

## Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	<ul> <li>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</li> <li>(1) the actions taken to correct each cited deficiency,</li> <li>(2) the actions taken to prevent similar recurrences, and</li> <li>(3) the actual or expected completion dates of those actions.</li> </ul>	POC REQUIRED
	PRINT NAME:	
	TITLE:	
	SIGNATURE:	
	DATE:	

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

# Comments

The <u>signed</u> Report of Visit, Plan of Correction and any supporting documentation as applicable, is due on November 12, 2012. It may be faxed to 803-545-4212.

#### Inspection Information

Question ID	Question	Answer
ONSITE	Is this an On-Site Visit?	YES
INSP	Select the Type of Inspection to be Performed:	General Inspection
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit?	NO

### Administrative AC

Question ID	Question	Answer
R-61-12-204.H	204.H. A personnel file shall be maintained for each employee and for each volunteer. The records shall be completely and accurately documented, readily available, and systematically organized to facilitate the compilation and retrieval of information. The file shall contain a current job description that reflects the individual's responsibilities and work assignments, and documentation of the person's orientation, in-service education, appropriate licensure, if applicable, and TB skin testing. (Class III Violation) <b>Comments</b>	OUT
	<ul> <li>At the time of the inspection, there was no documentation available for review of annual inservice training for infection control fire protection</li> </ul>	

confidentiality, and licensing regulations for

#### **Staff Records AC**

Question ID	Question	Answer
R-61-12-204.A	204.A. The licensee shall obtain written applications for employment from all employees. The licensee shall obtain and verify information on the application as to education, training, experience, appropriate licensure, if applicable, and health and personal background of each employee. (Class III Violation) <b>Comments</b>	OUT
	<ul> <li>At the time of the inspection, there was no documentation available for review of a background check for a second and and a second background check for a second background checkground check for a second background checkground checkgr</li></ul>	
R-61-12-204.B1	204.B.1. Persons with negative tuberculin skin tests who have direct contact with patients shall have an annual tuberculin skin test. (Class III Violation) <b>Comments</b>	OUT (Repeat)
	<ul> <li>At the time of the inspection, there was no documentation available for review of an annual tuberculin skin test for</li> </ul>	
R-61-12-204.F	204.F. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The	OUT (Repeat)

following training shall be provided at least annually: (Class III Violation) Comments

• At the time of the inspection, there was no documentation available for review of attendance to inservice training programs planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities.

### Facility Walk-Through AC

Question ID	Question	Answer
R-61-12-503.A	<ul> <li>503.A. Facility Maintenance. A facility's structure, its component parts, and all equipment such as elevators, furnaces and emergency lights, shall be kept in good repair and operating condition. Areas used by patients shall be maintained in good repair and kept free of hazards. All wooden surfaces shall be sealed with non-lead-based paint, lacquer, varnish, or shellac that will allow sanitization. (Class II Violation)</li> <li>Comments <ul> <li>At the time of the inspection, a quarter inch gap was observed at the top of the back door of the facility. Daylight could be observed. This door is directly across from the procedure room.</li> </ul> </li> </ul>	OUT
Record Re	tention	

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention

Steton Mobile Auditor

EU <u>ces 3/12/13</u> OPT 3-8-13 <u>Scanned Page 1 of 3</u> To Scan <u>3-14-13</u> CK



	Fa: flity Information	Audit Int	formation
Permit Number	r: AE -0002	Audit:	Abortion
	HI. Abortion Clinic	F	Clinic ROV
Location Name	PL. NNED PARENTHOOD OF SOUTH		20121001
	CA COLINA-COLUMBIA	Type:	L01 Routine
Address:	2712 MIDDLEBURG DR STE 107	Date:	10/19/2012
City/State/; Zip:	CC .UMBIA, SC, 29204-2478,	Stop Date:	12/31/9999
	Ricidand	Auditory	Thressa M.
Phone:	803 - 256-4908		Hinton
E-Mail:	STI PHANIE BROWN@PPHSINC.ORG	Contact Name	STEPHANIE
			ABROWN
			RN
		<b>Contact Emails</b>	· ·

Division of Health Licensing 2600 Bull St	1	]
Columbia SC .29201-1708		
REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, not to be construid as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Caroline Code of Laws requires this Department to astable: and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also impowers the Department to require reports and make inspections and investigations as considered necess: y. Furthermore, the Code authorizes the Department to deny, stispend, or revoke licenses (permits) or to us as a monetary penalty against a person or facility for (among other neaking a provision of in or departmental regulations or conduct or practices detrimental to the teacher or department in the signature. If the activity representative indicates that all of the items cited were revoke licenses (permits) or to us as a monetary penalty against a person or facility for (among other neaking a provision of in or departmental regulations or conduct or practices detrimental to the teaking make, the signature if the activity representative indicates that all of the items cited were reviewed during the exit discussion if this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, reduction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as	Report Notice	
ADMINIST RATOR'S SIGNATURE - PLAN OF CORRECTION		
PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes: (1) the actions taken to correct each sited deficiency, (2) the actions taken to prevent simily recurrences, and (3) the actual or expected completion dates of those actions.		
MININAME: Stephaniz A. Addison, RN, RD MILE: Regional Director for Medical Services		
IGNATURE: Durigance St. tacking KN 11-P		
DATE: 11/9/12-	POC	
-		

file:///C:/Program%20File: Steton/Mobile%20Auditor%20PC/Default.htm 10/19/2012 + Left VM fer Stephance need correctings on POC (4+(11-26-)2 20012 DSHAA 0067952005 XVA 55:01 2102/60/11

Any violations cited in this report of visit were observed at the time of the inspection.	REQUIRED
Administrator returns a copy of this report (original signature required) with description of corrective	REQUIRED
actions to:	
SCDHEC, Division of Health Licensing, 2600 Bull St, Columbia, SC, 29201	
Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:	
• The <u>signed</u> Report of Visit, Plan of Correction and any supporting documentation as applicable, is due on November 12,	
2012. It may be faxed to 803-545-4212.	
INSPECTION INFORMATION	
Is this an On-Site Visit?	YES
Select the Type of Inspection to be Performed:	General Inspection
What Date Did the Auditor Arrive at the Facility?	10/19/2012
What Time Did the Auditor Arrive at the Facility?	12:30:00 PM
Facility Administrator:	STEPHANIE A BROWN RN
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	STEPHANIE A BROWN RN
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Are there any other individuals accompanying the auditor for this visit?	NO
ADMINISTRATIVE AC	
204.H. A personnel file shall be maintained for each employee and for each volunteer. The records shall be completely and accurately documented, readily available, and systematically organized to facilitate the compilation and retrieval of information. The file shall contain a current job description that reflects the individual's responsibilities and work assignments, and documentation of the person's orientation, in-service education, appropriate licensure, if applicable, and TB skin testing. (Class III Violation) • At the time of the inspection, there was no documentation available for review of annual inservice training for infection control, fire protection, confidentiality, and licensing regulations for	OUT
STAFF RECORDS AC	
204.A. The licensee shall obtain written applications for employment from all employees. The licensee shall obtain and verify information on the application as to education, training, experience, appropriate licensure, if applicable, and health and personal background of each employee. (Class III Violation) • At the time of the inspection, there was no documentation available for review of a background check for	OUT
204.B.1. Persons with negative tuberculin skin tests who have direct contact with	

• At th	shall have an annual tuberculin skin test. (Class III Violation) the time of the inspection, there was no documentation available for review of an uberculin skin test for	OUT (Repeat)
employe duties ar content a least ann • At the attendand	nservice training programs shall be planned and provided for all ees and volunteers to insure and maintain their understanding of their and responsibilities. Records shall be maintained to reflect program and individual attendance. The following training shall be provided at nually: (Class III Violation) e time of the inspection, there was no documentation available for review of ce to inservice training programs planned and provided for all employees and rs to insure and maintain their understanding of their duties and poliities.	OUT (Repeat)
	FACILITY WALK-THROUGH AC	
equipme good rep in good r non-lead (Class II • At the of the faci room.	Facility Maintenance. A facility's structure, its component parts, and all ont such as elevators, furnaces and emergency lights, shall be kept in pair and operating condition. Areas used by patients shall be maintained repair and kept free of hazards. All wooden surfaces shall be sealed with -based paint, lacquer, varnish, or shellac that will allow sanitization. Violation) time of the inspection, a quarter inch gap was observed at the top of the back door lity. Daylight could be observed. This door is directly across from the procedure	OUT
DHEC 0282	2 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention
	PROTECTED INFORMATION	
individua resident, check 'N(	formation CONFIDENTIAL? This section names or identifies certain als related to cited violations. If you identify by name any patient, client, or participant, you must check 'YES' by CONFIDENTIAL. Otherwise, O.' (The names of facility/activity staff members are NOT considered ENTIAL. If required for the audit, list the names of staff members in on.)	NO

Auditor Signature: Thressa M. Hinton	Account Signature: Sandie Bowers
Chrissa M. Huden	X Sandre Bowers X Danais Bowy

> Sert amail asking for conformation 2-25-13 44

#### Plan of Corrections for DHEC site visit on 10/19/2012

For Planned Parenthood Health Systems

204.H. All doc. mentation of required staff training was completed and placed in on site "ersonnel records. All trainings such as infection control, fire protection, confidentiality, and licensing regulations for will be sept on site immediately. This training will be conducted annually  $\checkmark$ by Heal h Center Manager. 204.A. A back round check was obtained through the HR Department for PPHS. Background checks were received from HR for and Employ ses duties and responsibility were signed by each employee and - Prevention of the Milliam of Dial Realty (James) Will include on checkfully (James) Call placed to Pat Gilliam of Dial Realty (James) Background checks were immediately placed in on site 204.B.1. 204.F. Call pl: zed to Pat Gilliam of Dial Realty (landlord) immediately. Per Pat \_ Web \_ the fixed ar Gilliam and Robin Dial quarter inch gap at back door will be fixed ar Monda: November 12, 2012. 4007 503.A. per phone call w/ Stephance on 2-25-2013

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#### Staff Monthly Meeting

August 31, 2012

Attendees	

Meeting called to order y

- discussed training modules that are required is located on the CAL. Please once again sector to receive email addresses.
- discusseć ne phone system that will be implemented.
- When making ap pointments or when pt comes into office and is being registered, make sure that p tients name is spelled correctly and address is correct.
- **discusser** fire protection. Each employee has been designated to a station. If a fire irrupts everyone is to report to their prospective places.
- and staff hid a walk through and staff was reminded of where all EXIT signs and all fire extinguishers are located. Fire Drill was conducted after meeting.
- stated to hake sure all charge tickets are being filled out correctly and modifiers are being added in Next Gen.
- Inanked averyone for a job well done and meeting was adjourned at 3:52pm.

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# Fire Drill Report

Planned Parenthood of South Carolina 2712 Middleburg Dr. Suite 107 Columbia SC 29204

Reported by:

8/31/2012 Date:

Communications:

Was discovery of file reported appropriately to available personnel WN Was "Dr. Red" call.d ? Was "all clear" call.d following the drill ? How much time elansed between notification and evacuation ?

Response:

Did personnel evacu te all patients? Was fire department called ? Was fire department net?

Containment:

Were all windows and doors closed? Were the proper extinguishers brought to scene to contain fire?



Evacuation:

Were proper evacuatic 1 methods used? Were bathrooms checked for patients? Were exits and corrido 5 kept clear and free of obstruction? Were patients escorted to a safe area? Are all evacuation routes clearly posted?

Recommendations: Vere





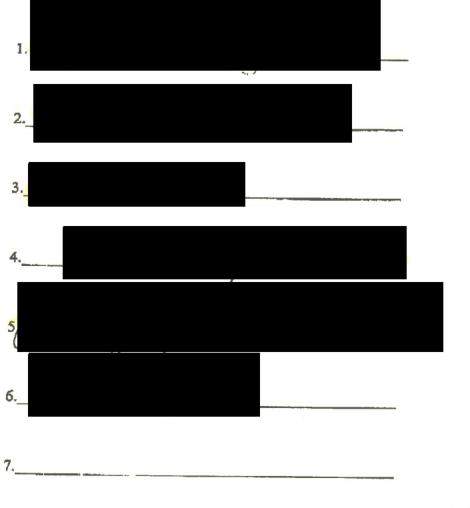
## **FIRE DRILL SIGH IN SHEET**

DATE: August 11, 2012
Dr. Red called at Red
Location of Supposed Fire Second waiting room
All accounted for at Mouse Tropp Restarant

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#### Staff Monthly Meeting

October 25, 2012

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Meeting called to order by

- discussed new phone system that has been implemented. She stated that we are still having some issues with printing slow that home office is aware of. New phone will also be placed in chart room.
- Staff told to neve: give out patient information to anyone. Patient information shall remain confidential. Any patient requesting medical records must have a signed medical release and present identification. All staff signed
- **Description** gave presentation regarding infection control and demonstrated to staff how to properly some gloves and all other protective equipment. Ex. Shoe covers, masks, protective gowns, and goggles. Sandie told staff to always use Universal Precautions.
- **It** to d staff he importance of properly disposing of needles. All needles should be placed in sharps container. Sandie also told staff of the perspective places where the are located.
- gave staf information on licensing regulation for and staff was told where the book let is ket t. Staff told take time to review book in its entirety
- told staff hat family planning appointments need to get better. Effective immediately all P appointments need to be confirmed. All voicemails should be checked and call returned. At the end of the day there should not be any voicemails left.

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thanked everyone for a job well done and meeting was adjourned at 12:20pm.

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#### AL REEMENT OF CONFIDENTIALITY

<u>Client Information</u> All in ormation pertaining to clients, whether indirectly or directly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs Staff met bers will not discuss agency affairs with or in the presence of unauthorized persons.

<u>Release of information to</u> <u>the Public</u> Contacts with the press or other public media will be handled by the Presider /CEO or designees. All inquiries will be immediately referred to the President/CEO for a propriate action.

I have read this statement and commit myself to its provisions.

Signed_		
Date 10/25/2012	e <sup>19</sup>	
Witness		10



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I have read this statement a: d.commit myself to its provisions.

Signed	
Date 10-25-12	
Witness_	

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<u>Release of information to:</u> <u>ie Public</u> Contacts with the press or other public media will be handled by the President /CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Signed_	· · · · · · · · · · · · · · · · · · ·
Date 10.125112	
Witness_	

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#### A GREEMENT OF CONFIDENTIALITY

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I have read this statement and commit myself to its provisions.

Signed		
Date	10/25/11	
Witness		
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I have read this statement as d commit musulf to its provisions.

Signed		
Date	10/25112	
Witness		

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I have read this statement and commit moved to its provisions.

Signed	
Date 10-25 12	
Witness_	

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JOB TITLE: Clinician

FULL-TIME/F.: RT-TIME EXEMPT STATUS:

Health Center Manager GENERAL SUPERVISION DECEIVED:

Affiliate Medical Director CLINICAL SUPERVISION RECEIVED:

In collaboration with local health center staff, the lead clinician GENERAL DESCRIPTION (LC), affiliate medical director (AMD) and local back up physician, the Clinician functions in an expanded role in the area of ar bulatory reproductive health care. Within the context of PPHS medical protocols, s/he will provide protocols and provide protocols, s/he will provide protocols and provide protocols and protocols an services for men of all ages, and limited primary care for men and women of all ages.

### DUTIES AND RESPONSIBILIES:

General:

- 1. Practices in accordance with established PPHS policies and procedures (Medical, Laboratory, Quality & Risk Managemant, OSHA / Infection Control).
- 2. Secures a complete health history, including obstetric, gynecologic, contraceptive, medical, surgical, sexual, fi mily health, and psychosocial; and records findings accurately and succinctly.
- 3. Performs physical examinations with special emphasis on the reproductive system, including breast examination, pelv c examination, cancer screening tests, diagnosis of sexually transmitted infections (STIs), and other types of more specialized procedures such as endometrial biopsies and colposcopies, as may be it dicated by medical policy and clinical privileging.
- 4. Performs, orders, and interprets diagnostic studies as indicated and permitted by PPHS medical
- 5. Recognizes and treats minor deviations from the normal, using prescribed protocols and consulting with the physiciar, as needed.
- 6. Provides relevant health i struction to include family planning, nutrition, sexuality, and principles of health promotion and mai stenance.
- 7. Prescribes, disperses and administers appropriate contraceptives to clients in accordance with PPHS policies and procedures.
- 8. In centers providing surg al abortion, provides client and physician support, as well as routine and abnormal medica follow up for clients.
- 9. In centers providing med sation abortion, provides direct services in collaboration with supervising physician and aff liate multical director, and in accordance with state laws and regulations.
- 10. Applies current CPT and CD-9 coding principles to all medical visits rendered.
- 11. Participates in PFHS After Hours Call Program for abortion services clients.
- 12. Participates in PFHS Que ity & Risk Management Program.
- 13. Collaborates within PPH 's medical services department, with health center teams, workgroups and
- other community agencie : and resources (e.g., physicians, local health departments, social service, nutritionists, dentists, and parent education groups), through joint planning and coordination of activities, in providing comprehensive care.
- 14. Maintains current knowl dge of medical practice in the reproductive health field.
- 15. Interprets scientific studies based on knowledge of basic research principles.

Clinician 1/11

#### Page 2

#### Clinician Job Description

Specific:

- 1. Obtains a general health his. ory, performs a general screening physical examination, and obtains and/or interprets appropriate diagnostic procedures and laboratory tests.
- 2. Provides general health supervision, health maintenance, education, and counseling to women during the life cycle.
- 3. Recognizes common non-genecological medical problems and other deviations from normal and provides management or re errals as appropriate.
- 4. Obtains a gynecological his ory, performs a gynecological examination, and obtains diagnostic studies and laboratery tests relevant to gynecology.
- 5. Recognizes gynecological eviations from normal, formulates a diagnosis in collaboration with a physician, and provides edu cation and management, or refers when appropriate.
- 6. Provides education and appropriate management for women and men in need of reproductive related services, including fertility control, infertility, and sexually transmitted infections.
- 7. In centers providing surgies 1 abortion, provides client and physician support, including but not limited to lab testing, sono raphy, informed consent, POC evaluation, medication administration, recovery oversight and discharge for clients, post abortion follow up communications and office
- 8. In centers providing medication abortion, provides direct services in collaboration with supervising physician and affiliate mex .cal director, and in accordance with state laws and regulations, including but not limited to lab testir 3, sonography, informed consent, prescribing, administering and dispensing of medications, discharge for clients, post abortion follow up communications and office
- 9. Participates in after- hours call duty for abortion- related emergencies, based on a rotating schedule with other RNs and Clinicians, in accordance with PPHS policy & procedure.
- 10. Conducts quality control t. sts, clinical proficiency tests, QM audits and activities according to
- 11. Ensures that all abnormal medical complications are followed according to PPHS Referral & Follow annual PPHS QRM Plan.
- 12. Meets or exceeds minimu a standards established by PPHS for quality, clinical care, customer
- 13. Assists in development & annual revision of medical referral sources for health center/s assigned. service and center productivity.
- 14. Assumes responsibilities f other medical staff as needed and when appropriate, as directed by
- Health Center Manager.
- 15. Assumes leadership role : 1 event of medical emergency.
- 16. Acts as an instructor and resource for staff training and development, in-services and meetings, as 17. Recognizes ethical, legal and professional issues inherent in providing care to women throughout directed by Health Cente: Manager.
- the life cycle.
- 18. Other duties, as assigned by the Health Center Manager.

# QUALIFICATIONS NEED:

Education, Licensu: a and Certification: License or certification for physician, advanced practice nurse/ physician's assistant practice within the state of health center/s assigned: North Carolina, South Care ina, Virginia, West Virginia. Physician, Nurse practitioner, Physician's

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Assistant, Certified Nurse Midwife training and subsequent experience in reproductive health care. NCC certification (or certification by another recognized body) recommended, but not required. CPR certification must be kept up to date throughout employment.

Experience: 1-5 years relevant medical experience, preferably in family planning/ gynecology.

**Personal:** Understanding of and commitment to goals and mission of PPHS. Excellent communication s cills, "b dside manner" & ability to establish professional rapport with clients, coworkers and communities of diverse backgrounds. Eager to grow professionally and personally; Willing to le m new skills, apply new techniques, technologies and approaches in pursuit of quality, innovation, efficiency and customer satisfaction. Able to work effectively independently and as part of a team. Must be willing to respond to changing needs of the health center, department, organization and community.

Vision, Hearing and Speaking: Required to read and analyze data daily. Required to diagnose chients and interpret lab test results. Required to communicate with staff, clients and public daily in person approximation on phone.

Agility and Dexterity: Required to perform written communication daily. Required to operate office and lab equipment necessary to perform job duties (telephone, copier, computers, exam table, lab and medical equipment).

Mental: ability to read, comprehend and analyze data daily.

I have read and understand this 'ob description.

8.3/-/2\_\_\_\_ Date

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JOB TITLE: Hes th Center Manager

STATUS: PART/FULL-TIME EXEMPT

RESPONSIBLE : O: Regional Director

### **DESCRIPTION OF DUTIES:**

- 1. Provide direct management of the center. Responsible for overall efficient operations. Escal performance, professional environment, staff selection and developmer, and maintenance of equipment, supplies and facility.
- 2. Conduct per odic patient flow assessments for quality improvements.
- 3. Provide direct patient care as appropriate.
- 4. Hire, train, s hedule, and evaluate non-clinician and volunteer personnel.
- 5. Part cipate v ith Vice President for Medical Services (VPMS), Lead Clinician, Regional Director and Medical Director in the hiring, training and evaluation of clinician star 1 Directly supervise clinicians in all areas except medical judgment, which is to t : evaluated by the Medical Director.
- Delegate responsibilities among center personnel. Authorize all personnel-related actions, including time sheets. Conduct periodic and annual performance evaluations and competency reviews.
- Determine priment, clinician and employee schedules for effective and efficient health center operations and patient services within affiliate standards and guidelines.
- Assess and recommend staffing patterns and periodically reassess needs for adequate staffing of health center operations.
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- 9. Train and interpret new services policies for staff, volunteers and patients.
- 10. Ensure staff : oductivity via prospective performance tracking, and provide ongoing supervision and training to achieve productivity standards.
- 11. Demonstrate ability to manage and supervise people, giving support, evaluating, and holding a uployees accountable while maintaining high morale and productivity.

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- 12. Develop ar hual budget and business plan, under instruction of the VPMS. Monitor and adhere to established budgets through reports, justifications and act on plant to address variances in operations and related information at the center leve
- 13. Oversee insurance billing procedures, adhering to affiliate standards and resolving overdue accounts in a timely manner.
- 14. Participate in PPHS's Quality Management Committee. Maintain PPHS quality management guidelines for lab and medical services.
- 15. Monitor quility of patient care provided by health center staff. Evaluate customer concerns cui a regular basis, addressing complaints as required.
- 16. Manage abnormal pap smear follow-up/referral system in accordance with PPHS guidelines.
- 17. Complete guitient statistical reports, as requested.

#### QUALIFICATIO'IS NEEDED:

Education: Bachel r's degree, preferably in management

Experience 3-5 years supervisory/ management experience, with one year in a health care environment preferred.

Personal: Ability to manage multiple program services and tasks; Attention to detail; Ability to respond a propriately to changing situations; Great communication skills, both oral and written; Al-lility to relate to diverse constituencies; Ability to self-motivate, work independently and as a team member; Commitment to department goals regarding quality, pro-luctivity, and customer service; Willingness to work evenings and Saturdays; Commitment to the mission and philosophy of Planned Parenthood

Vision, Hearing, an Speaking: Must be able to read and analyze data daily. Required to hear telephone and communicate with staff and public daily via telephone and in person.

Agility and Dextering: Must be able to input and retrieve data daily. Required to perform written communication and use office equipment necessary to the performance of job duties (computer, printer, fax, telephone, calculator, postage meter, copy machine).

Mental: Ability to anad, comprehend and analyze data daily.

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I have received a cor c of this job description which I have read and understand.

Employee Signature

8/30/2012



JOB TITLE: Regional Director of Medical Services

STATUS: FULL-TIME EXEMPT

**RESPONSIBLE TO: VP** for Medical Services

#### GENERAL SUMMARY

The Regional Director of H. alth Services is responsible for operations, medical compliance and financial position of all heat h centers within the designated region. One center within assigned region is identified as the harmonic endermodiance and direct supervision for this site and staff is provided. 75% of her/ his time is spen in this role. 25% of her/ his time is focused on supervision and support for the Health Center r Managers assigned to the other sites within the region. The Regional Director a so supervises a Lead Clinician and Health Center Assistant to provide support for all centers in the region. The Regional Director reports directly to the Vice President for Medical Services.

#### ESSENTIAL DUTIES & . : ESPONSIBILITIES

#### Health Center Performance Management

- Recruit, hire, train, develop and supervise Health Center Managers in assigned region.
- Assume management of staff and center in absence or vacancy of Health Center Manager.
- Establish goals for all conters within region based on organizational, departmental and regional strategic objectives.
- Develop budgets for centers in region based upon established goals and objectives.
- Monitor health center performance relative to operational, medical, quality and fiscal standards.
- Supervise and assist stat in achieving goals and managing operation within budget
- Optimize staffing level: to ensure smooth client flow and center access
- Ensure center and staff schedule meets needs of clients and target communities.
- Provide leadership in cc mmunicating PPHS policies and administrative processes through staff meetings and other communications.
- Respond to staff and cli.nt grievances.
- Assume leadership with peers on process improvement initiatives within health centers, focusing on improved contents statisfaction, compliance with medical policies and procedures, health center efficiency and productivity.
- Develop strong community presence in designated area as a Planned Parenthood representative for the part pose of establishing the organization as a leader in the provision of education, information and health services.
- Create partnerships with community organizations that can help Planned Parenthood tailor education or clinical services to meet the needs of specific populations.

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#### **Project Management**

- Supports VPMS in the asvelopment of change management plans, new program implementation plans, r prformance plans for individual staff members, departmental teams, committees, wo kgroup .
- . Participates in coording on of specialized projects such as Clinical Management Software, Web Based Health Serv ces, Off-Site Services, Health Center expansions/ transitions, as assigned.
- Participates in planning implementation and evaluation of new services for PPHS. Remains updated on similar projects outside PPHS in order to measure and maintain the success of new projects/ services at PPHS.
- Participates in the coor: nation and oversight of transition/ tumaround workplans and projects for und erperfer ning centers and staff within region.

#### Quality and Risk Management

- . Participates in the Q/R Igt program to ensure high quality, efficient, customer-driven service delivery, following approved protocols and health center practices.
- Assists in reviewing, up lating and developing new O/RM audit tools and checklists.
- Participates in monitoring of Q/RM activities as needed.
- Organizes, compiles an reports data for all incidents as needed for staff training and meetings.
- Participates in noview a: d compilation of occurrence reports for annual summary for measurement and reporting on outcomes, trends, for training purposes and quality improvement efforts.
- Coordinates Q/IIM com nittee meetings, including requesting and confirming presenters, arranging logistics, set 1 p and clean up of meeting space and other arrangements as needed.

#### **Budget Planning**

Participates in annual bi dgeting process, to present a plan that will support the region for the fiscal year.

#### Miscellaneous

- Performs other duties as needed or directed by VPMS.
- . Due to changing organi ational needs, duties and responsibilities may be added, changed or deleted at any time at the discretion of management.

#### **OUALIFICATIONS**

Education: Position require a minimally a Bachelor's Degree.

Experience: A min mum o 2 years training experience, 2 years experience in a family planning center, abortion services excerience, or equivalent. Must have 2 years management or supervision in health care a customer service business. Experience developing, implementing and evaluating operational lans highly desirable. Education should encompass some or all of Regional Director, Medical Services 12-2011 2

MANEIMENTIA

the following: informatic 1 sharing, education/ training, women's health, sexuality, public health, laboratory science. Abilit / to use CMS accurately. Proficiency with email and Microsoft Office applications inclu fing Outlook, Word, Excel and Powerpoint.

Personal: Understanding of and commitment to PPHS goals and mission. Must be able to prioritize and have good communication and organizational skills. Ability to function as both a leader and a team member. Ability to perform effectively in a constantly changing, high-stress environment.

Vision, Hearing, and Speaking: Must be able to read and analyze data daily. Required to hear telephone and communicate with staff and public daily via telephone and in person.

Agility and Dexterity: Must be able to input and retrieve data daily. Required to perform written communication and use of ice equipment necessary to the performance of job duties (computer, printer, fax, telephone, cal.ulator, postage meter, copy machine).

Mental: Ability to read, o mprehend and analyze data daily.

I have received a copy of this job description, which I have read and understand.

Employee Signature

CONFIDENTIAL

Regional Director, Medical Services 12-2011

3

Planned Parenthood

JOB TITLE: Health Center Assistant III

STATUS: Full-Time/Ps t-Time, Non-Exempt

**RESPONSIBLE TO: Health Center Manager** 

#### DUTIES AND RESPORTISHING ALL HCA LEVELS:

- 1. Provides excellent customer service, eliciting client needs, and educating clients on Planned Paren nood services & community resources.
- 2. Provides education in a non-judgmental manner to patients by providing support and information conreproductive and sexual health issues, including birth control methods, pregnancy options including abortion, STI's/HIV and safer sex.
- 3. Provides (elephor.) coverage for incoming calls, request for Center appointments and also other information calls that may require education about PP services and/or appropriate referrals, within or outside Planned Parenthood.
- 4. Performs reception ist duties for the Center by following the established appointment schemmlers, greeting patients in a welcoming and courteous manner, maintaining the patient log, preparing medical records, and answering incoming telephone calls.
- 5. Verify instrance ( )verage and benefits.
- 6. Responsible for patient fee receipts; reconciliation of computer journal sheet with daily deposits and limely reporting of same to Finance Department.
- Conducts patient interviews and completes all necessary forms and records for patient services in an officient and accurate manner.
- 8. Perform finger sticks and collect urine specimens; performs IM injections under supervision of Clinician.
- Prepares patients for exams for and assist with family planning, abortion, and IUD procedures.
- 10. Assists in completing patient work-ups, i.e., blood pressure, weight/height, temp, medical history, etc. and use sound judgment in the triage of patient concerns and complaints.
- 11. Follows Center p::/ cedures for the completion and follow-up of lab work including the provision of results to patients.
- 12. Clean and sterilize instruments.
- 13. Follows center procedures for the processing and provision of OTC and prescription medicitions and birth control supplies.
- 14. Assists in assuring the Center remains in working order by maintaining an adequate stock of t enter supplies.
- 15. Assists in maintair ng an attractive and comfortable appearance of the Center.
- 16. Participate: in mai taining uniform patient record systems, e.g. computer data, patient filir g system.

CONFIDENTIAL

HCA III 10/1/11 FINAL

- 17. Works as a team member to meet or exceed center productivity and customer satisfact on goal.
- 18. Educate patients on abortion procedures and obtain informed consent for medical and surgical abortions.\*

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- 19. Participates in routine upkeep and regular housekeeping of center.
- 20. Collect, process and provide results of STI lab work.
- 21. Perform blood d aws
- 22. Propare patients or and assist provider with Colposcopy.
- 23. Run and docume it lab controls and maintain temperature logs for refrigerators.
- 24. Participates in developing and implementing non-medical procedures for operation of Center, (e.g. medical records management, billing, waste management, qui lity and risk management, informed consent, marketing, education and ou reach
- 25. Bank der osits
- 26. Able to examine, identify and properly dispose of POC\*
- 27. Special projects,' other duties as assigned by Center Manager.

## In addition to 1 YEAR of continuous service at PPHS as an HCA II, employee must independently perform : of the 5 functions listed below:

- 1. Privileged by Ultrasound Program Director or Designee to perform ultrasound for abortion ratients"
- 2. Must be willing to ravel between sites to fill in when centers are short staffed
- 3. Provide abnormal hib/pap results to patients, maintain follow-up logs and followup with C inician: in a timely manner as assigned by Center Manager.
- 4. Standing in for HC' 1 during absence -Participates in departmental and interdepar mental committees, which affect or determine policies and procedures related to the delivery of reproductive health care to the consumer and to the success of PPHS
- 5. Assists Center Man ger in the development and implementation of new staff training

#### **OUALIFICATIONS**

Education: Minimum-High school diploma or GED

Experience: CMA or 6 me ths medical experience PLUS a minimum of 1 year of continuous service at PP IS. Able to obtain and maintain CPR certification.

CONFIDENTIA Personal: Understanding of and commitment to PPHS goals and mission. Must be able to prioritize and have good communication and organizational skills. Must be able to work independently as well as part of a team. Demonstrated ability to relate to persons of diverse backgrounds and a lility to communicate effectively with others. Vision, Hearing, and Spealing: Must be able to read and analyze data daily. Required to hear telephone and communicate with staff and public daily via telephone and in person. Bilingual in English and : panish preferred.

Agility and Derterity: 'fust be able to input and retrieve data daily. Required to perform written communication and use office equipment necessary to the performance of job duties (computer, printer, fax, telephone, calculator, postage meter, copy machine).

Mental: Ability to read comprehend and analyze data daily.

Employee Signature

CONFIDENTIAL

HCA III 10/1/11 F NAL

1

Plannec Parenthood®

JOB TITLE: Health Center Assistant III

STATUS: Full-Time/ 'art-Time, Non-Exempt

RESPONSIBLE TO: Health Center Manager

#### DUTIES AND RESPONSIBILITIES ALL HCA LEVELS:

- 1. Provides excellent customer service, eliciting client needs, and educating clients on Planned Par. nthood services & community resources.
- 2. Provides education in a non-judgmental manner to patients by providing support and information on reproductive and sexual health issues, including birth control methods, pregnancy options including abortion, STI's/HIV and safer sex.
- 3. Provides telephone coverage for incoming calls, request for Center appointments and also other i formation calls that may require education about PP services and/or appropriate referrals, within or outside Planned Parenthood.
- 4. Performs recept onist duties for the Center by following the established appointment solie dule system, greeting patients in a welcoming and courteous manner, mainta aing the patient log, preparing medical records, and answering incoming teleptione calls.
- 5. Verify insurance coverage and benefits.
- 6. Responsible for patient fee receipts; reconciliation of computer journal sheet with daily deposits a d timely reporting of same to Finance Department.
- 7. Conducts patient interviews and completes all necessary forms and records for patient services in an efficient and accurate manner.
- 8. Perform finger : icks and collect urine specimens; performs IM injections under supervision of ( linician.
- 9. Prepares patient for exams for and assist with family planning, abortion, and IUD procedures.
- Assists in complexing patient work-ups, i.e., blood pressure, weight/height, temp, medical history, etc. and use sound judgment in the triage of patient concerns and complaints.
- 11. Follows Center rocedures for the completion and follow-up of lab work including the provision of results to patients.
- 12. Clean and sterili :e instruments.
- 13. Follows center procedures for the processing and provision of OTC and prescription methods and birth control supplies.
- 14. Assists in assuri g the Center remains in working order by maintaining an adequate stock o Center supplies.
- 15. Assists in mainmining an attractive and comfortable appearance of the Center.
- 16. Participates in maintaining uniform patient record systems, e.g. computer data, patient filing system.

CONFIDENTIA

HCA III 10/1/11 FINAL

- 17. Works as a tean member to meet or exceed center productivity and customer satisfaction gc. ds.
- 18. Educate patients on abortion procedures and obtain informed consent for medical and surgical all ortions.\*
- 19. Participates in coutine upkeep and regular housekeeping of center.
- 20. Collec:, process and provide results of STI lab work.
- 21. Perform blood draws
- 22. Prepars patients for and assist provider with Colposcopy.
- 23. Run and document lab controls and maintain temperature logs for refrigerators.
- 24. Participates in leveloping and implementing non-medical procedures for operation of C. nter, (e.g. medical records management, billing, waste management, quality and risk management, informed consent, marketing, education and outreach
- 25. Bank deposits
- 26. Able to examine, identify and properly dispose of POC\*
- 27. Special project / other duties as assigned by Center Manager.

# In addition to I YEA: of continuous service at PPHS as an HCA II. employee must independently perfort. 3 of the 5 functions listed below:

- 1. Privileged by U. rasound Program Director or Designee to perform ultrasound for abortion patients\*
- 2. Must be willing o travel between sites to fill in when centers are short staffed
- 3. Provide abnorm 1 lab/pap results to patients, maintain follow-up logs and followup with Clinici ns in a timely manner as assigned by Center Manager.
- 4. Standing in for 1 CM during absence -Participates in departmental and interdepartmental committees, which affect or determine policies and procedures related to the d livery of reproductive health care to the consumer and to the success of PPH 3
- 5. Assists Center Manager in the development and implementation of new staff training

#### **OUALIFICATIONS**

Education: Minimum--High school diploma or GED

Experience: CMA or 6 nonths medical experience PLUS a minimum of 1 year of continuous service at FPHS. Able to obtain and maintain CPR certification.

Personal: Understanding of and commitment to PPHS goals and mission. Must be able to prioritize and have good communication and organizational skills. Must be able to work independently as well as part of a team. Demonstrated ability to relate to persons of diverse backgrounds ar 1 ability to communicate effectively with others. Vision, Hearing, and S<sub>1</sub> eaking: Must be able to read and analyze data daily. Required to

hear telephone and con numicate with staff and public daily via telephone and in person. Billingual in English at d Spanish preferred.



HCA III 10/1/1: FINA)

Agility and Dexterity: Must be able to input and retrieve data daily. Required to perform written communication and use office equipment necessary to the performance of job duties (computer, printer, fax, telephone, calculator, postage meter, copy machine).

Mental: Ability to real, comprehend and analyze data daily.

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<u>4-5-12</u> Date Employee Signature



HCA III 10/1/11 FINA



JOB TITLE: Health Center Assistant III

STATUS: Full-Time, Non-Exempt

RESPONSIBLE T( : Health Center Manager

# DUTIES AND RESPONSIBILITIES ALL HCA LEVELS:

- 1. Provides exce lent customer service, eliciting client needs, and educating clients on Planned Farenthood services & community resources.
- 2. Provides education in a non-judgmental manner to patients by providing support and information on reproductive and sexual health issues, including birth control methods, pregnancy options including abortion, STI's/HIV and safer sex.
- 3. Provides telephone coverage for incoming calls, request for Center appointments and also other information calls that may require education about PP services and/or appropriate referrals, within or outside Planned Parenthood.
- 4. Performs receptionist duties for the Center by following the established appointment schedule system, greeting patients in a welcoming and courteous manner, maint ining the patient log, preparing medical records, and answering incoming telephone calls.
- 5. Verify insuran. e coverage and benefits.
- 6. Responsible fc patient fee receipts; reconciliation of computer journal sheet with daily d posits and timely reporting of same to Finance Department.
- 7. Conducts patient interviews and completes all necessary forms and records for patient services in an efficient and accurate manner.
- 8. Perform finger sticks and collect urine specimens; performs IM injections under supervision of Sinician.
- 9. Prepares patients for exams for and assist with family planning, abortion, and IUD procedures.
- Assists in completing patient work-ups, i.e., blood pressure, weight/height, temp, medical history etc. and use sound judgment in the triage of patient concerns and complaints.
- 11. Follows Center procedures for the completion and follow-up of lab work including the provision of results to patients.
- 12. Clean and steril ze instruments.
- 13. Follows center procedures for the processing and provision of OTC and prescription menications and birth control supplies.
- 14. Assists in assuring the Center remains in working order by maintaining an adequate stock ( ? Center supplies.
- 15. Assists in maint ining an attractive and comfortable appearance of the Center.
- 16. Participates in n untaining uniform patient record systems, e.g. computer data, patient filing system.



HCA III 10/1/11 FINAL

- 17. Works as a team member to meet or exceed center productivity and customer satisfaction goals.
- 18. Educate patien : on abortion procedures and obtain informed consent for medical and surgical abortions.\*
- 19. Participates in outine upkeep and regular housekeeping of center.
- 20. Collect, process and provide results of STI lab work.
- 21. Perform blood draws
- 22. Prepare patients for and assist provider with Colposcopy.
- 23. Run and document lab controls and maintain temperature logs for refrigerators.
- 24. Participates in eveloping and implementing non-medical procedures for operation of Conter, (e.g. medical records management, billing, waste management, q uality and risk management, informed consent, marketing, education and outreach
- 25. Elank deposits
- 26. Able to examine, identify and properly dispose of POC\*
- 27. Special project / other duties as assigned by Center Manager.

# In addition to 1 YEAN of continuous service at PPHS as an HCA II, employee must independently perform 3 of the 5 functions listed below:

- 1. Privileged by Ul rasound Program Director or Designee to perform ultrasound for abortion patien. 3\*
- 2. Must be willing to travel between sites to fill in when centers are short staffed
- 3. Provide abnorm: I lab/pap results to patients, maintain follow-up logs and followup with Clinicians in a timely manner as assigned by Center Manager.
- 4. Stunding in for I CM during absence -Participates in departmental and interdepartmental committees, which affect or determine policies and procedures related to the d livery of reproductive health care to the consumer and to the success of PPH.3
- Assists Center Manager in the development and implementation of new staff training

#### OUALIFICATIONS

Education: Minimum- High school diploma or GED

Experience: CMA or 5 months medical experience PLUS a minimum of 1 year of continuous service at PPHS. Able to obtain and maintain CPR certification.

Personal: Understand ag of and commitment to PPHS goals and mission. Must be able to prioritize and have good communication and organizational skills. Must be able to work independently as well as part of a team. Demonstrated ability to relate to persons of diverse backgrounds at d ability to communicate effectively with others. Vision, Hearing, and S eaking: Must be able to read and analyze data daily. Required to hear telephone and communicate with staff and public daily via telephone and in person. Billingual in English and Spanish preferred.



HCA III 10/1/11 FINA -

Agility and Dexterity Must be able to input and retrieve data daily. Required to perform written communication and use office equipment necessary to the performance of job duties (computer, printer, fax, telephone, calculator, postage meter, copy machine).

Mental: Ability to re d, comprehend and analyze data daily.

Employee Signature Date

CONFIDENTIAL

#### HCA III 10/1/11 FINAL

Planned Parenthood Health Systems, Inc.

	esting record for employees of PPHS	
Name;		
Date of injection:	Date: 10-19-12	
Given by:	Arm:	
Return in 41 hours		
Read on:		
Read By:		
Results:	esting. I converted to PPD in	
Employee Signatures		
Date: 10-19-17		rays
	SIACE.	
	Last Chest	f Xray
	4 Yz years	

TB/PD Testing record for any t



South Carolina Department of Health and Environmental Control

# FREEDOM OF INFORMATION REPORT

Facility Information	Audit Information			
Permit Number: AB-0002		Abortion Clinic ROV 20140627		
PLANNED PARENTHOOD OF SOUTH	Туре:	L01 Routine		
CAROLINA-COLUMBIA	Start Date:	17 Oct 2014 12:30 PM		
2712 MIDDLEBURG DR STE 107	End Date:	17 Oct 2014 12:31 PM		
COLUMBIA, SC 29204-2478 Richland	Inspector:	Heather Liafsha		
803-256-4908	Approved Date:	Heather Liafsha		
STEPHANIE BROWN@PPHSINC.ORG				
SANDIE BOWERS				
STEPHANIE.BROWN@PPHSINC.ORG				
	AB-0002 PLANNED PARENTHOOD OF SOUTH CAROLINA-COLUMBIA 2712 MIDDLEBURG DR STE 107 COLUMBIA, SC 29204-2478 Richland 803-256-4908	AB-0002 Audit Name: PLANNED PARENTHOOD OF SOUTH CAROLINA-COLUMBIA Start Date: 2712 MIDDLEBURG DR STE 107 End Date: COLUMBIA, SC 29204-2478 Richland Inspector: 803-256-4908 Approved Date: STEPHANIE BROWN@PPHSINC.ORG SANDIE BOWERS		

Overall Score 0.0%

# **Report Notice**

Question ID	Question	Answer
NOTICE01	Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708	Report Notice
	REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure	

the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

# Administrator's Signature - Plan of Correction

Question I	Question	Answer
SIGN01	<ul> <li>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</li> <li>(1) the actions taken to correct each cited deficiency,</li> <li>(2) the actions taken to prevent similar recurrences, and</li> <li>(3) the actual or expected completion dates of those actions.</li> </ul>	POC REQUIRED
	PRINT NAME:	
	ΤΠ\Ε:	

SIGNATURE:

DATE:\_\_\_

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

# Inspection Information

Question ID	Question	Answer
COMBO-LIC	Inspection Includes Licensing:	YES
COMBO-FLSC	Inspection Includes Fire & Life Safety	NO
ONSITE	Is this an On-Site Visit?	YES
INSP	Select the Type of Inspection to be Performed:	Abortion Clinic Inspection (Licensing and/or FLS)
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit? <b>Comments</b> • Eva Johnson	YES

# AC Regulation Parts I-VII 61-12

Question ID	Question	Answer
	204.B. Prior to performing job duties, all employees, to include volunteers who have direct patient contact within the clinic, shall have tuberculin skin testing conducted unless a previously positive reaction is documented in millimeters. The intradermal (Mantoux) method, using five tuberculin units of stabilized purified protein derivative (PPD) is to be used. For employees/volunteers who have no documentation of a negative PPD result during the preceding 12 months, then the two-step procedure (one PPD test with negative result followed one to three weeks later by another PPD test) is required to establish a reliable baseline. If employees/volunteers have complete documentation of a negative PPD during the preceding 12 months (may be a single PPD or a two-step PPD), then a single PPD is acceptable to establish the baseline for current employment. (Class III Violation) <b>Comments</b>	OUT (Repeat)
	<ul> <li>Employee ML had 1 step TST on 7/16/14. (New hire). No documentation of previous negative TST within the preceding 12 months. Therefore, two-step TST is required.</li> </ul>	

# **Record Retention**

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention

## FEES COLLECTED BY SCDHEC FROM ABORTION FACILITIES

July 01, 2010 - November 03, 2015

	PLANNED PARENTHOOD SOUTH ATLANTIC			GREENVILLE WOMEN'S CLINIC PA			SC WOMEN'S CENTER * WOMEN'S MEDICAL CENTER *			
	License / Inspection / Late Fees	Penalty Payment	Infectious Waste Annual Permit Fee	Drug Control Fee	License / Inspection / Late Fees	Penalty Payment	Infectious Waste Annual Permit Fee	License / Inspection / Late Fees	Infectious Waste Annual Permit Fee	TOTAL FEES COLLECTED
07/01/15 - 11/03/15 SFY'2015 SFY'2014 SFY'2013 SFY'2012 SFY'2011	\$0 \$900 \$500 \$625 \$500 \$500	\$7,500	\$150 \$150 \$150 \$150 \$150 \$150 \$150	\$0 \$125 \$125 \$125 \$125 \$125 \$125	\$0 \$925 \$500 \$500 \$500 \$500	\$2,750	\$150 \$150 \$150 \$150 \$150 \$150	\$0 \$925 \$500 \$500 \$500 \$500	\$150 \$150 \$150 \$150 \$150 \$150	\$10,700 \$3,325 \$2,075 \$2,200 \$2,075 \$2,075
	\$3,025	\$7,500	\$900	\$625	\$2,925	\$2,750	\$900	\$2,925	\$900	\$22,450

Note: \*SC Women's Center's invoices are billed to: Charleston Women's Medical Center.

Charleston Women's Medical Center is the facility name and SC Women's Center is the licensee name.

# FEES COLLECTED BY SCDHEC FROM PLANNED PARENTHOOD SOUTH ATLANTIC

July 01, 2010 - November 03, 2015

	PLANNED PARENTHOOD SOUTH ATLANTIC				
	License / Inspection / Late Fees	Penalty Payment	Infectious Waste Annual Permit Fee	Drug Control Fee	TOTAL FEES COLLECTED
07/01/15 - 11/03/15 SFY'2015 SFY'2014 SFY'2013 SFY'2012 SFY'2011	\$0 \$900 \$500 \$625 \$500 \$500 \$500 \$3,025	\$7,500  \$7,500	\$150 \$150 \$150 \$150 \$150 \$150 \$150 \$900	\$0 \$125 \$125 \$125 \$125 \$125 \$125 \$125 \$125	\$7,650 \$1,175 \$775 \$900 \$775 \$775 \$775 \$12,050



Catherine E. Heigel, Director Promoting and protecting the health of the public and the environment

CERTIFIED MAIL Article No. 9214 8969 0099 9790 1402 8082 39

November 6, 2015

Kathy Adams Greenville Women's Clinic PA 1142 Grove Road Greenville, SC 29605-4692

RE: **Proposed Consent Order** Greenville Women's Clinic PA SC23-0410G Greenville County, South Carolina

Dear Ms. Adams:

Please find enclosed a Consent Order for your consideration. Please note that the amount of the civil penalty is not included in the Order. If there are revisions to the Order that you would like the Department to consider, please email them to me. All revisions should be submitted by no later than Friday, November 20, 2015.

After you have reviewed the Order, please contact me and we will discuss the penalty. Once all negotiations are complete, a Consent Order will be mailed to Greenville Women's Clinic PA for signatures.

Failure to notify me of a desire to continue discussions on or before the stated deadline may result in the issuance of an Administrative Order without the consent of Greenville Women's Clinic PA, in which case the Administrative Order will become effective on the date that the Department's Director of Environmental Affairs signs it and a copy of the fully executed Administrative Order will be returned for your records.

If you have any questions regarding this matter, please contact Lorria Caswell at (803) 898-0490 or via email at caswellh@dhec.sc.gov.

Respectfully,

Robert S. McDaniel II Manager, Enforcement Section Division of Compliance and Enforcement Bureau of Land and Waste Management

Attachment

# THE STATE OF SOUTH CAROLINA BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

# IN RE: GREENVILLE WOMEN'S CLINIC PA SC23-0410G GREENVILLE COUNTY

#### CONSENT ORDER 15 – 08 – IW

Greenville Women's Clinic PA (Greenville Women's) is a large quantity generator of infectious waste located in Greenville, South Carolina. Greenville Women's is responsible for compliance with the applicable statutes and regulations governing the management of infectious waste. Greenville Women's must comply with the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, <u>et seq.</u> (2002), and the South Carolina Infectious Waste Management Regulations (hereinafter referred to as SCIWMR), 8 S.C. Code Ann. Regs. 61-105 (2012) (hereinafter referred to as R.61-105).

#### **FINDINGS OF FACT**

- Greenville Women's provides services at its facility located at 1142 Grove Road, Greenville, South Carolina, and has been registered in South Carolina as a generator of infectious waste since December 5, 1992.
- Greenville Women's registration with the South Carolina Department of Health and Environmental Control (Department) states that it generates between 50 and 999 pounds of infectious waste in a calendar month. Therefore, it is a large quantity generator.

- 3. On September 2, 2015, representatives of the Department conducted an inspection of Greenville Women's to determine compliance with the applicable statutes and regulations. During the inspection, the Department observed and documented the following:
  - a. During the review of Greenville Women's infectious waste protocol, the Department discovered that the protocol did not address how containers of infectious waste would be labeled with the facility's registration number and date of storage and/or pick up date;
  - b. The Department observed a small reusable biohazard container in the autoclave room. The Department's inspectors asked about this container, and a representative of Greenville Women's stated that the container is not disinfected prior to the replacement of the biohazard bag lining the container; and,
  - c. During the review of the manifests and the weight records, the Department discovered that shipments of pathological waste containing products of conception were picked up by Stericycle, Inc. (Stericycle) on March 17, 2014, October 20, 2014, and July 20, 2015, and were treated by steam sterilization instead of incineration.
- On September 11, 2015, the Department issued Greenville Women's a Notice of Alleged Violation/Notice of Enforcement Conference. The enforcement conference was held on September 28, 2015.
- 5. Prior to and subsequent to the enforcement conference, Greenville Women's provided the following to the Department:
  - a. An updated infectious waste protocol;
  - b. An updated Stericycle infectious waste contract;
  - c. Copies of manifests, contracts and invoices for services provided by Stericycle;

- d. A letter from Stericycle dated September 17, 2015, regarding altered manifests and updating Greenville Women's account to "Incinerate Only" in order to ensure that the proper processing stamp is applied to manifests;
- e. Weight records for infectious waste shipped offsite; and,
- f. Documentation for staff training conducted on September 20, 2015.
- 6. Subsequent to the enforcement conference, the Department performed a thorough review of the information and documentation provided by Greenville Women's and Stericycle, the transporter for the disposal of Greenville Women's infectious waste, which includes "products of conception," and found the following:
  - a. Greenville Women's contract with Stericycle from 2007 through August 2015 did not specify that pathological wastes that include "products of conception" were required to be either incinerated, cremated, interred, or donated for medical research;
  - b. Greenville Women's entered into a new contract with Stericycle in September 2015 for pathological wastes that include "products of conception," and provided that Greenville Women's account was changed to "Incinerate Only" to ensure proper treatment; and,
  - c. Stericycle's invoices for Greenville Women's show an increase in costs from \$206.56 in August 2015, under the old contract, to \$575.12 in October 2015, under the new contract. These invoices support the finding that the more expensive treatment of incineration began after September 2015.

#### APPLICABLE LAW

#### **STATUTES:**

- S.C. Code Ann. § 44-93-140 provides: "Following the promulgation of the regulations required pursuant to Section 44-93-30, it is unlawful for a person to fail to comply with this chapter or with a procedure or requirement set forth in the regulations."
- 2. S.C. Code Ann. § 44-93-150(A) provides: "Whenever the department finds that a person is in violation of a permit, regulation, standard, or requirement under this chapter, the department may issue an order requiring the person to comply . . . The Department also may invoke civil penalties as provided in this section for violations of the provisions of this chapter, including an order, permit, regulation, or standard."
- S.C. Code Ann. § 44-93-150(B) provides: "A person who violates a provision of § 44-93-140 is liable for a civil penalty not to exceed ten thousand dollars a day of violation."

#### **REGULATIONS:**

- R.61-105(A)(1) provides: "The purpose of this regulation is to establish a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended."
- 2. R.61-105(A)(3) provides: "Generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other persons who generate, store, contain, transport, transfer, treat, destroy, dispose, or otherwise manage infectious waste in South Carolina shall comply with this regulation."

- R.61-105(D)(1)(z) provides: "Infectious waste management' means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious waste."
- 4. R.61-105(D)(1)(ff) provides: "Products of conception' means fetal tissues and embryonic tissues resulting from implantation in the uterus."
- 5. Pursuant to R.61-105(E)(1)(d), "pathological waste" includes "all tissues, organs, limbs, products of conception, and other body parts removed from the whole body, excluding tissues which have been preserved with formaldehyde or other approved preserving agents, and the body fluids which may be infectious due to blood borne pathogens. These body fluids are: cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal/cervical secretions."
- 6. R.61-105(F)(5) provides: "Each generator must have a designated infection control committee with the authority and responsibility for infectious waste management. This committee must develop or adopt a written protocol to manage the infectious waste stream from generation until offered for transport. If the generator treats infectious waste onsite, the written protocol must include contingency plans and a Quality Assurance program to monitor these onsite treatment procedures. Small quantity generators are not required to have an infection control committee or a written protocol."
- R.61-105(I)(9) provides: "Reusable or disposable containers are acceptable. Reusable containers must be properly disinfected after each use as outlined in Section L of this regulation."
- R.61-105(T)(9) provides: "Products of conception must be incinerated, cremated, interred, or donated for medical research."

#### **CONCLUSIONS OF LAW**

Based upon the above findings, the Department concludes that Greenville Women's has violated the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2012), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), as follows:

- Pursuant to Findings of Fact #3a, Greenville Women's has violated R.61-105.F(5), by failing to have a written protocol to manage the infectious waste stream from generation until offered for transport;
- Pursuant to Findings of Fact #3b, Greenville Women's has violated R.61-105.I(9), by failing to properly disinfect, after each use as outlined in Section L of this regulation, reusable containers; and,
- Pursuant to Findings of Facts #3.c., and #6., Greenville Women's has violated R. 61-105.T(9), by failing to incinerate, cremate, inter, or donate for medical research, products of conception.

NOW, THEREFORE, IT IS ORDERED, that pursuant to S.C. Code Ann. §§ 44-93-140 and 44-93-150(A), Greenville Women's shall:

- Now, and in the future, comply with the South Carolina Infectious Waste Management Act and Regulations;
- Now, and in the future, manage infectious waste in accordance with R.61-105 Subpart F

   Generator Requirements;
- Now, and in the future, in accordance with R.61-105 Subpart I Packaging Requirements, properly disinfect reusable containers;

- Now, and in the future, manage products of conception in accordance with R.61-105 Subpart T – Infectious Waste Treatment; and,
- 5. Within thirty (30) days of the effective date of this Order, pay a civil penalty in the amount of *(under discussion)*. The effective date shall be the date this Consent Order is signed by the Interim Director of Environmental Affairs.

The payment of the penalty amount must be in the form of a check payable to SCDHEC with the number of the Order (15-08-IW), and Registration #SC23-0410G written on the check. All communication regarding this Order and its requirements shall be addressed to:

SCDHEC – BLWM Division of Compliance and Enforcement Enforcement Section Attn: Lorria Caswell 2600 Bull Street, Columbia, SC 29201-1708.

IT IS FURTHER ORDERED AND AGREED that this Consent Order governs only the civil liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire agreement between the Department and Greenville Women's with respect to the resolution and settlement of these civil matters. The parties are not relying upon any representations, promises, understandings or agreements, except as expressly set forth within this Consent Order.

IT IS FURTHER ORDERED AND AGREED that failure to meet the deadlines established herein, or any other violation of the provisions of this Order, shall be deemed a violation of the South Carolina Infectious Waste Management Act. Upon ascertaining any such violation, the Department may initiate appropriate action to obtain compliance with both this Order and the aforesaid Act.

### FOR THE SOUTH CAROLINA DEPARTMENT **OF HEALTH AND ENVIRONMENTAL CONTROL**

Date: \_\_\_\_\_

Myra C. Reece Interim Director of Environmental Affairs Daphne G. Neel, Chief Date: Bureau of Land and Waste Management Date: \_\_\_\_\_ \_\_\_\_\_ Van Keisler, P.G., Director Division of Compliance and Enforcement Reviewed By: Date: \_\_\_\_\_ Attorney Office of General Counsel WITH CONSENT: **GREENVILLE WOMEN'S CLINIC PA** Date: \_\_\_\_\_ \_\_\_\_\_ Name: Title: Date: \_\_\_\_\_ Name:

Title:



Catherine E. Heigel, Director Promoting and protecting the health of the public and the environment

<u>CERTIFIED MAIL</u> Article No. 9214 8969 0099 9790 1402 8080 17

November 6, 2015

Pamela Baker McNair Law Firm, P.A. 1221 Main Street, Suite 1800 Columbia, SC 29201

RE: **Proposed Consent Order** Planned Parenthood South Atlantic SC40-0333G Richland County, South Carolina

Dear Ms. Baker:

Please find enclosed a Consent Order for your consideration. Please note that the amount of the civil penalty is not included in the Order. If there are revisions to the Order that you would like the Department to consider, please email them to me. All revisions should be submitted by no later than Friday, November 20, 2015.

After you have reviewed the Order, please contact me and we will discuss the penalty. Once all negotiations are complete, a Consent Order will be mailed to Planned Parenthood South Atlantic for signatures.

Failure to notify me of a desire to continue discussions on or before the stated deadline may result in the issuance of an Administrative Order without the consent of Planned Parenthood South Atlantic, in which case the Administrative Order will become effective on the date that the Department's Director of Environmental Affairs signs it and a copy of the fully executed Administrative Order will be returned for your records.

If you have any questions regarding this matter, please contact Lorria Caswell at (803) 898-0490 or via email at <u>caswellh@dhec.sc.gov</u>.

Respectfull

Robert S. McDaniel II Manager, Enforcement Section Division of Compliance and Enforcement Bureau of Land and Waste Management

Attachment

cc: Emily Adams – Planned Parenthood, 1765 Dobbins Drive, Chapel Hill, NC 27514 certified article #9214 8969 0099 9790 1402 8081 09

#### THE STATE OF SOUTH CAROLINA BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

### IN RE: PLANNED PARENTHOOD SOUTH ATLANTIC SC40-0333G RICHLAND COUNTY

#### CONSENT ORDER 15 – 07 – IW

Planned Parenthood South Atlantic (Planned Parenthood) is a large quantity generator of infectious waste and is located in Columbia, South Carolina. Planned Parenthood is responsible for compliance with the applicable statutes and regulations governing the management of infectious waste. Planned Parenthood must comply with the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, <u>et seq.</u> (2002), and the South Carolina Infectious Waste Management Regulations (hereinafter referred to as SCIWMR), 8 S.C. Code Ann. Regs. 61-105 (2012) (hereinafter referred to as R.61-105).

#### FINDINGS OF FACT

- Planned Parenthood provides services at its facility located at 2712 Middleburg Drive, Suite 107, Columbia, South Carolina, and has been registered in South Carolina as a generator of infectious waste since June 15, 1992.
- Planned Parenthood's registration with the South Carolina Department of Health and Environmental Control (Department) states that it generates between 50-999 pounds of infectious waste in a calendar month. Therefore, it is a large quantity generator.
- On August 31, 2015, representatives of the Department conducted an inspection of Planned Parenthood to determine compliance with the applicable statutes and regulations.

During the inspection, the Department observed and documented the following:

- a. During the review of the infectious waste protocol, the Department discovered that the Planned Parenthood protocol did not address how containers of infectious waste would be labeled with the facility's registration number and the date of storage prior to being shipped offsite;
- b. The Department observed one (1) biohazard bag of pathological waste stored in the refrigerator. The bag was not packaged in a rigid or semi-rigid, leak-resistant container;
- c. Stericycle, Inc. (Stericycle) transported infectious waste that included "products of conception" for Planned Parenthood from January 2013 until January 2015. According to the following seven (7) Manifests: MDAU007LGX. MDAU007MMX, MDAU008095, MDAU0085W3, MDAU00870V, MDAU0089T5 and MDAU008ADF, the original treatment stamp on these manifests indicated that these infectious wastes, which included "products of conception," were steam sterilized rather than incinerated, cremated, interred, or donated for medical research;
- d. MedSharps East LLC DBA Ecomed Solutions and MedSharps (MedSharps) transported infectious waste that included "products of conception" for Planned Parenthood from January 2015 until July 2015. According to the following Manifests: 124161, 129737, 134899, 141354, 147633, 154365, 161605, 168341, 176674, 183033, 189750, 196916 and 205790, Planned Parenthood did not include the following required information on each manifest prior to offering its infectious waste for shipment: the generator's registration number, the

transporter's registration number, and the weight or volume for the waste shipped offsite;

- e. During the inspection, Planned Parenthood did not have weight records for the thirteen (13) shipments mentioned in item 3d; and,
- f. During the inspection, Planned Parenthood did not have records of treatment for the thirteen (13) shipments mentioned in item 3d.
- On September 11, 2015, the Department issued Planned Parenthood a Notice of Alleged Violation/Notice of Enforcement Conference. The enforcement conference was held on September 28, 2015.
- 5. During and subsequent to the enforcement conference, Planned Parenthood provided the following to the Department:
  - a. An updated infectious waste protocol;
  - b. A manifest checklist;
  - c. Copies of manifests for Stericycle and MedSharps;
  - d. Copies of contracts and invoices for services provided by Stericycle and MedSharps; and,
  - e. Documentation for staff training conducted on September 24, 2015.
- During and subsequent to an enforcement conference that was held with Stericycle on September 29, 2015, Stericycle provided the following to the Department:
  - a. Contracts (in draft form and executed) between Stericycle and Planned Parenthood; and,
  - b. Invoices issued by Stericycle to Planned Parenthood.

- During and subsequent to an enforcement conference that was held with MedSharps on September 29, 2015, MedSharps provided the following to the Department:
  - a. A fully-executed contract for Planned Parenthood signed on January 30, 2015;
  - b. Infectious Waste manifests, which are referenced in #3.d. above; and,
  - c. A PowerPoint presentation on its manifest system.
- 8. Subsequent to the Planned Parenthood enforcement conference, the Department performed a review of the information and documentation provided by Planned Parenthood, Stericycle, and MedSharps, and found the following:
  - a. According to the treatment stamp on the manifests submitted at the enforcement conferences by both Planned Parenthood and MedSharps, the method of treatment used for each shipment containing products of conception from January 2015 until July 2015, was steam sterilization instead of incineration, cremation, interment, or donation for medical research.
  - b. Planned Parenthood provided the Department a copy of a contract between its facility and MedSharps that was signed by authorized representatives of both companies on January 28, 2015, but had been altered, and the alterations had not been initialed by either party to the contract. MedSharps does not acknowledge the January 28<sup>th</sup> contract as valid. In the generator's profile section on the contract provided by Planned Parenthood, the "Waste Stream Information Common Waste Name," had been changed from "Regulated Medical Waste" was handwritten and not initialed. Also, the answer to the question on the contract

provided by Planned Parenthood that stated "Is Waste Pathological Waste?" was changed from an indication of "No" to "Yes" ("Yes" was handwritten and also not initialed). MedSharps provided the Department with a contract that had been signed by both parties on January 30, 2015, that did not include pathological waste, and did not provide that the infectious waste would be incinerated. Based on the foregoing, the Department concluded that the January 30, 2015, contract was the applicable contract for the purposes of the violations cited in this Consent Order.

#### APPLICABLE LAW

#### **STATUTES:**

- S.C. Code Ann. § 44-93-140 provides: "Following the promulgation of the regulations required pursuant to Section 44-93-30, it is unlawful for a person to fail to comply with this chapter or with a procedure or requirement set forth in the regulations."
- 2. S.C. Code Ann. § 44-93-150(A) provides: "Whenever the department finds that a person is in violation of a permit, regulation, standard, or requirement under this chapter, the department may issue an order requiring the person to comply . . . The Department also may invoke civil penalties as provided in this section for violations of the provisions of this chapter, including an order, permit, regulation, or standard."
- S.C. Code Ann. § 44-93-150(B) provides: "A person who violates a provision of § 44-93-140 is liable for a civil penalty not to exceed ten thousand dollars a day of violation."

#### **REGULATIONS:**

- R.61-105(A)(1) provides: "The purpose of this regulation is to establish a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended."
- 2. R.61-105(A)(3) provides: "Generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other persons who generate, store, contain, transport, transfer, treat, destroy, dispose, or otherwise manage infectious waste in South Carolina shall comply with this regulation."
- R.61-105(D)(1)(z) provides: "Infectious waste management' means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious waste."
- 4. R.61-105(D)(1)(ff) provides: "Products of conception' means fetal tissues and embryonic tissues resulting from implantation in the uterus."
- 5. Pursuant to R.61-105(E)(1)(d), "'Pathological Waste' includes all tissues, organs, limbs, products of conception, and other body parts removed from the whole body, excluding tissues which have been preserved with formaldehyde or other approved preserving agents, and the body fluids which may be infectious due to blood borne pathogens. These body fluids are: cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal/cervical secretions."
- 6. R.61-105(F)(5) provides: "Each generator must have a designated infection control committee with the authority and responsibility for infectious waste management. This committee must develop or adopt a written protocol to manage the infectious waste stream from generation until offered for transport. If the generator treats infectious waste

onsite, the written protocol must include contingency plans and a Quality Assurance program to monitor these onsite treatment procedures. Small quantity generators are not required to have an infection control committee or a written protocol."

- 7. R.61-105(I)(3) provides: "All other types of infectious waste must be placed, stored, and maintained before and during transport in a rigid or semi-rigid, leak resistant container which is impervious to moisture."
- R.61-105(T)(9) provides: "Products of conception must be incinerated, cremated, interred, or donated for medical research."
- 9. R.61-105(F)(6)(j) provides: "Each generator must: . . . [o]btain and record accurate weight of waste within fifty (50) days of shipment. Unabsorbed liquid waste produced during the embalming process is exempt from this requirement."
- 10. R.61-105(M)(1)(b) provides: "A generator who transports, or offers for transport, infectious waste for offsite treatment, storage, or disposal, must prepare a manifest using DHEC Form 2116 or another Department approved form and filled out in a legible manner according to the instructions for that form. The manifest form must accompany the waste at all times after leaving the generator's facility. The manifest form will include, but is not limited to: . . . the Department identification number (if applicable)."
- 11. R.61-105(M)(1)(f) provides: "A generator who transports, or offers for transport, infectious waste for offsite treatment, storage, or disposal, must prepare a manifest using DHEC Form 2116 or another Department approved form and filled out in a legible manner according to the instructions for that form. The manifest form must accompany the waste at all times after leaving the generator's facility. The manifest form will

include, but is not limited to: which the weight or volume (accurate to within ten (10) percent)."

- 12. R.61-105(M)(1)(j) provides: "A generator who transports, or offers for transport, infectious waste for offsite treatment, storage, or disposal, must prepare a manifest using DHEC Form 2116 or another Department approved form and filled out in a legible manner according to the instructions for that form. The manifest form must accompany the waste at all times after leaving the generator's facility. The manifest form will include, but is not limited to: . . . the name of the transporter who receives the waste from the generator or subsequent transporter and that transporter's Department issued transporter registration number."
- 13. R.61-105(AA)(3) provides: "If the waste is no longer infectious because of treatment, the generator or permitted facility shall maintain a record of the treatment for two (2) years afterward to include the date and type of treatment, amount of waste treated, and the individual operating the treatment. Records for onsite treatment shall be maintained by the generator for a minimum of two (2) years in a location easily accessible to the Department and shall be provided to the Department upon request. Records may be maintained in paper form or electronically."

#### CONCLUSIONS OF LAW

Based upon the above findings, the Department concludes that Planned Parenthood has violated the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2012), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), as follows:

- Pursuant to Findings of Fact #3.a., Planned Parenthood has violated R.61-105(F)(5), by failing to have a written protocol to manage the infectious waste stream from generation until offered for transport;
- Pursuant to Findings of Fact #3.b., Planned Parenthood has violated R.61-105(I)(3), by failing to place, store, and maintain, before and during transport, all other types of infectious waste in a rigid or semi-rigid, leak resistant container, which is impervious to moisture;
- Pursuant to Findings of Facts #3.c., 3.f., and 8., Planned Parenthood has violated R.61-105(T)(9), by failing to incinerate, cremate, inter, or donate for medical research, products of conception;
- Pursuant to Findings of Fact #3.e., Planned Parenthood has violated R.61-105(F)(6)(j), by failing to obtain and record the accurate weight of waste within fifty (50) days of shipment;
- 5. Pursuant to Findings of Fact #3.d., Planned Parenthood has violated R.61-105(M)(1)(b), by failing to prepare manifests using DHEC Form 2116 or another Department approved form, in a legible manner, to include the Department identification number;
- 6. Pursuant to Findings of Fact #3.d., Planned Parenthood has violated R.61-105(M)(1)(f), by failing to prepare manifests using DHEC Form 2116 or another Department approved form, in a legible manner, to include the weight or volume (accurate to within ten (10) percent);
- 7. Pursuant to Findings of Fact #3.d., Planned Parenthood has violated R.61-105(M)(1)(j), by failing to prepare manifests using DHEC Form 2116 or another Department approved form, in a legible manner, to include the name of the transporter who receives the waste

from the generator or subsequent transporter, and that transporter's Department-issued transporter registration number; and,

8. Pursuant to Findings of Facts #3.e., and #3.f., Planned Parenthood has violated R.61-105(AA)(3), by failing to maintain for two (2) years a record of the treatment of waste that had been previously treated, to include the date and type of treatment, amount of waste treated, and the individual operating the treatment.

NOW, THEREFORE, IT IS ORDERED, that pursuant to S.C. Code Ann. §§ 44-93-140 and 44-93-150(A), Planned Parenthood shall:

- Now, and in the future, comply with the South Carolina Infectious Waste Management Act and Regulations;
- Now, and in the future, manage infectious waste in accordance with R.61-105 Subpart F

   Generator Requirements;
- Now, and in the future, store and maintain infectious waste in accordance with R.61-105 Subpart I – Packaging Requirements;
- Now, and in the future, prepare manifests in accordance with R.61-105 Subpart M Manifest Requirements For Generators;
- Now, and in the future, manage products of conception in accordance with R.61-105 Subpart T – Infectious Waste Treatment;
- Now, and in the future, maintain treatment records of infectious waste in accordance with R.61-105 Subpart AA – Record Keeping; and,

7. Within thirty (30) days of the effective date of this Order, pay a civil penalty in the amount of *(under discussion)*. The effective date shall be the date this Consent Order is signed by the Interim Director of Environmental Affairs.

The payment of the penalty amount must be in the form of a check payable to SCDHEC, with the number of the Order (15-07-IW), and Registration #SC40-0333G written on the check. All communication regarding this Order and its requirements shall be addressed to:

SCDHEC – BLWM Division of Compliance and Enforcement Enforcement Section Attn: Lorria Caswell 2600 Bull Street, Columbia, SC 29201-1708.

IT IS FURTHER ORDERED AND AGREED that this Consent Order governs only the civil liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire agreement between the Department and Planned Parenthood with respect to the resolution and settlement of these civil matters. The parties are not relying upon any representations, promises, understandings or agreements, except as expressly set forth within this Consent Order.

IT IS FURTHER ORDERED AND AGREED that failure to meet the deadlines established herein, or any other violation of the provisions of this Order, shall be deemed a violation of the South Carolina Infectious Waste Management Act. Upon ascertaining any such violation, the Department may initiate appropriate action to obtain compliance with both this Order and the aforesaid Act.

#### Signature page follows

# FOR THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

	Date:
Myra C. Reece Interim Director of Environmental Affairs	
Daphne G. Neel, Chief Bureau of Land and Waste Management	Date:
Van Keisler, P.G., Director Division of Compliance and Enforcement	Date:
Reviewed By:	
Attorney Office of General Counsel	Date:
WITH CONSENT:	
PLANNED PARENTHOOD SOUTH ATLANTIC	
Name: Title:	Date:
Name: Title:	Date:



Catherine E. Heigel, Director Promoting and protecting the health of the public and the environment

CERTIFIED MAIL Article No. 9214 8969 0099 9790 1402 8083 45

November 6, 2015

Bill Jewett MedSharps East LLC DBA EcoMed Solutions and MedSharps PO Box 91139 San Antonio, TX, 78209

#### RE: Proposed Consent Order MedSharps East LLC DBA EcoMed Solutions and MedSharps SC19-01T Out-of-State Transporter

Dear Mr. Jewett:

Please find enclosed a Consent Order for your consideration. Please note that the amount of the civil penalty is not included in the Order. If there are revisions to the Order that you would like the Department to consider, please email them to me. All revisions should be submitted by no later than Friday, November 20, 2015.

After you have reviewed the Order, please contact me and we will discuss the penalty. Once all negotiations are complete, a Consent Order will be mailed to MedSharps East LLC DBA EcoMed Solutions and MedSharps for signatures.

Failure to notify me of a desire to continue discussions on or before the stated deadline may result in the issuance of an Administrative Order without the consent of MedSharps East LLC DBA EcoMed Solutions and MedSharps, in which case the Administrative Order will become effective on the date that the Department's Director of Environmental Affairs signs it and a copy of the fully executed Administrative Order will be returned for your records.

If you have any questions regarding this matter, please contact Lorria Caswell at (803) 898-0490 or via email at <u>caswellh@dhec.sc.gov</u>.

Respectfully,

Robert S. McDaniel II Manager, Enforcement Section Division of Compliance and Enforcement Bureau of Land and Waste Management

Attachment

#### THE STATE OF SOUTH CAROLINA BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

## IN RE: MEDSHARPS EAST LLC DBA ECOMED SOLUTIONS AND MEDSHARPS SC19-01T OUT- OF-STATE

#### CONSENT ORDER 15 – 06 – IW

MedSharps East LLC DBA Ecomed Solutions and MedSharps (MedSharps) is a registered South Carolina infectious waste transporter with operations located in Schertz, Texas. MedSharps is responsible for compliance with the applicable South Carolina statutes and regulations governing the management of infectious waste with regard to infectious waste it transports from South Carolina. MedSharps must comply with the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, <u>et seq.</u> (2002), and the South Carolina Infectious Waste Management Regulations (hereinafter referred to as SCIWMR), 8 S.C. Code Ann. Regs. 61-105 (2012) (hereinafter referred to as R.61-105).

#### FINDINGS OF FACT

- MedSharps operates from its facility located at 17340 Bell North Drive, Schertz, Texas, and has been registered in South Carolina as a transporter of infectious waste since July 13, 2013.
- MedSharps' registration, issued by the Department on July 30, 2014, and expiring on July 15, 2015, stated that MedSharps would transport infectious waste to Assured Waste

Solutions in Gastonia, North Carolina. This treatment facility steam sterilizes infectious waste.

- 3. MedSharps' renewed registration, issued by the Department on August 6, 2015, and expiring on August 5, 2016, incorporates by reference MedSharps' registration form, which states that MedSharps would transport infectious waste to Assured Waste Solutions in Gastonia, North Carolina, and Curtis Bay in Woodstock, Georgia. These treatment facilities steam sterilize infectious waste.
- 4. On August 31, 2015, representatives of the Department conducted an inspection of Planned Parenthood South Atlantic (Planned Parenthood) at its facility located at 2712 Middleburg Drive, Suite 107, Columbia, South Carolina, to determine compliance with the applicable statutes and regulations. As a result of the inspection, the Department documented the following, which applies to MedSharps as the infectious waste transporter for Planned Parenthood:
  - a. MedSharps transported infectious waste containing "products of conception" for Planned Parenthood from January 2015 until July 2015. The following Manifests: 124161, 129737, 134899, 141354, 147633, 154365, 161605, 168341, 176674, 183033, 189750, 196916 and 205790, did not include the following required information prior to the waste being transported by MedSharps: the generator's registration number, the transporter's registration number, and the weight or volume for the waste shipped offsite; and,
  - b. According to the treatment stamp placed on the manifests referenced above in item 4.a., the waste was steam sterilized instead of being incinerated, cremated, interred, or donated for medical research.

- On September 11, 2015, the Department issued MedSharps a Notice of Alleged Violation/Notice of Enforcement Conference. The enforcement conference was held on September 29, 2015.
- 6. During the enforcement conference, MedSharps provided the following to the Department:
  - a. A PowerPoint presentation on its manifest system;
  - b. A copy of a revised manifest that will be used for future transport in South Carolina;
  - c. Documentation for staff training conducted on September 24, 2015;
  - d. A fully-executed contract for Planned Parenthood, signed January 30, 2015, which answered "No" to question #A.6. on page 2 of the "Regulated Waste Service Agreement," which asked if the regulated medical waste "is . . . Pathological Waste;" and,
  - e. Thirteen (13) infectious waste manifests, which are listed above in item 4.a. Additionally, MedSharps (through its CEO, Bill Jewett) acknowledged that all thirteen (13) shipments were treated by steam sterilization.

## APPLICABLE LAW

## STATUTES:

 S.C. Code Ann. § 44-93-140 provides: "Following the promulgation of the regulations required pursuant to Section 44-93-30, it is unlawful for a person to fail to comply with this chapter or with a procedure or requirement set forth in the regulations."

- 2. S.C. Code Ann. § 44-93-150(A) provides: "Whenever the department finds that a person is in violation of a permit, regulation, standard, or requirement under this chapter, the department may issue an order requiring the person to comply . . . The Department also may invoke civil penalties as provided in this section for violations of the provisions of this chapter, including an order, permit, regulation, or standard."
- S.C. Code Ann. § 44-93-150(B) provides: "A person who violates a provision of § 44-93-140 is liable for a civil penalty not to exceed ten thousand dollars a day of violation."

#### **<u>REGULATIONS:</u>**

- R.61-105(A)(1) provides: "The purpose of this regulation is to establish a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended."
- 2. R.61-105(A)(3) provides: "Generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other persons who generate, store, contain, transport, transfer, treat, destroy, dispose, or otherwise manage infectious waste in South Carolina shall comply with this regulation."
- R.61-105(D)(1)(z) provides: "Infectious waste management' means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious waste."
- R.61-105(D)(1)(ff) provides: "Products of conception' means fetal tissues and embryonic tissues resulting from implantation in the uterus."
- 5. Pursuant to R.61-105(E)(1)(d), "pathological waste" includes "all tissues, organs, limbs, products of conception, and other body parts removed from the whole body, excluding

tissues which have been preserved with formaldehyde or other approved preserving agents, and the body fluids which may be infectious due to blood borne pathogens. These body fluids are: cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal/cervical secretions."

- 6. R.61-105(R)(1) provides: "No transporter shall accept a shipment of infectious waste which is to be transported within South Carolina unless it is accompanied by an infectious waste manifest which has been completed according to the instructions for the Department approved form and signed by the generator."
- R.61-105(T)(9) provides: "Products of conception must be incinerated, cremated, interred, or donated for medical research."

#### CONCLUSIONS OF LAW

Based upon the above findings, the Department concludes that MedSharps has violated the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (2012), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), as follows:

Pursuant to Findings of Facts #4.a and #6., MedSharps has violated R.61-105(R)(1), by accepting shipments of infectious waste which were transported within South Carolina, without being accompanied by infectious waste manifests that were completed in accordance with instructions for the Department approved form, in that the manifests did not include the generator's registration number, the transporter's registration number, or the weight or volume for the waste being transported.

NOW, THEREFORE, IT IS ORDERED, that pursuant to S.C. Code Ann. §§ 44-93-140 and 44-93-150(A), MedSharps shall:

- Now, and in the future, comply with the South Carolina Infectious Waste Management Act and Regulations;
- Now, and in the future, transport infectious waste in accordance with R.61-105 Subpart R
   Manifest Requirements For Transporters;
- 3. Within fifteen (15) days of the effective date of this Order, submit a copy of the manifest form that will accompany waste transported within South Carolina to the Department for review and approval. The effective date shall be the date this Consent Order is signed by the Interim Director of Environmental Affairs;
- Within fifteen (15) days of the effective date of this Order, submit to the Department a written protocol of the process for providing generators with documentation that shows the method of treatment for the waste transported;
- 5. Within fifteen (15) days of the effective date of this Order, submit to the Department an Infectious Waste Transporter Registration Form to update any outdated information on file with the Department; and,
- 6. Within thirty (30) days of the effective date of this Order, pay a civil penalty in the amount of *(under discussion)*.

The payment of the penalty amount must be in the form of a check payable to SCDHEC, with the number of the Order (15-06-IW), and Registration #SC19-01T written on the check. All communication regarding this Order and its requirements shall be addressed to:

SCDHEC – BLWM Division of Compliance and Enforcement Enforcement Section Attn: Lorria Caswell 2600 Bull Street, Columbia, SC 29201-1708. IT IS FURTHER ORDERED AND AGREED that this Consent Order governs only the civil liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire agreement between the Department and MedSharps with respect to the resolution and settlement of these civil matters. The parties are not relying upon any representations, promises, understandings or agreements, except as expressly set forth within this Consent Order.

IT IS FURTHER ORDERED AND AGREED that failure to meet the deadlines established herein, or any other violation of the provisions of this Order, shall be deemed a violation of the South Carolina Infectious Waste Management Act. Upon ascertaining any such violation, the Department may initiate appropriate action to obtain compliance with both this Order and the aforesaid Act.

Signature page follows

# FOR THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

	Date:
Myra C. Reece Interim Director of Environmental Affairs	
Daphne G. Neel, Chief Bureau of Land and Waste Management	Date:
Van Keisler, P.G., Director Division of Compliance and Enforcement	Date:
Reviewed By:	
Attorney Office of General Counsel	Date:
WITH CONSENT:	
MEDSHARPS EAST LLC DBA ECOMED SOLUTIONS	SAND MEDSHARPS
Name: Title:	Date:
Name:	Date:

Title:



Catherine E. Heigel, Director Promoting and protecting the health of the public and the environment

CERTIFIED MAIL Article No. 9214 8969 0099 9790 1402 8081 54

November 6, 2015

Thomas C. Jessee Jessee & Jessee Attorneys At Law PO Box 997 Johnson City, TN 37605-0997

RE: **Proposed Consent Order** Charleston Women's Medical Center SC10-0168G Charleston County, South Carolina

Dear Mr. Jessee:

Please find enclosed a Consent Order for your consideration. Please note that the amount of the civil penalty is not included in the Order. If there are revisions to the Order that you would like the Department to consider, please email them to me. All revisions should be submitted by no later than Friday, November 20, 2015.

After you have reviewed the Order, please contact me and we will discuss the penalty. Once all negotiations are complete, a Consent Order will be mailed to Charleston Women's Medical Center for signatures.

Failure to notify me of a desire to continue discussions on or before the stated deadline may result in the issuance of an Administrative Order without the consent of Charleston Women's Medical Center, in which case the Administrative Order will become effective on the date that the Department's Director of Environmental Affairs signs it and a copy of the fully executed Administrative Order will be returned for your records.

If you have any questions regarding this matter, please contact Lorria Caswell at (803) 898-0490 or via email at caswellh@dhec.sc.gov.

Respectfully,

Robert S. McDaniel II Manager, Enforcement Section Division of Compliance and Enforcement Bureau of Land and Waste Management

Attachment

cc: Leisa Boyle – Charleston Women's, 1312 Ashley River Road, Charleston, SC 29407-5365 certified article #9214 8969 0099 9790 1402 8081 92

#### THE STATE OF SOUTH CAROLINA BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

#### IN RE: CHARLESTON WOMEN'S MEDICAL CENTER SC10-0168G CHARLESTON COUNTY

#### CONSENT ORDER 15 – 05 – IW

Charleston Women's Medical Center (Charleston Women's) is a large quantity generator of infectious waste located in Charleston, South Carolina. Charleston Women's is responsible for compliance with applicable statutes and regulations governing the management of infectious waste. Charleston Women's must comply with the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, <u>et seq.</u> (2002), and the South Carolina Infectious Waste Management Regulations (hereinafter referred to as SCIWMR), 8 S.C. Code Ann. Regs. 61-105 (2012) (hereinafter referred to as R.61-105).

## FINDINGS OF FACT

- Charleston Women's provides services at its facility located at 1312 Ashley River Road, Charleston, South Carolina, and has been registered in South Carolina as a generator of infectious waste since September 18, 1991.
- Charleston Women's generates between 50 and 999 pounds of infectious waste in a calendar month. Therefore, it is a large quantity generator.
- 3. Renewal of the facility's registration is required every three (3) years.

- 4. A Renewal Notice was sent to Charleston Women's in February 2013, which listed the categories and corresponding amounts of waste generated, by category. The categories were as follows: sharps; micro; blood; path (pathological waste); animal; isolation; and other.
- 5. On February 22, 2013, the Department received the Renewal Notice from Charleston Women's, certifying the category amounts as correct. The reported amount of pathological waste generated on average, per month, was certified as zero.
- On September 3, 2015, Department staff conducted an inspection of Charleston Women's to determine compliance with the applicable statutes and regulations.
- 7. Since Charleston Women's had previously reported the amount of pathological waste generated each month was zero, and because Charleston Women's is a generator of products of conception, which fall into the pathological waste category, the Department's inspectors asked about this discrepancy during the inspection. In response, a representative of Charleston Women's stated that the estimated amount of pathological waste generated per month is twenty (20) pounds.
- On September 11, 2015, the Department issued a Notice of Alleged Violation/Notice of Enforcement Conference to Charleston Women's. The enforcement conference was held on September 29, 2015.
- 9. Prior to the enforcement conference, Charleston Women's provided to the Department letters dated September 17 and September 24, 2015, explaining its position and corrective actions taken to address the violation of failing to report the amount of pathological waste generated. Charleston Women's developed and provided a copy of the infectious waste log to be used in the future to record pathological waste generated on a monthly basis.

#### APPLICABLE LAW

#### STATUTES:

- S.C. Code Ann. § 44-93-140 provides: "Following the promulgation of the regulations required pursuant to Section 44-93-30, it is unlawful for a person to fail to comply with this chapter or with a procedure or requirement set forth in the regulations."
- 2. S.C. Code Ann. § 44-93-150(A) provides: "Whenever the department finds that a person is in violation of a permit, regulation, standard, or requirement under this chapter, the department may issue an order requiring the person to comply . . . The Department also may invoke civil penalties as provided in this section for violations of the provisions of this chapter, including an order, permit, regulation, or standard."
- S.C. Code Ann. § 44-93-150(B) provides: "A person who violates a provision of § 44-93-140 is liable for a civil penalty not to exceed ten thousand dollars a day of violation."

#### **REGULATIONS:**

- R.61-105(A)(1) provides: "The purpose of this regulation is to establish a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended."
- 2. R.61-105(A)(3) provides: "Generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other persons who generate, store, contain, transport, transfer, treat, destroy, dispose, or otherwise manage infectious waste in South Carolina shall comply with this regulation."

- R.61-105(D)(1)(z) provides: "Infectious waste management' means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious waste."
- 4. R.61-105(D)(1)(ff) provides: "'Products of conception' means fetal tissues and embryonic tissues resulting from implantation in the uterus."
- 5. Pursuant to R.61-105(E)(1)(d), "Pathological Waste" includes "all tissues, organs, limbs, products of conception, and other body parts removed from the whole body, excluding tissues which have been preserved with formaldehyde or other approved preserving agents, and the body fluids which may be infectious due to blood borne pathogens. These body fluids are: cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal/cervical secretions."
- 6. R.61-105(F)(1)(g) provides: "All in-state generators of infectious waste shall register with the Department in writing on a Department approved form. Registration will be in a manner prescribed by the Department. Registration notices will include at a minimum: ... the categories and corresponding amount of infectious waste generated annually (estimated within plus or minus (+ or -) twenty (20) percent."
- R.61-105(F)(3) provides: "Renewal of registration will be every three (3) years for all generators. Registered generators will be notified of renewal requirements by the Department."

#### CONCLUSIONS OF LAW

Based upon the above Findings of Facts, the Department concludes that Charleston Women's has violated the South Carolina Infectious Waste Management Regulations, 8 S.C.

Code Ann. Regs. 61-105 (2012), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), as follows:

Pursuant to Findings of Fact #5. and 7., Charleston Women's has violated R.61-105(F)(1)(g), by failing to notify the Department in writing of the corresponding amount of infectious waste generated annually (estimated within plus or minus (+ or -) twenty (20) percent), for the category of "path" (pathological waste) on the February 2013 Renewal Notice.

NOW, THEREFORE, IT IS ORDERED, that pursuant to S.C. Code Ann. §§ 44-93-140 and 44-93-150(A), Charleston Women's shall:

- Now, and in the future, comply with the South Carolina Infectious Waste Management Act and Regulations;
- Now, and in the future, accurately report, in accordance with R.61-105(F), Generator Requirements, the categories and accurate corresponding amounts of infectious waste;
- 3. Within fifteen (15) days of the effective date of this Order, submit a revised Registration Renewal form to the Department to include the categories and corresponding amounts of infectious waste generated for the last twelve (12) months. The effective date shall be the date this Consent Order is signed by the Interim Director of Environmental Affairs; and
- 4. Within thirty (30) days of the effective date of this Order, pay a civil penalty in the amount of *(under discussion)*.

The payment of the penalty amount must be in the form of a check payable to SCDHEC, with the number of the Order (15-05-IW), and Registration #SC10-0168G written on the check. All communication regarding this Order and its requirements shall be addressed to:

SCDHEC – BLWM Division of Compliance and Enforcement Enforcement Section Attn: Lorria Caswell 2600 Bull Street, Columbia, SC 29201-1708. IT IS FURTHER ORDERED AND AGREED that this Consent Order governs only the civil liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire agreement between the Department and Charleston Women's with respect to the resolution and settlement of these civil matters. The parties are not relying upon any representations, promises, understandings or agreements, except as expressly set forth within this Consent Order.

IT IS FURTHER ORDERED AND AGREED that failure to meet the deadlines established herein, or any other violation of the provisions of this Order, shall be deemed a violation of the South Carolina Infectious Waste Management Act. Upon ascertaining any such violation, the Department may initiate appropriate action to obtain compliance with both this Order and the aforesaid Act.

Signature page follows

# FOR THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

	Date:
Myra C. Reece Interim Director of Environmental Affairs	
Daphne G. Neel, Chief Bureau of Land and Waste Management	Date:
Van Keisler, P.G., Director Division of Compliance and Enforcement	Date:
Reviewed By:	
Attorney Office of General Counsel	Date:
WITH CONSENT:	
CHARLESTON WOMEN'S MEDICAL CENTER	
Name: Title:	Date:
Name: Title:	Date:



Catherine E. Heigel, Director Promoting and protecting the health of the public and the environment

CERTIFIED MAIL Article No. 9214 8969 0099 9790 1402 8082 60

November 6, 2015

W. Thomas Lavender, Jr. Nexsen Pruet 1230 Main Street, Suite 700 Columbia, SC 29201

RE: **Proposed Consent Order** Stericycle, Inc. SC14-02T Out-of-State Transporter

Dear Mr. Lavender:

Please find enclosed a Consent Order for your consideration. Please note that the amount of the civil penalty is not included in the Order. If there are revisions to the Order that you would like the Department to consider, please email them to me. All revisions should be submitted by no later than **Friday**, November 20, 2015.

After you have reviewed the Order, please contact me and we will discuss the penalty. Once all negotiations are complete, a Consent Order will be mailed to Stericycle, Inc. for signatures.

Failure to notify me of a desire to continue discussions on or before the stated deadline may result in the issuance of an Administrative Order without the consent of Stericycle, Inc., in which case the Administrative Order will become effective on the date that the Department's Director of Environmental Affairs signs it and a copy of the fully executed Administrative Order will be returned for your records.

If you have any questions regarding this matter, please contact Lorria Caswell at (803) 898-0490 or via email at <u>caswellh@dhec.sc.gov</u>.

Respectfully,

Robert S. McDaniel II Manager, Enforcement Section Division of Compliance and Enforcement Bureau of Land and Waste Management

Attachment

cc: Craig Edwards – Stericycle, Inc., 4403 Republic Court, Concord, NC 27258 certified article #9214 8969 0099 9790 1402 8082 84

#### THE STATE OF SOUTH CAROLINA BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: STERICYCLE, INC. SC14-02T OUT-OF-STATE

#### CONSENT ORDER 15 – 09 – IW

Stericycle, Inc. (Stericycle) is a registered South Carolina infectious waste transporter with operations located in Concord, North Carolina. Stericycle is responsible for compliance with the applicable South Carolina statutes and regulations governing the management of infectious waste. Stericycle must comply with the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, <u>et seq.</u> (2002), and the South Carolina Infectious Waste Management Regulations (hereinafter referred to as SCIWMR), 8 S.C. Code Ann. Regs. 61-105 (2012) (hereinafter referred to as R.61-105).

#### **FINDINGS OF FACT**

- Stericycle operates from its facility located at 4403 Republic Court, Concord, North Carolina, and has been registered in South Carolina as a transporter of infectious waste since January 1, 1997.
- 2. Representatives of the Department conducted an inspection of Planned Parenthood South Atlantic (Planned Parenthood) on August 31, 2015, at its facility located at 2712 Middleburg Drive, Suite 107, Columbia, South Carolina. On September 2, 2015, the Department conducted an inspection of Greenville Women's, PA (Greenville Women's) at its facility located at 1142 Grove Road, Greenville, South Carolina. These inspections

were conducted to determine compliance with the applicable statutes and regulations. As a result of these inspections, the Department documented the following, which apply to Stericycle as the infectious waste transporter for Planned Parenthood and Greenville Women's:

- a. Stericycle transported infectious waste that included "products of conception" for Planned Parenthood from January 2013 until January 2015. According to the following seven (7) Manifests: MDAU007LGX (February 7, 2014), MDAU007MMX (February 21, 2014), MDAU008095 (August 8, 2014), MDAU0085W3 (October 17, 2014), MDAU00870V (October 31, 2014), MDAU0089T5 (December 5, 2014) and MDAU008ADF (December 12, 2014), Stericycle transported infectious wastes from Planned Parenthood that included "products of conception," that were treated by steam sterilization instead of being incinerated, cremated, interred, or donated for medical research; and,
- b. Stericycle has transported infectious waste for Greenville Women's since 2007. According to the following three (3) Manifests: MDCA00C50U (March 17, 2014), MDCA00CZD4 (October 20, 2014), and MDCA00E2N2 (July 20, 2015), Stericycle transported infectious wastes from Greenville Women's that included "products of conception" that were treated by steam sterilization instead of being incinerated, cremated, interred, or donated for medical research.
- On September 11, 2015, the Department issued Stericycle a Notice of Alleged Violation/Notice of Enforcement Conference. The enforcement conference was held on September 29, 2015.

- 4. On September 30, 2015, the Department sent a letter to Stericycle, via e-mail, requesting additional documentation. Specifically, the Department requested the following information:
  - a. Contracts with Planned Parenthood and Greenville Women's;
  - b. Invoices sent to Planned Parenthood between January 1, 2013, and January 9, 2015;
  - c. Invoices sent to Greenville Women's between January 1, 2013, and August 31, 2015;
  - d. An exception report for the shipment dated July 20, 2015, along with the process and protocol used to track errors and discrepancies;
  - e. Documentation for the staff training conducted in September 2015, to include, but not be limited to, the number of staff trained, type of training given and who conducted the training; and,
  - f. Manifests for Planned Parenthood and Greenville Women's for the last two years.
- During and subsequent to the enforcement conference, Stericycle provided the following to the Department:
  - a. Contracts from Planned Parenthood and Greenville Women's;
  - b. Invoices from Planned Parenthood and Greenville Women's;
  - c. An exception document for the shipment from Greenville Women's, dated July 20, 2015;
  - d. A future manifest review process;
  - e. Copies of future labels that will be provided to Greenville Women's; and,
  - f. Documentation for staff training conducted on September 30, 2015.

- 6. During and subsequent to an enforcement conference that was held with Planned Parenthood on September 28, 2015, Planned Parenthood provided the following to the Department:
  - a. An updated infectious waste protocol;
  - b. A manifest checklist;
  - c. Copies of manifests for Stericycle; and,
  - d. Copies of contracts and invoices for services provided by Stericycle.
- 7. During and subsequent to an enforcement conference that was held with Greenville Women's on September 28, 2015, Greenville Women's provided the following to the Department:
  - a. An updated infectious waste protocol;
  - b. An updated Stericycle infectious waste contract;
  - c. Copies of manifests, contracts, and invoices for services provided by Stericycle;
  - d. A letter from Stericycle dated September 17, 2015, regarding the altered manifests, which stated that all infectious waste shipments were incinerated and that Stericycle had updated Greenville Women's account to "Incinerate Only" in order to ensure that the proper processing stamp is applied to manifests.

Additionally Stericycle's letter stated that it would affix a yellow label on each container, assuring that Greenville Women's infectious waste is incinerated; and,

- e. Weight records for infectious waste shipped offsite.
- 8. Subsequent to the enforcement conferences, the Department performed a review of the information and documentation provided by Stericycle, Greenville Women's, and Planned Parenthood and found the following:

- a. Stericycle's submitted documentation included an exception document for an infectious waste shipment from Greenville Women's, dated July 20, 2015, which indicated that the waste stream was consolidated into a new shipment without including the original manifest with the new manifest and the consolidation log.
- b. Stericycle's submitted documentation also included altered manifests for Greenville Women's and Planned Parenthood that were altered in September 2015, after these facilities were inspected. Stericycle did not provide a written protocol showing procedures for manifest alterations -"re-manifesting." Specifically, Stericycle failed to provide documentation showing how a manifest that was finalized months earlier could be changed to correctly reflect a different method of treatment for the transported waste, and why the claimed incorrect manifests were not discovered and corrected prior to the Department's inspection;
- c. Stericycle's contracts with Greenville Women's from 2007 through August 2015 did not specifically cover the treatment of pathological wastes, which includes "products of conception";
- d. Stericycle entered into a new contract with Greenville Women's in September 2015, that specifically covers the treatment of pathological wastes and includes "products of conception"; and,
- e. Stericycle's invoices for Greenville Women's reflected an increase in costs from \$206.56 per month in August 2015, under the old contract, to \$575.12 per month in October 2015, under the new contract that specifically provides for treatment for pathological waste.

9. Based upon the Findings of Facts above, the Department finds that Stericycle's infectious waste management, as it relates to manifesting, contracts, and invoicing, did not provide assurance that infectious waste shipments that contained "products of conception" were transported from Greenville Women's and Planned Parenthood to be incinerated, cremated, interred, or donated for medical research. The alteration of original manifests after these clinics were inspected by the Department indicates deficiencies in Stericycle's treatment and manifesting of infectious waste shipments.

#### APPLICABLE LAW

#### STATUTES:

- S.C. Code Ann. § 44-93-140 provides: "Following the promulgation of the regulations required pursuant to Section 44-93-30, it is unlawful for a person to fail to comply with this chapter or with a procedure or requirement set forth in the regulations."
- 2. S.C. Code Ann. § 44-93-150(A) provides: "Whenever the department finds that a person is in violation of a permit, regulation, standard, or requirement under this chapter, the department may issue an order requiring the person to comply . . . The Department also may invoke civil penalties as provided in this section for violations of the provisions of this chapter, including an order, permit, regulation, or standard."
- S.C. Code Ann. § 44-93-150(B) provides: "A person who violates a provision of § 44-93-140 is liable for a civil penalty not to exceed ten thousand dollars a day of violation."

#### **REGULATIONS:**

 R.61-105(A)(1) provides: "The purpose of this regulation is to establish a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended."

- 2. R.61-105(A)(3) provides: "Generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other persons who generate, store, contain, transport, transfer, treat, destroy, dispose, or otherwise manage infectious waste in South Carolina shall comply with this regulation."
- R.61-105(D)(1)(z) provides: "'Infectious waste management' means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious waste."
- R.61-105(D)(1)(ff) provides: "Products of conception' means fetal tissues and embryonic tissues resulting from implantation in the uterus."
- 5. Pursuant to R.61-105(E)(1)(d), "pathological waste" includes "all tissues, organs, limbs, products of conception, and other body parts removed from the whole body, excluding tissues which have been preserved with formaldehyde or other approved preserving agents, and the body fluids which may be infectious due to blood borne pathogens. These body fluids are: cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal/cervical secretions."
- 6. R.61-105(R)(3) provides: "The transporter, transfer facility operator, and/or intermediate handling facility operator shall ensure that the manifest form accompanies the infectious waste at all times until unloaded for treatment."
- 7. R.61-105(R)(7)(a-b) provides: "All transporters and/or management companies which list themselves as the generator on the manifest or a consolidated manifest must assume full responsibility of the generator(s) and must: (a) attach a copy of the completed new manifest form to the original manifest form and retain a copy of the new and original

manifest form; and (b) maintain a transporter consolidation log indicating all shipments that have been consolidated."

 R.61-105(T)(9) provides: "Products of conception must be incinerated, cremated, interred, or donated for medical research."

#### CONCLUSIONS OF LAW

Based upon the above findings, the Department concludes that Stericycle has violated the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (2012), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), as follows:

- Pursuant to Findings of Fact #8.a., Stericycle has violated R.61-105.R(3), by failing to have the manifest form for Greenville Women's accompany, at all times, the infectious waste transported from Greenville Women's until unloaded for treatment;
- 2. Pursuant to Findings of Fact #8.a., Stericycle has violated R.61-105.R(7)(a-b), by failing to (a) attach a copy of the completed new manifest form to the original manifest form; and (b) maintain a transporter consolidation log indicating all shipments that have been consolidated, after it assumed Greenville Women's role as a generator of the infectious waste transported from Greenville Women's; and,
- Pursuant to Findings of Facts #2., 8., and 9., the Department concludes that Stericycle has violated R.61-105(T)(9), by failing to incinerate, cremate, inter, or donate for medical research, products of conception.

NOW, THEREFORE, IT IS ORDERED, that pursuant to S.C. Code Ann. §§ 44-93-140 and 44-93-150(A), Stericycle shall:

- Now, and in the future, comply with the South Carolina Infectious Waste Management Act and Regulations;
- Now, and in the future, transport infectious waste in accordance with R.61-105 Subpart R

   Manifest Requirements For Transporters;
- Now, and in the future, manage products of conception in accordance with R.61-105 Subpart T – Infectious Waste Treatment;
- 4. Within fifteen (15) days of the effective date of this Order, submit to the Department a written protocol for how Stericycle will obtain adequate information from generators and provide for the proper method of treatment. The effective date shall be the date this Consent Order is signed by the Interim Director of Environmental Affairs; and,
- 5. Within thirty (30) days of the effective date of this Order, pay a civil penalty in the amount of *(under discussion)*.

The payment of the penalty amount must be in the form of a check payable to SCDHEC, with the number of the Order (15-09-IW), and Registration #SC14-02T written on the check. All communication regarding this Order and its requirements shall be addressed to:

SCDHEC – BLWM Division of Compliance and Enforcement Enforcement Section Attn: Lorria Caswell 2600 Bull Street, Columbia, SC 29201-1708. IT IS FURTHER ORDERED AND AGREED that this Consent Order governs only the civil liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire agreement between the Department and Stericycle with respect to the resolution and settlement of these civil matters. The parties are not relying upon any representations, promises, understandings or agreements, except as expressly set forth within this Consent Order.

IT IS FURTHER ORDERED AND AGREED that failure to meet the deadlines established herein, or any other violation of the provisions of this Order, shall be deemed a violation of the South Carolina Infectious Waste Management Act. Upon ascertaining any such violation, the Department may initiate appropriate action to obtain compliance with both this Order and the aforesaid Act.

Signature page follows

# FOR THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

	Date:
Myra C. Reece Interim Director of Environmental Affairs	
	Date:
Daphne G. Neel, Chief Bureau of Land and Waste Management	
	Date:
Van Keisler, P.G., Director Division of Compliance and Enforcement	
Reviewed By:	
	_
Attorney Office of General Counsel	Date:
Office of General Counsel	
WITH CONSENT:	
STERICYCLE, INC.	
Name:	Date:
Title:	
Name:	Date:

Title:

# corrected Routine POC for PPSAT.

# Crum, Liz <LCrum@MCNAIR.NET>

Wed 10/14/2015 12:26 PM

To:Johnson, Eva <johnsoec@dhec.sc.gov>; Biggers, Ashley <biggerac@dhec.sc.gov>;

Cc:Emily Adams <emily.adams@ppsat.org>; Baker, Pam <PBaker@MCNAIR.NET>;

#### 1 attachment (370 KB)

2952\_001.pdf;

Eva, per our conversation yesterday afternoon, please find attached the corrected POC for the Routine Inspection. We added 204.A to the end of the document and for 204.C we corrected the preventative action to reflect 204.C instead of 204.A. I would appreciate your substituting this corrected POC for the one submitted on 10/12/15. As I understand it, the POC for the Investigation is acceptable. We look forward to hearing from you'll as to what, if anything, else we need to do to satisfy the Administrative Order. We submitted the check in the amount of \$7500 for the total fine amount with our initial POC submittals. Best, Liz

McNair

M. Elizabeth Crum

Shareholder Icrum@mcnair.net | 803 753 3240 Direct

#### McNair Law Firm, P.A.

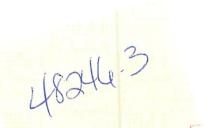
Columbia Office 1221 Main Street | Suite 1800 | Columbia, SC 29201 803 799 9800 Main | 803 753 3278 Fax Mailing Post Office Box 11390 | Columbia, SC 29211 VCard | Bio URL | Web site

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# RECEIVED OCT 1 4 2015

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# MCNAIR

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HEAHEALTH LIC.

15

ATTORNEYS

M. Elizabeth Crum

Icrum@mcnair.net T (803) 753-3240 F (803) 933-1484

October 12, 2015

Via E-mail and Hand Delivery

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais St., Columbia,, SC 29201

Re: Amended Plans of Correction—Planned Parenthood South Atlantic Columbia Facility

Dear Ms. Thompson:

Enclosed please find an amended Plan of Correction ("POC") for the Routine Inspection for Planned Parenthood South Atlantic Columbia Facility ("PPSAT") for Reg. 61-12 §§ 204.C, 204.E, 208, 401.A.1, 304.H and 605.D and an amended POC for the Investigation for PPSAT for Reg. 61-12 §§ 401.A.1, 204.H, 304.H and 605.D. For each of the amended sections, where there is a notation that there are attachments, the attachments are the same as those added to the POCs previously filed with the Bureau of Health Facilities Licensing.

Please do not hesitate to contact me with any questions. Thank you for your attention this matter.

Sincerely, M. Elizabeth Crum

MEC:df

cc: Shelly B. Kelly, Esq. Ashley C. Biggers, Esq. Eva C. Johnson Emily Adams

CHARLOTTE

McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > mcnair.net

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PROMOTE PROTECT PROSPER South Carolina Department of Health and Environmental Control	BUREAU OF HEALTH 2600 Bull Street,	ORRECTION FACILITIES LICENSING CT 1 4 2015 Columbia, SC, 29201 545-4212 E-mail <u>BHFL@difec.se.gov</u> LIC.	
NOTICE: Information on the audit	inspection form will be needed to assist you		
Inspection Date: 9/1/2015	Today's Date: 10/12/2015	License Prefix: AB Suffix #: 2	
Type of Inspection: L01 ROUTINE	~		
Name of Facility/Activity: Planne	ed Parenthood South Atlantic	15	
Administrators Certification: By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date. Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233			
	RESPONSE TO CITATION		
		ons on 9/19/15 and 9/17/15 respectively. which is attached.	
Preventive Action: The health center manager will continue to ensure that staff maintain CPR certification through annual training. The health center manager will also ensure that documentation of CPR certification is maintained in staff member's personnel files and will use the PPSAT annual training calendar and personnel checklist to monitor compliance. A copy of the annual training calendar is attached. The Director of Human Resources will audit training records annually for compliance.			
10/12/15 Completion Date (Actual	al or Expected)		
Section: 204.E Corrective Action: Documentation of Clinical Staff Orientation conducted on 1/14/14 was in the central file in Raleigh for Staff A, B and C. On 9/26/15, the Medical Director reviewed the revised checklist with the current physicians. Attached is the current Physician on-site orientation checklist.			
	n orientation checklist has been re In on-site orientation checklist for	evised and updated. The Medical Director new providers.	
10/12/15 Completion Date (Actua	al or Expected)		
the completion of the ultrasc ("EHR"). The record also re- minutes Patient $B - 62$ conservative because they both the ultrasound and pro- completion of the ultrasound the ultrasound, the technic	ound, the ultrasound image was so flects the start of the Miso time. F minutes and Patient E – 56 n do not reflect the additional time cedure ends. Specifically, these t d until the results were scanned in ian assists the patient and prints	the patient records reflects that following canned into the Electronic Health Record for Patient A, the time difference was 62 ninutes. Furthermore, these times are that inherently exists in the process at times do not include the time required for not the EHR. Following the completion of the ultrasound image which are then teps which takes a minimum of 5 minutes	

to complete.) Additionally, the times do not include the time lapse from the start of the Miso administration until the procedure actually commences.

As to Patients C and D, the records evidence a minimum of 42 and 44 minutes wait time, but neither reflects the inherent additional time within the process that is described above.

In addition to the above, Staff determined the ultrasound machine was improperly calibrated such that the time printed on the ultrasound image was at least 12 minutes fast. This miscalibration led to erroneous time stamping. The ultrasound time stamping issue was identified and was recalibrated the first week of August by a staff member. We have implemented several new processes to address and document the 60 minute waiting period. Staff will ensure the ultrasound is properly calibrated at the beginning of each session where abortions are provided. Staff will record the time of the ultrasound completion on the "SC Right to Know" form and the physician will review and attest to the 60 minute waiting period on this form. All staff have been retrained to ensure that procedure is delayed for at least 60 minutes after the ultrasound. Procedures will not occur before 60 minutes has elapsed from the ultrasound.

Preventive Action: PPSAT form CO-14 ("SC Right to Know") will be signed by the physician and reviewed by the clinical assistant prior to the procedure beginning to ensure compliance with the 60 minute waiting period. The health center manager will include reviewing the CO-14 form in the Abortion Monthly Chart Completion Audit. Copies of the CO-14 form, the Abortion Monthly Chart Completion of calibration of the ultrasound and photo's demonstrating calibration are attached.

10/12//2015 Completion Date (Actual or Expected)

Section: 401.A.1

4

Corrective Action: PPSAT maintained documentation that included the names of minor's parents, where known. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record. PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

10/12/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was actually treated in accordance with the requirements. These manifests are attached. In addition, prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in

compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

10/12/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was actually treated in accordance with the requirements. These manifests are attached. In addition, prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

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# 10/12/2015 Completion Date (Actual or Expected)

Section: 204.A

Corrective Action: During the on-site inspection, PPSAT staff provided copies of the completed credentialing applications that constitute the application of employment for Staff A and B. These applications contain all of the necessary documentation required by the law. Attached are the redacted credentialing applications and the ARMS Practitioner Applications. Unfortunately, health center administrative staff failed to point out or provide copies of the Staff A and B Employee Health Forms, dated 11/7/09 and 3/16/09, respectively, which forms were in the Staff A and B files while DHEC was on site. Copies of the 2009 Employee Health Forms, which were in the files on site are attached hereto.

Preventive Action: Human Resources will continue to monitor employee files for completeness. Furthermore, to supplement the existing information in each employee's file, PPSAT has developed a new Employee Health Questionnaire, a copy of which is attached hereto. Staff A and B will complete the new Health Form by 10/2/15. Employees for the health center will complete the new Health Form by 10/15/15.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes 🔀 No 🗌

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

#### INSTRUCTIONS: DHEC FORM 0275 PLAN OF CORRECTION BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at <u>BHFL@dhec.sc.gov</u> or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

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DHEC	PLAN OF CORRECTION OCT 1 2 2015			
	BUREAU OF HEALTH FACILITIES LICENSING			
PROMOTE PROTECT PROSPER South Carolina Department of Health	2600 BULL STREET, COLUMBIA, SC, 29201 HEALTH LIC.			
and Environmental Control	OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL <u>BHFL@dhec.sc.gov</u>			
NOTICE: Information on t	ne audit inspection form will be needed to assist you in completing this form.			
Inspection Date: 9/1/2015	Today's Date: 10/12/2015License Prefix: ABSuffix #: 2			
Type of Inspection: L01 R	OUTINE			
Name of Facility/Activity:	Planned Parenthood South Atlantic			
Administrators Certification: By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.				
Administrator Name: Emi	ly Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233			
RESPONSE TO CITATIONS				
10/12//2015 Completio	n Date (Actual or Expected)			
Section: 204.C				
	A and C completed the CPR certifications on 9/19/15 and 9/17/15 respectively. CPR certification, completed 11/10/14, which is attached.			
new Employee Healt	lement the existing information in each employee's file, PPSAT has developed a h Questionnaire, a copy of which is attached hereto. Staff A and B will complete by 10/2/15. Employees for the health center will complete the new Health Form			
10/12/15 Completion Da Section: 204.E	ate (Actual or Expected)			
in Raleigh for Staff A	nentation of Clinical Staff Orientation conducted on 1/14/14 was in the central file , B and C. On 9/26/15, the Medical Director reviewed the revised checklist with s. Attached is the current Physician on-site orientation checklist.			
	nysician orientation checklist has been revised and updated. The Medical Director hysician on-site orientation checklist for new providers.			
10/12/15 Completion Da Section: 208	te (Actual or Expected)			
the completion of the ("EHR"). The record minutes Patient B conservative becaus both the ultrasound a completion of the ultr the ultrasound, the t	Patients A, B, and E, the time recorded in the patient records reflects that following ultrasound, the ultrasound image was scanned into the Electronic Health Record also reflects the start of the Miso time. For Patient A, the time difference was $62 - 62$ minutes and Patient E - 56 minutes. Furthermore, these times are they do not reflect the additional time that inherently exists in the process at and procedure ends. Specifically, these times do not include the time required for asound until the results were scanned into the EHR. Following the completion of echnician assists the patient and prints the ultrasound image which are then R. (Attachment hereto describes these steps which takes a minimum of 5 minutes)			

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10/12//2015 Completion Date (Actual or Expected)

Section: 401.A.1

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#### 10/12/2015 Completion Date (Actual or Expected) Section: 605.D

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OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

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October 1, 2015

### Via Hand Delivery

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais Street Columbia, SC 29201

## RECEIVED OCT 0 1 2015 HEALTH LIC.

Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

Dear Ms. Thompson:

Re:

Per our conversation with Ms. Eva Johnson and Ms. Michelle Hatcher, RN, yesterday afternoon, please find attached additional information provided as part of the supplemental POC and related attachments. Per the Department's request, we have provided unredacted information containing personal health information ("PHI"), as the same is defined by HIPAA. We understand that the Department has access to this information pursuant to HIPAA and South Carolina statutes and regulations. We further understand that the Department, pursuant to the HIPAA requirements, will not release the PHI, but will redact the PHI from any document prior to its release.

Additionally, as to certain citations, addition information was requested that did not result in a change in the POC. However, PPSAT is providing addition documentation, as listed below.

For the Routine POC:

204.G.1-the unredacted job descriptions are attached for

204.H-Exhibit 43, unredacted Appendix A for

208-the unredacted training forms for staff

208-Exhibit 38, revised Abortion Monthly Chart Completion Audit Form

303.A.1-Exhibit 33, RQM-82, Infection Prevention Rounds Check List

303.C- Exhibit 33A, RQM-82, Infection Prevention Rounds Check List

Icrum@mcnair.net T (803) 753-3240 F (803) 933-1484

McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

and

Mailing Address Post Office Box 11390 Columbia, SC 29211

mcnair.net

## MCNAIR ATTORNEYS

Gwen C. Thompson October 1, 2015 Page 2

M C NAIR Attorneys

401.A.1-Exhibit 49, unredacted information showing names of minor parents, when available

401.A.12- Exhibit 38A, RQM-82, Infection Prevention Rounds Check List

602.B—Exhibit 38B, RQM-82, Infection Prevention Rounds Check List

808.A—Exhibit 40A—Paperwork from Cook Plumbing Company evidencing plumbing work on setting the water temperature.

808.A—Exhibit 40B—Log regarding checking water temperature monthly.

For Investigation POC:

401.A.12- Exhibit 50A, RQM-82, Infection Prevention Rounds Check List

403.A.1-Exhibit 51 South Carolina Reports of Induced Termination and Fetal Death Reports

We appreciate the Department's professionalism in this matter. With best wishes.

Sincerely,

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M. Elizabeth Crum

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq. Ashley C. Biggers, Esq. Eva C. Johnson Emily Adams Cara .

OCT 0 1 2015

HEALTH LIC.

MCNAIR

ATTORNEYS

M. Elizabeth Crum

Icrum@mcnair.net T (803) 753-3240 F (803) 933-1484

October 1, 2015

Via Hand Delivery and E-Mail

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais Street Columbia, SC 29201

Re: Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

Dear Ms. Thompson:

Enclosed please find materials which should be substituted for the existing exhibit 808.A – Exhibit 40B, which was submitted via hand delivery this morning. We would appreciate your substituting the attached PPSAT SC – Water Temperature Log for Exhibit 40B that was submitted this morning.

Further, although my cover letter this morning stated "please find attached additional information provided as part of the supplemental POC and related attachments", we inadvertently did not enclose the supplemental Routing and the Investigation POCs.

We appreciate the Department's professionalism in this matter. With best wishes.

Sincerely,

lyoluthe Cr.

M. Elizabeth Črum

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq. Ashley C. Biggers, Esq. Eva C. Johnson Emily Adams McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > mcnair.net

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OCT 0 1 2015

HEALTH LIC

ATTORNEYS

M. Elizabeth Crum

Icrum@mcnair.net T (803) 753-3240 F (803) 933-1484

October 1, 2015

Via Hand Delivery and E-Mail

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais Street Columbia, SC 29201

Re: Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

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PROMOTE PROTECT PROSPER South Carolina Department of Health and Environmental Control	OFFIC		EET, COLUMBIA, SC, 29201 803) 545-4212 E-MAIL <u>BHI</u>			
NOTICE: Information on t			you in completing this form			
Inspection Date: 9/1/2015		's Date: 9/18/2015	License Prefix: AB	Suffix #: 2		
Type of Inspection: L01 R						
Name of Facility/Activity:	Planned Parenth	ood South Atlantic				
deficiency, the actions taken	te. Additionally, I cert n to prevent similar rec	ify that the plan of correc currences and the actual of		en to correct each cited		
Administrator Name: Emi	ly Adams E-mail:	Emily.adams@pps	at.org Phone: 919-929-	5402, ext. 233		
		RESPONSE TO CITA	TIONS			
10/1/2015 Completion I	Date (Actual or Expect	ed)				
Section: 301.K				00		
completed gestation PPSAT. Nevertheless	Corrective Action: Reports of Fetal Death, which are required for situations involving 20 weeks or more of completed gestation are ordinarily not required for the limited types of procedures performed at PPSAT. Nevertheless, in the event that such a case were to present, PPSAT has developed a policy for the registration of reports of fetal death or death certificates. A copy of the policy is attached.					
Preventive Action: The H and annually thereaft		•		g new staff orientation		
10/1/2015 Completion I Section: 303.C	Date (Actual or Expect	ed)				
established protocol.	Prior to administ	tration all medication	ons are reviewed for	expired medicines per expiration. There is no		
indication any expired medications were used on patients. Preventive Action: The health center manager will review monthly medicine and supply expirations and will remove all outdated medicines or supplies from the patient care areas and the pharmacy. This review will be documented on RQM-82, the Infection-Free Environmental Rounds Checklist, a copy of which is attached. The Health Center Manager will document the completion of this survey on the Monthly Health Center Manager RQM-82 Checklist which is reviewed by the Regional Director.						
10/1/15 Completion Date	(Actual or Expected)					
	T					
had required parenta minor's parents, whe where known, for 6 of has developed a sta patients will complete	Section: 401.A.1 Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. PPSAT maintained documentation that included the names of minor's parents, where known. PPSAT maintained documentation of the names of minors' parents, where known, for 6 of the 8 minors. See attached documentation. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.					
to ensure that minor p	patients have con	npleted the minor fa	ace sheet. All minor cl	ords on day of service harts will be part of the complete and document		

on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

10/1/15 Completion Date (Actual or Expected) Section: 808.A

Corrective Action:

Upon discovery of the issue during the inspection, PPSAT contacted the landlord on 9/4/15 requesting that a plumber be sent immediately to reset the water temperature. The landlord sent a plumber who, on 9/21/15 adjusted the water temperature to ensure that no hand washing sinks go above 125 degree Fahrenheit. The water temperature was adjusted to 120 degrees Fahrenheit on the water heater to allow for fluctuation in heating.

Preventive Action: Director of Facilities will measure water temperature during annual site visits and document on the annual site visit audit form to ensure that all hand washing sinks are between 100 and 125 degrees Fahrenheit. The health center manager cause the water temperature to be checked monthly. In the event the water temperature is out of accepted range, the Director of Facilities will ensure the landlord makes the required adjustments to bring water temperature into compliance. Attached is the PPSAT SC – Water Temperature Log that will document water temperature checks.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes 🔀 No 🗌

2 Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

#### INSTRUCTIONS: DHEC FORM 0275 PLAN OF CORRECTION BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at <u>BHFL@dhec.sc.gov</u> or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

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2			
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South Cano	arolina Dep I Environm	artment of ental Cont	Health

## **PLAN OF CORRECTION**

## BUREAU OF HEALTH FACILITIES LICENSING

2600 BULL STREET, COLUMBIA, SC, 29201

OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015

Today's Date: 9/18/2015

License Prefix: AB Suffix #: 2

Type of Inspection: L01 ROUTINE

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

### **RESPONSE TO CITATIONS**

10/1/2015 Completion Date (Actual or Expected)

Section: 301.K

Corrective Action: Reports of Fetal Death, which are required for situations involving 20 weeks or more of completed gestation are ordinarily not required for the limited types of procedures performed at PPSAT. Nevertheless, in the event that such a case were to present, PPSAT has developed a policy for the registration of reports of fetal death or death certificates. A copy of the policy is attached.

Preventive Action: The Health Center Manager will train staff on this policy during new staff orientation and annually thereafter. Staff will review and sign off on this policy.

10/1/2015 Completion Date (Actual or Expected)

Section: 303.C

Corrective Action: The nursing director immediately, on 8/31/1515, disposed of expired medicines per established protocol. Prior to administration all medications are reviewed for expiration. There is no indication any expired medications were used on patients.

Preventive Action: The health center manager will review monthly medicine and supply expirations and will remove all outdated medicines or supplies from the patient care areas and the pharmacy. This review will be documented on RQM-82, the Infection-Free Environmental Rounds Checklist, a copy of which is attached. The Health Center Manager will document the completion of this survey on the Monthly Health Center Manager RQM-82 Checklist which is reviewed by the Regional Director.

10/1/15 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. PPSAT maintained documentation that included the names of minor's parents, where known. PPSAT maintained documentation of the names of minors' parents, where known, for 6 of the 8 minors. See attached documentation. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document

on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

10/1/15 Completion Date (Actual or Expected)

Section: 808.A

Corrective Action:

Upon discovery of the issue during the inspection, PPSAT contacted the landlord on 9/4/15 requesting that a plumber be sent immediately to reset the water temperature. The landlord sent a plumber who, on 9/21/15 adjusted the water temperature to ensure that no hand washing sinks go above 125 degree Fahrenheit. The water temperature was adjusted to 120 degrees Fahrenheit on the water heater to allow for fluctuation in heating.

Preventive Action: Director of Facilities will measure water temperature during annual site visits and document on the annual site visit audit form to ensure that all hand washing sinks are between 100 and 125 degrees Fahrenheit. The health center manager cause the water temperature to be checked monthly. In the event the water temperature is out of accepted range, the Director of Facilities will ensure the landlord makes the required adjustments to bring water temperature into compliance. Attached is the PPSAT SC – Water Temperature Log that will document water temperature checks.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes 🔀 No

2 Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

#### INSTRUCTIONS: DHEC FORM 0275 PLAN OF CORRECTION BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency. Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

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8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at <u>BHFL@dhec.sc.gov</u> or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.



## S.C. Code Regs. 204.G.1

Unredacted job description for

Exhibit 4



Planned Parenthood South Atlantic

Job Title: Reports To: Department: FLSA Status: Access to ePHI: Revision Date: Abortion Physician Medical Director and VP for Patient Services Patient Services Non-exempt Full 06/08/2015

#### **JOB PURPOSE**

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

#### **ESSENTIAL FUNCTIONS**

Abortion Physicians perform a wide range of duties including, but not limited to the following;

- 1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
- 2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
- 3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
- 4. Perform surgical and medication abortion procedures.
- 5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
- 6. Order post-operative medication, including contraceptives.
- Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
- 8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
- 9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

#### EDUCATION AND EXPERIENCE

- 1. Doctor of Medicine.
- 2. Licensed to practice medicine in each state privileged to provide services.

- 3. Board eligible or Board certified physician preferred.
- 4. Minimum 3 years' experience performing surgical and medication abortions.
- Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

#### PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

#### KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

#### COMPETENCIES

- Planned Parenthood Mission Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with Internal and external customers.
- Customer Service Orientation Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- Judgment Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- Attention to Detail Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- Interpersonal Sensitivity Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses Interpersonal understanding to shape one's own response.

- Teamwork Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- Technical Expertise Possesses specialized knowledge or skills to accomplish a result.
   Picks up on technical things quickly; is good at learning new skills.

#### WORKING CONDITIONS

- -

- Environment: Work in a clinical environment. May encounter protestor activity.
- OSHA: Exposure to blood borne pathogens and other potentially infectious materials.
- Work Week: Schedules vary between Mondays through Saturdays, including evenings.
- Driving Responsibilities: None.
- Extra Time: May be required to work over-time or attend staff meetings outside the
  regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature		D ate:	6-25-2015
Print Na			
Copies to:	Employee Human Resources File		



# S.C. Code Regs. 204.G.1

Unredacted job description for

Exhibit 5



Planned Parenthood South Atlantic

Job Title:Abortion PhysicianReports To:Medical Director and VP for Patient ServicesDepartment:Patient ServicesFLSA Status:Non-exemptAccess to ePHI:FullRevision Date:06/08/2015

#### JOB PURPOSE

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

#### **ESSENTIAL FUNCTIONS**

Abortion Physicians perform a wide range of duties including, but not limited to the following;

- 1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
- Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
- Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
- 4. Perform surgical and medication abortion procedures.
- 5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
- 6. Order post-operative medication, including contraceptives.
- 7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
- Be famillar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
- Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

#### EDUCATION AND EXPERIENCE

- 1. Doctor of Medicine.
- 2. Licensed to practice medicine in each state privileged to provide services.

- 3. Board eligible or Board certified physician preferred.
- 4. Minimum 3 years' experience performing surgical and medication abortions.
- Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

#### PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

#### KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for alrway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

#### COMPETENCIES

- Planned Parenthood Mission Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- Customer Service Orientation Demonstrates concern for meeting Internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- Judgment Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- Attention to Detail Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- Interpersonal Sensitivity Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- Teamwork Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- Technical Expertise Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

#### WORKING CONDITIONS

- Environment: Work in a clinical environment. May encounter protestor activity.
- OSHA: Exposure to blood borne pathogens and other potentially infectious materials.
- Work Week: Schedules vary between Mondays through Saturdays, including evenings.
- Driving Responsibilities: None.
- Extra Time: May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

	0 10 10
Signature	 Date: <u>9-15-15</u>
Print Name:	

Copies to:

Employee Human Resources File



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# S.C. Code Regs. 208 Revised Abortion Monthly Chart Completion Audit Form - AC Exhibit 38

Planned Parenthood South Atlantic, Inc.

#### Abortion Monthly Chart Completion Audit Form - SC

Center:

Period covered by Review: \_\_\_\_\_\_ to \_\_\_\_\_\_

	Encounter # (10 charts)				Results							
Criteria											# charts in comp- liance	% charts in comp- liance
1 SC Women's R	tight to know Completed and Scanned to encounter (CO-14)	┡──┼		+	+			┝╾╴╂	-+			ļ
	eet completed and scanned to encounter (if applicable)	┝╌╍┾╸	+-	+-	+	<b>├</b> ──┤	i	┞──╋	$\neg$			
	nduced Termination of Pregnancy completed and scanned to encounter	┝╼╼┼	+-	+				╞──┤			<b> </b>	
	nts for procedures recorded on visit document	┝── <u></u> †		+								
	ure scanned to encounter	$\vdash$		1-								1
	time on visit document matches US time on picture			1								l
	d at least 60 minutes prior to the procedure			$\top$								
8. All required ser	vice- specific consent forms and CIICs are signed electronically by											
patient & witnes		└──┴		<u> </u>	<u> </u>		<u> </u>			L		
9. Patient Educat					ļ							
	nd Rh ordered and completed				1							
	ts Rhogam ordered and completed (if applicable)											
12. BCM at end of												
13. Encounter is na					1							
	d for all pts. Pap/RPR offered to pt. (pt declines RPR/Pap recorded on							1				
visit document		$\vdash$			-	ļ	<u> </u>	┝──┝		<u> </u>		
	e is documented for all patients			$\perp$	1		<u> </u>	$ \square $		L		
	recorded for all medications dispensed				1		<u> </u>					<u> </u>
17. Allergies noted	d with reactions or NKA checked											
18. Vitals docume									]			
19. IPV screening of	done on all pts (AB specific questions answered)											
20. Decision Asses	ssment completed											
21. Visit Summary	is generated, accurate, complete and signed off by clinician				Ι							
	# of criteria items noted in compliance for this chart									[		
Results						ļ				Į		

Summary of Findings: \_\_\_\_\_

Plan for Correction: (if indicated, include actions taken and date for follow up)\_\_\_\_\_

Completed By / Title / Date

Health Center Manager/ Date

.

Lead Clinician / Date

QM-39, Client Chart Completeness Audit 01-2007, rev 10-07

Key: Y = compliant N = non-compliant N/A = non-applicable



# S.C. Code Regs. 208 Undredacted Training Forms Exhibit 30



Planned Parenthood South Atlantlo

## TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature	
 9/24/15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

must scan into EHR by close of business.

- Lunderstand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Sig			
_		,	

9/24/15 Date



Employee Name:

Title: 14CA

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

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- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature

-115



Employee Name:

Date of Training	Subject	Facilitator/Verified by Signature
	Abortion Regulations, Infectious Waste, Updated Forms	

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

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- I agree to alert the Affiliate Medical Director or VP of patients Services If I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature

<u>9-24-15</u> Date



Planned Parenthood South Atlantic

## TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title: Mursing Director

Date of Training	<sup>·</sup> Subject	Facilitator/Verified by Signature	
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

must scan into EHR by close of business.

- Lunderstand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, infectious Waste Management Regulations.

- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

	4/205/15
Signature	Date



Employee Name:

Title: \_\_\_\_\_\_

Date of Training	Subject	Facilitator/Verified by Signature	
	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff
- must scan into EHR by close of business.
- Lunderstand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if | observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.



9-24-15



Planned Parenthood South Atlantic

### TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature	
	Abortion Regulations, Infectious Waste, Updated Forms		-

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

must scan into EHR by close of business.

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  - I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

		9-24-10
Signature	0	Date



Planned Parenthood South Atlantio

## TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name

Title: Hem

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
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- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature

9-24-15

Date



Employee Nam		Title:	WHNP	

Date of Training	Subject	Facilitator/Verified by Signature	•
	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
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  - I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Clanature			
Signature	'		

9.24.15



Employee Name

\_Title: \_\_\_\_\_

Date of Training	Subject	Facilitator/Verified by Signature	
 9/24/15	Abortion Regulations, infectious Waste, Updated Forms		

By my signature below, I affirm that:

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Signature	_	
Signature		

-24-15

Date



Planned Parenthood South Atlantio

## TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name

Date of Training	Subject	Facilitator/Verified by Signature	
9/24/15	Abortion Regulations, infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
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- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature

9/24/15



Employee Name:

Title:	Physician	
	5	

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	Abortion Regulations, infectious Waste, Updated Forms	

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
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- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature

9-25-19

Date



Employee Names\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_

Date of Training	Subject	Facilitator/Verified by Signature	
9/25/15	Abortion Regulations, infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
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- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Ast more lond to corrective action, up to and including termination of employment.

9-25-15

Signature

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# S.C. Code Regs. 303.A.1 RQM-82 Infection Prevention Rounds Checklist Exhibit 33

PPSAT

Infection-Free Environmental Rounds Checklist: performed monthly by HCM, filed in RQI Binder			
Topic	Compliant	N/A	Comments
Clean and dirty utility separated			
No dirty items stored in clean utility No clean items stored in dirty utility Items not stored under sink Items off floor	Y N Y N Y N Y N		
Trash Containment			
Covered and appropriately placed Sharps containers easily accessible Sharps containers not overfilled No white bag trash in biohazard No biohazard in white bag trash Trash removed at least daily	Y N Y N Y N Y N Y N Y N		
Refrigerators			
Patient and employee food separated and labeled Food, med, and biologicals separated and labeled Temps checked daily; 2x for vaccine(s) No outdated items Generally clean Locked if storing medications	Y N Y N Y N Y N Y N Y N		
Handwashing facilities			
Easily accessible Soap dispensers filled Antimicrobial hand rinse available	Y N Y N Y N		
Meds	a state of the state of the		
Multi-dose vials dated when opened (28 day limit) Water and saline one time use only No outdated items	Y N Y N Y N		
Items checked for outdates			
Lab collection tubes Sutures Sterile supplies that are dated. 1st in, 1 <sup>st</sup> out observed	Y N Y N Y N		
Steam Sterilizers			
Log maintained Biologicals run weekly (daily in SC if autoclave used) Verbalizes actions taken if problems Repeat run If still problem Inform IC? Recall instruments and rerun	Y N Y N Y N Y N Y N Y N Y N		
PPE's available Infection prevention policies available Written Electronic Safety needles available, used consistently, correctly Facility cleaned as per ARMS' Infection Prevention Facility free of dirt, dust, debris	Y N Y N Y N Y N Y N Y N		
Name:	Title:		
Center:	Date:		

RQM-82 Infection Prevention Rounds Check April 2015 page 1

PPSAT

RQM-82 Infection Prevention Rounds Check April 2015 page 2

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Corrected to 303.C.

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## S.C. Code Regs. 303.A.1

# RQM-82 Infection Prevention Rounds Checklist

Exhibit 33(A)

#### PPSAT

.

Infection-Free Environmental Rounds Che	cklist: perforn Binder	ned mo	onthly by HCM, filed in RQM
Topic	Compliant	N/A	Comments
Clean and dirty utility separated			
No dirty items stored in clean utility. No clean items stored in dirty utility. Items not stored under sink Items off floor	Y N Y N Y N Y N		
Trash Containment	1.0 Fine		
Covered and appropriately placed Sharps containers easily accessible Sharps containers not overfilled No white bag trash in biohazard No biohazard in white bag trash Trash removed at least daily	Y N Y N Y N Y N Y N Y N Y N		
Refrigerators		6	
Patient and employee food separated and labeled Food, med, and biologicals separated and labeled Temps checked daily; 2x for vaccine(s) No outdated items. Generally clean Locked if storing medications	Y N Y N Y N Y N Y N Y N Y N		
Handwashing facilities			
Easily accessible Soap dispensers filled Antimicrobial hand rinse available	Y N Y N Y N		
Meds Multi-dose vials dated when opened (28 day limit) Water and saline one time use only No outdated items	Y N Y N Y N Y N		
Items checked for outdates		1.1	
Lab collection tubes Sutures Sterile supplies that are dated, 1st in, 1* out observed	Y N Y N Y N		
Steam Sterilizers			
Log maintained Biologicals run weekly (daily in SC if autoclave used) Verbalizes actions taken if problems Repeat run If still problem Inform IC? Recall instruments and rerun	Y N Y N Y N Y N Y N Y N Y N		
PPE's available Infection prevention policies available Written Electronic Safety needles available, used consistently, correctly Facility cleaned as per ARMS' Infection Prevention Facility free of dirt, dust, debris	Y Y Y Y Y Y Y Y Y Y		
lame:	Title:		
Center:	Date:		

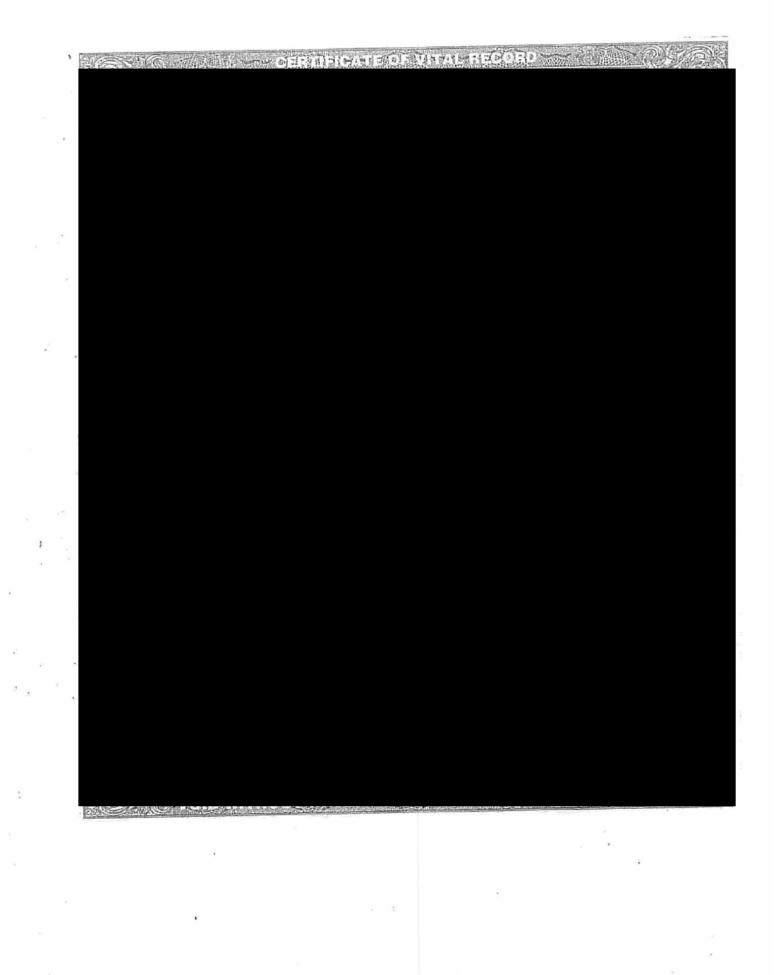
RQM-82 Infection Prevention Rounds Check April 2015 page 1

PPSAT

RQM-82 Infection Prevention Rounds Check April 2015 page 2



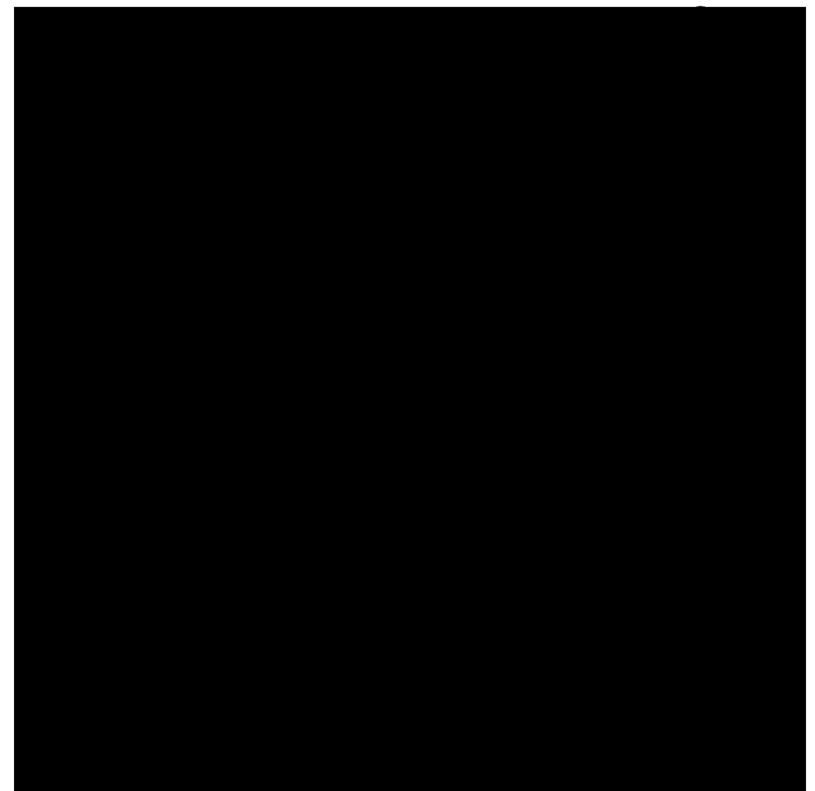
## S.C. Code Regs. 401.A.1 Undredacted Birth Certificates Exhibit 49



#### 

## CERTIFICATE OF LIVE BIRTH

## PATIENT REGISTRATION FORM



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Corrected to 401.A.12 ...

## S.C. Code Regs. 303.A.1 RQM-82 Infection Prevention Rounds Checklist Exhibit 38(A)

#### PPSAT

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Infection-Free Environmental Rounds Checklist: performed monthly by HCM, filed in RQM Binder						
Compliant	N/A	Comments				
W. Al						
Y N Y N Y N Y N						
and the second						
Y N Y N Y N Y N Y N Y N Y N						
Y N Y N Y N Y N Y N Y N Y N						
Y N Y N Y N						
Y N Y N Y N						
	a di					
Y N Y N Y N						
Ý N Y N Y N Y N						
Y N Y N Y N						
Y NN Y NN NN Y Y NN N Y Y NN Y						
Title:						
Date:						
	Compliant           Y         N	Compliant         N/A           Y         N           Y <td< td=""></td<>				

RQM-82 Infection Prevention Rounds Check April 2015 page 1

PPSAT

RQM-82 Infection Prevention Rounds Check April 2015

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OCT 0 1 2015 HEALTH LIC.

Corrected to B

## S.C. Code Regs. 303.A.1

## RQM-82 Infection Prevention Rounds Checklist Exhibit 38(B)

PPSAT

Topic	Compliant	N/A	Comments
Clean and dirty utility separated		- 1-	
No dirty items stored in clean utility	Y N		
No clean items stored in dirty utility Items not stored under sink	Y N Y N		
Items off floor	YN		
Trash Containment	In the star	E.S.	
Covered and appropriately placed	Y N Y N		
Sharps containers easily accessible Sharps containers not overfilled	Y N Y N		
No white bag trash in biohazard	YN		
No biohazard in white bag trash Trash removed at least daily	Y N Y N		
Refrigerators			
Patient and employee food separated and labeled	Y N	THE SAU	
Food, med, and biologicals separated and labeled	Y N		Contraction of the Property of the
Temps checked daily; 2x for vaccine(s) No outdated items	Y N Y N	Bart Star	
Generally clean	Y N		
Locked if storing medications	YN		
Handwashing facilities	77 101	A Statements	An and the second of the second second second
Easily accessible Scap dispensers filled	Y N Y N		
Antimicrobial hand rinse available	Y N		
Meds			
Multi-dose vials dated when opened (28 day limit)	Y N	ALC: NO	the second strength
Water and saline one time use only No outdated items	Y N Y N	a start	
Items checked for outdates		であった他	
Lab collection tubes	Y N		
Sutures Sterile supplies that are dated, 1st in, 1 <sup>st</sup> out observed	Y N Y N		
the second s	Cardina and State of State of State	CT CONTRACTOR	in the second
Steam Sterilizers	Y N	IT TO THE	an ann an an t-airtean an a bhairtean a sa
Log maintained Biologicals run weekly (daily in SC if autoclave used)	YN		
Verbalizes actions taken if problems	Y N Y N	(B) (F)	
Repeat run If still problem	Y N		
Inform IC?	Y N		
Recall instruments and rerun PPE's available	Y N Y N	a series in the series of	
Infection prevention policies available	Y N Y N		
Written Electronic	Y N		a particular approximation of the
Safety needles available, used consistently, correctly Facility cleaned as per ARMS' Infection Prevention	Y N Y N		
Facility free of dirt, dust, debris			
Name:	Title:		
Center:	Date:		

RQM-82 Infection Prevention Rounds Check April 2015 page 1

PPSAT

RQM-82 Infection Prevention Rounds Check April 2015 page 2

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OCT 0 1 2015 HEALTH LIC.

## S.C. Code Regs. 808.A Paperwork from Office Manager Exhibit 40(A)

C COOK PLUMBING COMPANY: P.O. Box 6317, Columbia, SC 29260 - OFFICE (803) 782-6422 - FAX (803) 333-0827	WORK ORDER/INVOICE NO. 21435 BILLING COD RESIDENTIAL AM SERVICE PM SERVICE COMMERCIAL ESTIMATE WARRANTY
HOME PHONE MOBILE PHONE	Description of Plumbing Concern / Work Proposed:
ADDRESS OF JOB	
TTT: MAPPAGE DITT: STATE 2P CODE	
Description of Wark Performed:	
- St. Electric and here, than	matole to 110°- 114°
- I decide tores of 1 the Real	In at trough where 1120
NO WARRANTY 30 DAYS 90 DAYS 1 YR 2 YR	I have the authority to order the above work for the amount of \$and do so order as out- lined above. It is agreed that the seller will retain title to any equipment or material furnished until final payment is made. The seller shall have the right to remove same and the seller will not be held respon- sible for any damage resulting from the removal thereof.
	Authorized Signature         Date           CARD IMPRINT         If any unforseen problem occurs necessitzing additional charges, tech will notify owner or agent for additional authorization.
	AMOUNT OF COMPLETED WORKS
	I hereby accept the above performed service and charges, as being satisfactory and acknowledge that
EXPIRATION DATE:	the equipment has been left in satisfactory condition. Cook Plumbing accepts no product liability. There is a \$45.00 charge on all returned checks.
TECHNICIANS SIGNATURE:	CUSTOMER SIGNATURE

•

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## S.C. Code Regs. 808.A Water Temperature Log Exhibit 40(B)

#### **PPSAT SC - Water Temperature Log**

Year:

Temperature must be checked and recorded at least once per month. Abnormal readings must be recorded in RED ink. If the temp is out of range, staff should make attempts to correct and recheck. If value does not return to range, notify supervisor. For each date, document the Day in 1<sup>st</sup> column, Temp in 2<sup>nd</sup> and staff initials in 3<sup>rd</sup>.

Staff Lavatory Procedure Room 1 Procedure Room 2

Temp Range: 100-125° F

JAN	F	EB	MA	R	APR	٦	MAY	'	JUN		JUL	A	١UG	5	SEP	(	ост	-	NO/	/	1	DEC	;

Date	Out of Range / Action Taken / Correction Verified	Staff Initials

#### Quarterly Review by HCM:

Site:

Date	Comments	Signature
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#### OCT 0 1 2015

RQM 46 Rev 09/15

HEALTH LIC.

#### **PPSAT SC - Water Temperature Log**

Year:\_\_

PPS/

Site:\_

Date Out of Ra

Temperature must be checked and recorded at least once per month. Abnormal readings must be recorded in RED ink. If the temp is out of range, staff should make attempts to correct and recheck. If value does not return to range, notify supervisor. For each date, document the Time in 1<sup>st</sup> column, Temp in 2<sup>nd</sup> and staff initials in 3<sup>rd</sup>.

Staff Lavatory Procedure Room 1 Procedure Room 2

Temp Range: 100-125° F

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Date	Out of Range / Action Taken / Correction Verified	Staff Initials

**Quarterly Review by HCM:** 

Date	Comments	Signature

### Quarterly Review by HCM:

RQM 46 Rev 09/15

RQM 46 Rev 09/15

## PPSAT SC - Water Temperature Log (make additional copies as needed)

Date	Out of Range / Action Taken / Correction Verified	Staff Initials

#### Quarterly Review by HCM:

Date	Comments	Signature

.

#### **PPSAT SC - Water Temperature Log**

Site:

Year:\_\_\_\_\_

Temperature must be checked and recorded at least once per month. Abnormal readings must be recorded in RED ink. If the temp is out of range, staff should make attempts to correct and recheck. If value does not return to range, notify supervisor. For each date, document the Day in 1<sup>st</sup> column, Temp in 2<sup>nd</sup> and staff initials in 3<sup>rd</sup>.

Staff Lavatory Procedure Room 1 Procedure Room 2

Temp Range: 100-125° F

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Out of Range / Action Taken / Correction Verified	Staff Initials
	Out of Range / Action Taken / Correction Verified

#### **Quarterly Review by HCM:**

Date	Comments	Signature

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I								
	<u>D H E C</u>	SEP 28 2015 PLAN OF CORRECTION						
		BUREAU OF HEALTH FACILITIES LICENSING HEALTH LIC.						
X.	FROMUTE PROTECT PROSPER South Carolina Department of Health and Environmental Control	۲ ایسا√لسا				Columbia, SC, 29201 45-4212     E-mail <u>BHF</u>		
	NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.							
	Inspection Date: 9/1/2015     Today's Date: 9/18/2015     License Prefix: AB     Suffix #: 2							
	Type of Inspection: L01 R	OUTINE						
	Name of Facility/Activity: Planned Parenthood South Atlantic							
	Administrators Certification: By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date. Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233							
			R	ESPONSE TO CIT	ATION	IS		
	9/1/2015 Completion Da Section: 204.A	ite (Actual or H	Expected)					
	Corrective Action: PPSAT was in fact in compliance with Section 204.A. During the on-site inspection, PPSAT staff provided copies of the completed credentialing applications that constitute the application of employment for Staff A and B. These applications contain all of the necessary documentation required by the law. Attached are the redacted credentialing applications and the ARMS Practitioner Applications. Unfortunately, health center administrative staff failed to point out or provide copies of the Staff A and B Employee Health Forms, dated 11/7/09 and 3/16/09, respectively, which forms were in the Staff A and B files while DHEC was on site. Copies of the 2009 Employee Health Forms, which were in the files on site are attached hereto.							
	Furthermore, to supp new Employee Healt	Preventive Action: Human Resources will continue to monitor employee files for completeness. Furthermore, to supplement the existing information in each employee's file, PPSAT has developed a new Employee Health Questionnaire, a copy of which is attached hereto. Staff A and B will complete the new Health Form by 10/2/15. Employees for the health center will complete the new Health Form by 10/15/15.						
	9/19/2015 Completion Date (Actual or Expected) Section: 204.C							
Corrective Action: PPSAT was in fact in compliance with Section 204.C as to Staff B w CPR certification, completed 11/10/14, which is attached. Staff A and C comp certifications on 9/19/15 and 9/17/15 respectively.					completed the CP			
Preventive Action: The health center manager will continue to ensure that staff maintain CPR cent through annual training. The health center manager will also ensure that documentation certification is maintained in staff member's personnel files and will use the PPSAT annual calendar and personnel checklist to monitor compliance. A copy of the annual training can attached. The Director of Human Resources will audit training records annually for compliance.						documentation of CP PPSAT annual trainin ual training calendar		
	1/14/2014 Completion Section: 204.E	Date (Actual o	r Expected	)				
	Corrective Action: PPSA Orientation conducte Physician orientation	d on 1/14/1 n checklist I checklist	4 was ir has be	the central file en revised and	in Rai d upda	leigh for Staff A, E ated. On 9/26/15	entation of Clinical Sta 3 and C. In addition, th 5, the Medical Directo urrent Physician on-sit	

.

Preventive Action: The Medical Director will use the revised Physician on-site orientation checklist for new providers.

9/19/2015 Completion Date (Actual or Expected)

Section: 204.F.1

Corrective Action: Staff A and B completed the annual Infection Prevention training. Staff A and B completed the annual Infection Prevention Training on 9/16/2015 and 9/17/2015 respectively. See attached attestation forms.

Preventive Action: Health Center Manager will ensure that all staff receives initial and annual Infection Prevention Training.

Prevention training per PPSAT annual training calendar, which is attached with materials for Section 204.C. The Director of Human Resources will audit training records annually for compliance.

9/28/2015 Completion Date (Actual or Expected)

Section: 204.F.2

Corrective Action: Staff A, B, and C completed the annual fire protection training/drills on 9/14/2015. The director of facilities and security conducted the Staff training on the fire drill and fire extinguishers on 9/14/15. On 9/22/15, Bengie Leverette, Deputy Fire Marshal City of Columbia, 1612 Bull Street, Columbia SC 29201 conducted the fire extinguisher safety training for the Staff. On 9/22/15. Attached are copies of the training certifications.

Preventive Action: Health Center Manager will ensure that all staff receives initial and annual fire protection training/drills per PPSAT annual training calendar which is attached with materials for Section 204.C. The Director of Human Resources will audit training records annually for compliance. See attachment.

9/17/2015 Completion Date (Actual or Expected) Section: 204.F.3

Corrective Action: Staff C completed annual HIPAA training on 9/17/15. Training attestation is attached. Preventive Action: Health Center Manager will ensure that all staff receives initial and annual HIPAA training per PPSAT annual training calendar. The Director of Human Resources will audit training records annually for compliance. See attached screen shots of the on-line HIPAA training that Staff C completed.

9/28/2015 Completion Date (Actual or Expected)

Section: 204.F.4

Corrective Action: Staff C completed training in licensing regulations on 9/18/2015. See attached attestation.

Preventive Action: Health Center Manager will ensure that all staff receives initial and annual licensing regulation training per PPSAT annual training calendar which is attached with materials for Section 204.C. The Director of Risk and Quality Management will audit training records annually for compliance.

9/15/2015 Completion Date (Actual or Expected)

Section: 204.G.1

Corrective Action: Staff A (signed 6/25/15) and B (signed 9/15/15) had signed job descriptions in the central personnel file in Raleigh. A copy has been placed in the site file in Columbia.

Preventive Action: The Director of Human Resources will ensure that all job descriptions are reviewed and signed annually and a copy will be readily available.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes 🔀 No 🗌

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

#### INSTRUCTIONS: DHEC FORM 0275 PLAN OF CORRECTION BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

#### Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at <u>BHFL@dhec.sc.gov</u> or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

_		RECEIVED					
	DHEC		CORRECTION				
Ţ		BUREAU OF HEALTH	H FACILITIES LICENSING				
Ľ	PROMOTE PROTECT PROSPER South Carolina Department of Health and Environmental Control		r, COLUMBIA, SC, 29201 545-4212 E-MAIL <u>BHFL@dhec.sc.gov</u>				
	NOTICE: Information on the	he audit inspection form will be needed to assist you	u in completing this form.				
	Inspection Date: 9/1/2015	Today's Date: 9/18/2015	License Prefix: AB Suffix #: 2				
	Type of Inspection: L01 ROUTINE						
	Name of Facility/Activity: Planned Parenthood South Atlantic						
	Administrators Certification: System By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.						
	• •	ly Adams E-mail: Emily.adams@ppsat.c	· ·				
	RESPONSE TO CITATIONS						
	9/28/2015 Completion Date (Actual or Expected) Section: 208						
Corrective Action: PPSAT clearly complied with the 60 minute waiting period as to Patients A The time recorded in the patient records reflects that following the completion of the ultra ultrasound image was scanned into the Electronic Health Record ("EHR"). The record also start of the Miso time. For Patient A, the time difference was 62 minutes Patient B – 62 m Patient E – 56 minutes. Furthermore, these times are conservative because they do not additional time that inherently exists in the process at both the ultrasound and proceed Specifically, these times do not include the time required for completion of the ultrasourd results were scanned into the EHR. Following the completion of the ultrasound, the technic the patient and prints the ultrasound image which are then scanned into the EHR. (Attachm describes these steps which takes a minimum of 5 minutes to complete.) Additionally, the not include the time lapse from the start of the Miso administration until the procedu commences.							
	reflects the inherent a	additional time within the process that is					
	the time printed on the erroneous time stamp first week of August be document the 60 mine beginning of each se completion on the "S waiting period on this least 60 minutes after the ultrasound.	the ultrasound image was at least 12 ping. The ultrasound time stamping issue by a staff member. We have implement nute waiting period. Staff will ensure the ession where abortions are provided. S ic Right to Know" form and the physicial is form. All staff have been retrained to be the ultrasound. Procedures will not of	chine was improperly calibrated such that minutes fast. This miscalibration led to ue was identified and was recalibrated the red several new processes to address and ne ultrasound is properly calibrated at the staff will record the time of the ultrasound an will review and attest to the 60 minute o ensure that procedure is delayed for at ccur before 60 minutes has elapsed from				
	reviewed by the clinic minute waiting period Abortion Monthly Cha	<ol> <li>The health center manager will includ art Completion Audit. Copies of the CC m, the attestation of calibration of the ul</li> </ol>	inning to ensure compliance with the 60 le reviewing the CO-14 form in the D-14 form, the Abortion Monthly Chart				

9/28/2015 Completion Date (Actual or Expected)

Section: 301.K

Corrective Action: To our knowledge, PPSAT has never performed a procedure which required the filing of Reports of Fetal Death because PPSAT does not perform abortion procedures past 13.6 weeks of gestation. Thus, filing of Reports of Fetal Death, which are required for situations involving 20 weeks or more of completed gestation are ordinarily not required for the limited types of procedures performed at PPSAT. Nevertheless, in the event that such a case were to present, PPSAT has developed a policy for the registration of reports of fetal death or death certificates. A copy of the policy is attached.

Preventive Action: Staff will receive training on this policy during new staff orientation and annually thereafter. Staff will review and sign off on this policy.

9/18/2015 Completion Date (Actual or Expected)

Section: 303.A.1

Corrective Action: PPSAT previously maintained, separately, an emergency box with medications and a cart that contained various emergency supplies. At the time of inspection, the emergency box contents list was located insider the box and was up to date. In some cases, the physical inventory exceeded the recommended minimum amounts on the list. None of the physical inventory was less than that on the list. To enhance our current process, the emergency cart and box contents have been combined into a single, larger cart. The list has been updated and now also includes the location of the supplies within the cart. The content list is maintained on top of the cart.

The cart has a key lock system to meet security requirements. The keys will be maintained by the Recovery Room nurse and the health center manager. Abortion procedures are prescheduled and the emergency cart keys will be kept by the RN working and stationed in the Recovery Room during procedures. The Recovery Room is in close proximity to the Procedure Room. In the event that the RN is absent from the Recovery Room, the Health Center Manager will also have a second set of keys. The Health Center Manager and Nurse will coordinate their schedules so that when abortion procedures are being performed, one of them will always be available with the key. The keys are kept in the safe prior to opening of clinic. The RN on duty receives the keys from Health Center Manager and keeps then on her person all day. At the end of the day the keys are returned to the Health Center Manager and returned to the safe. The clinical assistant for the physician will retrieve the keys and any medical items ordered by the physician from the emergency cart.

Preventive Action: During the monthly medication expiration audit, the health center manager will ensure that the emergency cart contents match, if not exceed, the contents list of the cart. The health center manager will document that there are no outdated supplies on RQM-82, the Infection-Free Environmental Rounds Checklist, a copy of which is attached. A copy of the emergency cart inventory and a photo of the cart are attached.

9/1/2015 Completion Date (Actual or Expected)

Section: 303.C

Corrective Action: The nursing director immediately, on 8/31/15, disposed of expired medicines per established protocol. Prior to administration all medications are reviewed for expiration. There is no indication any expired medications were used on patients.

Preventive Action: The health center manager will review monthly medicine and supply expirations and will remove any outdated medicines or supplies. This review will be documented on RQM-82, the Infection-Free Environmental Rounds Checklist, a copy of which is attached. The Health Center Manager will document the completion of this survey on the Monthly Health Center Manager RQM-82 Checklist which is reviewed by the Regional Director.

8/27/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: PPSAT was in fact in compliance with Section 304.H regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

9/18/2015 Completion Date (Actual or Expected) Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. PPSAT maintained documentation that included the names of minor's parents, where known. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

9/1/2015 Completion Date (Actual or Expected)

Section: 401.A.12

Corrective Action: A new Electronic Health Record system was implemented in October 2014. Staff immediately revised the electronic documentation to add the field for persons in attendance, if any, during the procedure. Inspectors reported that this solution met requirements.

Preventive Action: Health Center Manager will audit electronic health records to ensure that staff are documenting clinical assistants present, if any, during the abortion procedure. This field will be reviewed as part of the monthly Abortion Chart Completion Audit, a copy of which is attached. The health center manager will complete and document on the Health Center Manager RQM-82 the Infection-Free Environmental Rounds Checklist, a copy of which is attached, that is reviewed by the Regional Director.

10/1/15 Completion Date (Actual or Expected)

Section: 602.B

Corrective Action: Sterile supplies are sealed and stored in a dust proof and moisture free unit. The gloves DHEC found were removed from the cabinet on 8/31/15, the day of the inspection. Cabinets with sterile supplies are clearly labeled.

Preventive Action: Health Center Manager will ensure that sterile and nonsterile supplies are stored separately during the monthly Infection Prevention check and will be documented on RQM-82 the Infection-Free Environmental Rounds Checklist, a copy of which is attached, that is reviewed by the Regional Director. Staff training will be conducted 10/1/15.

8/27/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: PPSAT was in fact in compliance with Section 605.D regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced the reputable waste management company. A copy of the contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that it is in compliance with R.61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be returned to the waste management vendor for correction and/or supplementation. This monthly review will be documented on the Infectious Waste Manifest Checklist.

9/21/2015 Completion Date (Actual or Expected)

Section: 808.A

Corrective Action: Upon discovery of the issue during the inspection, PPSAT contacted the landlord on 9/4/15 requesting that a plumber be sent immediately to reset the water temperature. The landlord sent a plumber who, on 9/21/15 adjusted the water temperature to ensure that no hand washing sinks go above 125 degree Fahrenheit. The water temperature was adjusted to 120 degrees Fahrenheit on the water heater to allow for fluctuation in heating.

Preventive Action: Director of Facilities will measure water temperature during annual site visits and document on the annual site visit audit form to ensure that all hand washing sinks are between 100 and 125 degrees Fahrenheit. The health center manager cause the water temperature to be checked monthly. In the event the water temperature is out of accepted range, the Director of Facilities will ensure the landlord makes the required adjustments to bring water temperature into compliance.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes 🔀 No 🗌

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

#### INSTRUCTIONS: DHEC FORM 0275 PLAN OF CORRECTION BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

#### Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

- 2. Today's Date: Enter the date you are completing this form.
- 3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

- 8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.
- 9. When completed, the form is submitted either by e-mail at <u>BHFL@dhec.sc.gov</u> or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

# PLAN OF CORRECTION

204.A • 204.C • 204.E • 204.F.1 • 204.F.2 • 204.F.3 • 204.F.4 • 204.G.1

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# EXHIBITS FOR 204.A

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EXHIBIT	DESCRIPTION
NO	
1	Revised Employee Health Questionnaire
2	Redacted Staff A Employee Health Form
3	Redacted Staff B Employee Health Form
4	Staff A Redacted Credentials
5	Staff B Redacted Credentials
6	ARMS Practitioner Application

## EXHIBITS FOR 204.C

C

EXHIBIT	DESCRIPTION
NO	
7	Staff A, B, and C CPR Certifications
8	Training Calendar

EXHIBIT	DESCRIPTION
NO	
9	Physician Orientation Checklist ("Clinical Staff
	Orientation")
10	Physician On-Site Orientation Checklist
11	Physician Pre-Service Orientation Checklist

EXHIBIT	DESCRIPTION
NO	
12	Screen shot HIPAA 101: Protecting Patient
	Privacy
13	Screen shot Infection Prevention 1: Blood Borne
	Pathogens
14	Screen shot Infection Prevention 2: Clean and
	Sterile Technique
15	Screen shot Infection Prevention 3: Cleaning,
	Disinfection and Sterlization
16	Staff A Training Documentation
17	Staff B Training Documentation
18	Staff C Training Documentation

(

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EXHIBIT	DESCRIPTION
NO	
19	September 14, 2015 Fire Drill Report and
	September 22, 2015 Fire Extinguisher and Safety
	Report

(

EXHIBIT	DESCRIPTION
NO	
20	Staff A Redacted Training Documentation
21	Staff B Redacted Training Documentation
22	Staff C Redacted Training Documentation

EXHIBIT	DESCRIPTION
NO	
23	Staff A Redacted Training Documentation
24	Staff B Redacted Training Documentation
25	Staff C Redacted Training Documentation

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EXHIBIT	DESCRIPTION
NO	
26	Staff A Redacted Job Description
27	Staff B Redacted Job Description

#### PLAN OF CORRECTION

208 • 301.K • 303.A.1 • 303.C • 304.H •
 401.A.1 • 401.A.12 • 602.B • 605.D •
 808.A

# **EXHIBITS FOR 208**

(

EXHIBIT	DESCRIPTION
NO	
28	September 25, 2015 Attestation of
	HCA and executed Training of Form
	Updates of Employees.
29	Photograph of calibration
30	Training of Form Updates, Abortion Regulations
	and Infectious Waste with attached Form CO-14

### EXHIBITS FOR 301.K

### NO ATTACHMENTS

# EXHIBITS FOR 303.A.1

(

EXHIBIT	DESCRIPTION
NO	
31	Monthly Emergency Box Inventory for Centers
	Providing Surgical Services
32	Photographs of Cart (2)
33	Infection Prevention Monthly Checklist, RQM
	Form 82 (HCM Monthly RQM Checklist)

### EXHIBITS FOR 303.C

### NO ATTACHMENTS

# EXHIBITS FOR 304.H

C

EXHIBIT	DESCRIPTION
NO	
34	Revised Manifests
	<ul> <li>Manifest MDAU0085W3 dated 10/17/14</li> </ul>
	<ul> <li>Manifest MDAU00870V dated 10/31/2014</li> </ul>
	<ul> <li>Manifest MDAU0089T5 dated 12/5/2014</li> </ul>
	<ul> <li>Manifest MDAU008ADF dated 10/12/2014</li> </ul>
35	8/27/2015 Advanced Environmental Options, Inc.
	Agreement

# EXHIBITS FOR 401.A.1

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EXHIBIT	DESCRIPTION
NO	
36	South Carolina Minor Demographic Face Sheet
37	Series of redacted Birth Certificates

# EXHIBITS FOR 401.A.12

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EXHIBIT	DESCRIPTION
NO	
38	EHR SC Abortion Chart Completeness Audit
	Tool

### EXHIBITS FOR 602.B

### NO ATTACHMENTS

# EXHIBITS FOR 605.D

EXHIBIT	DESCRIPTION
NO	
39	Revised Manifests
	<ul> <li>Manifest MDAU0085W3 dated 10/17/14</li> </ul>
	<ul> <li>Manifest MDAU00870V dated 10/31/2014</li> </ul>
	<ul> <li>Manifest MDAU0089T5 dated 12/5/2014</li> </ul>
	<ul> <li>Manifest MDAU008ADF dated 10/12/2014</li> </ul>
40	8/27/2015 Advanced Environmental Options, Inc.
	Agreement

### EXHIBITS FOR 808.A

#### NO ATTACHMENTS

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COLUMBIA 1226289v1



	EXHIBIT	
tabbles'	1	
-		

Planned Parenthood South Atlantic

#### **EMPLOYEE HEALTH QUESTIONNAIRE**

All employees, contractors, and volunteers whose functions require or necessitate contact with patients shall complete a health questionnaire.

Employee Name:	Date:
Title:	
1. Do you have an	y serious health problems or illnesses that may be contagious to others around you
NO YES	If yes, please provide details below or you may ask to speak to HR.
2. Do you have an	y limitations on your ability to perform the work described in your job description?
🗌 NO 📋 YES	If yes, please provide details below or you may ask to speak to HR.
3. Do vou have an	y health conditions that would create a hazard to clients or other staff?
	If yes, please provide details below or you may ask to speak to HR.
I declare that the	above information is true and correct to the best of my knowledge.
Employee Signatu	re: Date:

Redacted Staff A Employee	Health Form
Planned Parenthood Health Systems, Inc.	Health care that respects and protects your personal choices TH FORM Administrative Services 100 South Boylan Avenu Raleigh, NC 27603 Phone: 919.833.7534 Fax: 919.833.0730
EMPLOYEE HEALT	<b>FORM</b> Fax: 919.833.0730
NAME	DATE 11109
GENERAL MEDICAL/SURGICAL HISTORY	
SIGNIFICANT FAMILY HISTORY	
CURRENT MEDICATIONS	
ALLERGIES	
SOURCE OF MEDICAL CARE	
DATE OF LAST PHYSICAL EXAM	m-
IMMUNIZATIONS/VACCINATIONS         TB: TINE       or PPD         RESULT       CHEST X-RAY	DATE //
RUBELLA IMMUNITY STATUS	<i>H</i>
TETANUS TOXOID—YEAR RECEIVED	20099
HEPATITIS VACCINE 200 5	
EMERGENCY CONTACT Name Address Phone Numbers	
PPHS 11/04	EXHIBIT
	naboles

are that and protects onal choices TE_3-16	Administrative Services         100 South Boylan Ave         Raleigh, NC 27603         Phone: 919.833.7534         Fax: 919.833.0730         • O9
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#### Verified Profile

File Status:		
File Issue Reason	File Review Reason	
None	None	

Practitioner Name:		Practitioner Type: M		MD	
Social Security No.:		Date of Birth:			
Specialty Ranking:		Board Certified:			
1. Obstetrics & Gynecology		Yes		and the second second second second	
Office		Ser Maria Series and Series			
Office Address:	Planned Parenthood Health Systems 2712 Middleburg Drive, Suite 107 Columbia, SC 29204	Office Phone: 803-2 Office Fax:		803-256-4908	
license			2. 14 11		
License:		State:	SC		
Issue Date:	04/29/1978	Expiration Date: 06/30/201 Adverse Action: None Source Date 07/03/201		/2013	
Status:	ACTIVE				
Verified By:	State Board			/2012	
Verifier:	bcheng	Verification	07/07	(2012	
Comments:	None	Date:	10//03		
DEA					
DEA Number:		Status:			
Schedule:					
Limits/Restrictions?	None	Expiration Date:		07/31/2013	
Verified By:	NTIS Website	Source Date: 05/		05/08/2012	
Verifier:	SYSTEM				
Comments:		Verification Date:		05/09/2012	
Malpractice Carrier				April - American and a second	
Malpractice Carrier:	National Union Fire Insurance Co Planned Parenthood	Policy Number:			
Original Effective Date:	10/1976	Coverage Expiration		01-01-2013	
Per Claim Amount:	1,000,000	Date:			
Exclusions:	None	Aggregate Amou	nt:	ballen all a start	
Verified By:	Malpractice Face Sheet	Source Date:		01/03/2012	
Verifier:	thozumi				
Comments:	None	Verification Date	:	06/29/2012	
EPLS Exclusions					
Search Results:	No Match			06/30/2012	
Finding:	None	Source Date:			
Verified By:	EPLS				
Verifier:	SYSTEM	Verification Date		06/30/2012	
Comments:	None	Vernication Dates			
Board Certification					
<b>Board Certification:</b>	Obstetrics & Gynecology	Board Status:		Certified	
Initial Certification Date:	11/05/1976	Expiration Date:		Does Not Expl	
Verified By:	Certifacts	Source Date:		07/02/2012	
Verifier:	ebaldonado				
Comments:	None	Verification Date	:	07/02/2012	

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**STAFF A Redacted Credentials** 

	EXHIBIT	
tabbies'	11	
tab	9	_

#### ABMS<sup>®</sup> Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

#### New Search | Search Results | Feedback | Save Physician | Print

(ABMSUID - )	Viewed:7/2/2012 3:42:24 PM CST
DOB:	
Status: Alive	
Certification	
American Board of Obstetrics & Gynecology	
Obstetrics & Gynecology - General	Status: Certified
Active Lifetime Initial Certification	11/05/1976 -
Education	
1970 MD (Doctor of Medicine)	
Location	
, SC (United States)	
ABMS TO THE ADDRESS OF THE	ABMS Direct Connect

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

The information as presented by this service is approved for business use and is valid to meet the primary source verification requirements for credentialing as set by JCAHO, NCQA, URAC and other accrediting agencies.

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National Yestinical Information Service

Current Date: 5/9/2012

Data File Release Date: 05/08/2012

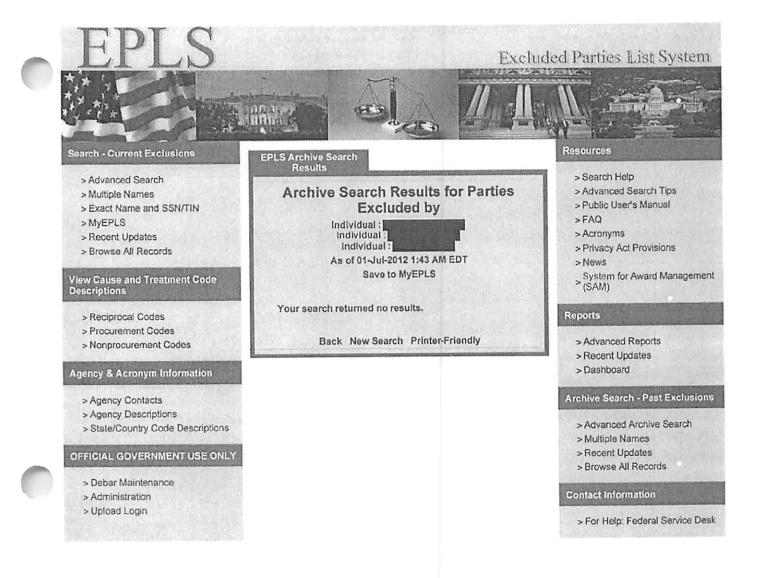
Drug Enforcement Administration (DEA) Datafiles -Both

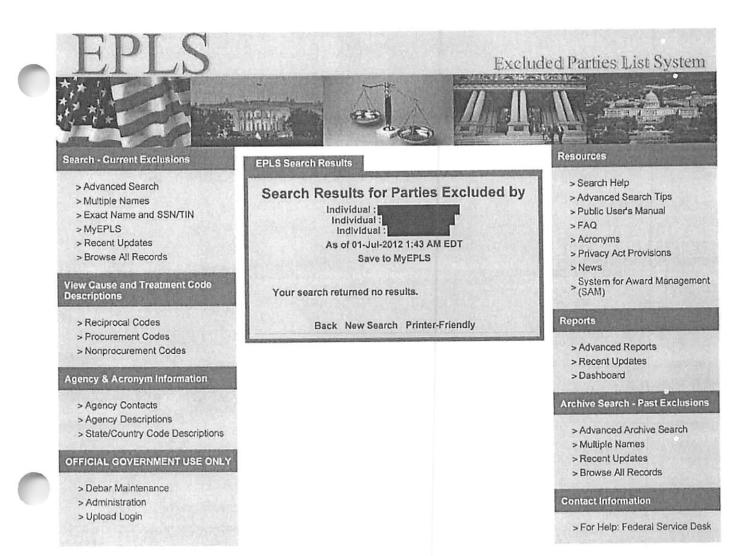
**Registrant Profile** 

for

	MD
Address:	PLANNED PARENTHOOD OF COLUMBIA COLUMBIA
State / Zip:	SC 29204
DEA Number:	
Business Activity Code:	С
Business Activity Sub Code:	0
Drug Schedule:	22N 33N 4 5
Expiration Date:	7/31/2013
Payment Indicator:	Р

Print





#### INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPCs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" imm. diately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the collowing: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any cusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice . aedicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board , or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Jate;



3-13-11

Medversant Technologies 3/2008

Page 7 of 7

CONFIDENTIAL/PROPRIETARY

arms Bicanis our mission is

#### **Practitioner Reapplication**

	me here), herein, "this Affiliate".				
I. INSTRUCTIONS:	and the second state of th				
This form should be typed or legibly printed in black or blue ink. If r and reference the question being answered, Please do not use abbreviation	nore space is needed than provided	on original, attach additional sheets			
documents must be submitted with this application:	is when completing all appreaded	a Guirent copies of the fononing			
<ul> <li>Face Sheet of Professional Liability Policy or Certification</li> </ul>					
Descrition on Dislates Devices Yafamentian					
Practitioner Right to Review Information This is to advise you of your right to review information obtained in supp	ort of your credentialing or recred	entialing application, provided the			
information does not apply to peer review references or recommendation	s or other information that is peer r	eview protected. You will be notified of			
any substantial discrepancy between the information you submitted and the opportunity to review and/or correct information submitted with your approximation submitted with your		mary source(s), and will be given an			
opportantly to review and/or context into mation submitted with your app	Alcanon.				
II. IDENTIFYING INFORMATION	$\sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{i=1}^{N} \sum_{i=1}^{N} \sum_{i=1}^{N} \sum_{i$				
Last Name:	First:	Middle:			
Is there any other name under which you have been known? Name(s):					
NO					
Home Mailing Address:	City:				
	State: 5.6.	ZIP:			
Home Telephone Number:	E-Mail Address:				
Home Fax Number: 10	Enged Number:				
Citizenship (If not a United States citizen, please include copy of Alien R	egistration Card). USA				
Specialty: OB-G-YN					
SubSpecialty;					
III. PRACTICE INFORMATION - WITHIN LAST THREE YEARS	. If nothing has changed, please	check here. 🕅			
Affiliate Name anne de centros di teatte	Department Name (If Hospital Ba	ased):			
	city: Columbig	(			
ON 3. Middleburg Dr. #107	State: SC	ZIP: 221304			
Telephone Number: 803-2510-4908	Fax Number:				
CEO (Print Name):					
	Walter Klausmarer Fax Number:				
Name Affiliated with Tax ID Number 20-128 8357	Federal Tax ID Number:				
Practice Name (if applicable):	Department Name (If Hospital Ba	ised):			
Secondary Office Street Address:	City:				
	State:	ZIP:			

EO (Print Namo):		Telephone Number: Fax Number:			
Name Affiliated with Tax ID Number:		Federal Tax ID Number:			
Other Medical Interests in Practice,	Research, etc.:	]			
understand that if the Medversant of Verification Program booklet as ne Medversant report to the National result in denial of insurance covera	report I receive contains any infor- ceding further review, it is my resp Insurance program for considerati age for this clinician.	consibility to forward this application	e Program has outlined in the Credential on within ten (10) days of receipt of the anel (MLAP). Failure to do so could		
Affiliate Chief Executive (Name P	rinter):				
Affiliate Chief Executive Signature		Signature Date:			
Attach additional sheets if necess	ary. Reference this section num	ARS. If nothing has changed, pleas ber and title.) Its (indicate whether clinical or acade			
completed within the last three year ttended, whether or not completed.	s in chronological order, giving na	ame, address, city and ZIP code, and	dates. Include all programs you have		
nstitution:		Program Director:			
failing Address:		City:			
ype of Training (eg. residency, tc.):	Specialty:	State:	ZIP:		
		From: (mm/yy)	To: (mm/yy)		
nclude certifications by board(s) w	which are duly organized and recog	gnized by:	and a second sec		
a member board of the Americ	an Board of Medical Specialties				
a member board of the Americ	an Osteopathic Association				
a board or association with equ	ivalent requirements approved by	the Medical Board of California			
a board or association with a ostgraduate training that provides	in Accreditation Council for Gra complete training in that specialty	aduate Medical Education of Amer v or subspecialty	rican Osteopathic Association appro-		
ame of Issuing Board:	Specialty:	Date Certified/Recertified:	Expiration Date (if any):		
ave you applied for board certifica so, list board(s) and date(s):		f eligibility for certification on separ			
not certified, describe your intent i	• • •		STUTIONE WISADIS		
not certified, describe your intent i I. OTHER CERTIFICATIONS ( nothing has changed, please che	(E.G. FLUOROSCOPY, RADIO				
not certified, describe your intent I. OTHER CERTIFICATIONS ( nothing has changed, please che ype:	(E.G. FLUOROSCOPY, RADIC ck here, [ 🤇	Number:	Expiration Date:		
not certified, describe your intent i 1. OTHER CERTIFICATIONS ( nothing has changed, please che ype: II. LICENSURE/REGISTRATIO	(E.G. FLUOROSCOPY, RADIC ck here, [ 🤇	Number: of documents.)	Expiration Date:		
	(E.G. FLUOROSCOPY, RADIC ck here, [ 🤇 ON (Remember to attach copies	Number:			

Medversant Technologies 3/2008

Page 2 of 7

'ontrolled Dangerous Substances Certificate (CDS) (if applicable):			Expiration Date:		
J Medicare UPIN/National Physician	Identifier (NPI):		Medicaid Number:		
VIII. ALL OTHER STATE MEDICAL LICENSES					
State: NONE F	ACTIVS	License Number:	Expiration Date:		
TX. PRODESSIONAL LIABLET	YINSURANCE CARRIER (other	than Planned Parenthood Natio	mal Insurance Program)		
Name of Carrier: MONZ	Policy#:	From: (mm/yy)	To: (mm/yy)		
Mailing Address:	J	City:			
		State:	ZIP:		
Per Claim Amount:	Aggregate Amount:	Expiration Date:			
List all professional liability carrie carrier listed above	ers within the past seven years, othe	er than the Planned Parenthood	National Insurance Program or		
Name of Carrier:	Policy#:	From: (mm/yy)	To: (mm/yy)		
Mailing Address:	1	City:			
		State:	ZIP:		
X. CURRENT HOSPITAL AND	OTHER INSTITUTIONAL AFFIL	TATIONS			
Please list in reverse chronological of	order (with the current affiliation {s} f	irst) all institutions where you have	ve current affiliations (A) and have had		
previous hospital privileges (B) duri	ing the past two years. This includes h	ospitals, surgery centers, instituti	ions, corporations, military assignments,		
	0 N Z Attach additional sheets if necessar;	. Deference this section much	y and (ittle)		
		the second se	r and itte.		
Name, Mailing Address and Phone I Hospital:	Number of Primary Admitting	City:	ZIP:		
	-1	State:			
Department/Status (active, provision		Appointment Date:			
Name, Mailing Address and Phone 1 ospital/Institution:	Number of Other	City:	1210.		
		State:			
Department/Status:	OUTTON THOMSON AND A DESCRIPTION	Appointment Date:	VEADO		
and the second	OTHER INSTITUTION AFFILIA		I LAKO		
Name, Mailing Address and Phone I Hospital/Institution:	Number of Other	City:	210.		
		State:	ZIP:		
From: (mm/yy)	To: (mm/yy)	Reason for Leaving:			
If you do not have hospital privilege	s, please explain.				
XI. PEER REFERENCES			en Manya andara ana ana ana ana ana		
	referably from your specialty area no	including relatives, current narts	ters or associates in practice.		
List three professional references, preferably from your specialty area, not including relatives, current partners or associates in practice,					
NOTE: References must be from individuals who are directly familiar with your work, either via direct clinical observation or through close					
working relations.	10 11	Palasha Martin			
Name of Reference:	Specialty:	Telephone Number: Fax Number:			
Mailing Address:		City:	•		
		State:	ZIP:		
	N LAST THREE YEARS. If nothin				
Chronologically list all work history activities since completion of postgraduate training (use extra sheets if necessary). This information must be complete. Please explain any gaps in professional work history on a separate page.					
Name of Practice /Employer: Contact Name: Telephone Number:					
		Fax Number:			
	L	L			

Mailing Address:		City:	City:	
		Stato:	ZIP:	
From: (mm/yy)	To: (mm/yy)			

#### III. ATTESTATION QUESTIONS

Please answer the following questions "yes" or "no." If your answer to questions A through K is "yes," or if your answer to L is "no," please provide full details on separate sheet.

A. Has your license to practice medicine in any jurisdiction, your Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions,

or have you been fined or received a letter of reprimand or is such action pending? Yes O No 🕅

B. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or

any public program, or is any such action pending? Yes C No 🕅

C. Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g. hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with public programs), medical society, professional association, medical school faculty position or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not

renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending? Yes O No 🕅

D. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such

action pending? Yes O No 🕅

B. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any

.ternship, residency, fellowship, preceptorship, or other clinical education program? Yes () No 🕅

F. Has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked,

denied, reduced, limited, subjected to probationary conditions, or not renewed, or is any such action pending? Yes O No 🕏

G. Have you been denied certification/recertification by a specialty board, or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)? Yes  $\bigcirc$  No  $\bigotimes$ 

H. Have you ever been convicted of any crime (other than a minor traffic violation)? Yes () No K

I. Do you presently use any drugs illegally? Yes () No 🕺

J. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases,

or are there any filed and served professional liability lawsuits/arbitrations against you pending? Yes 🔿 No 🕅

K. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice

of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures? Yes 🔿 No 🗖

L. Are you able to perform all the services required by your agreement with, or the professional staff bylaws of, the Healthcare Organization to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance and without

posing a direct threat to the safety of patients? Yes 🛠 No 🔿

I hereby affirm that the information submitted in this Section XIII, Attestation Questions, and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omissions or misrepresentations may

sult in denial of my application or termination of my privileges, employment or physician participation agreement.

5-13-12 Date: Physician Signature: (Stamped Signature Is Not Acceptable)

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Page 6 of 7

#### INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any cusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice ...dedicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board , or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signature:

3-13-11,

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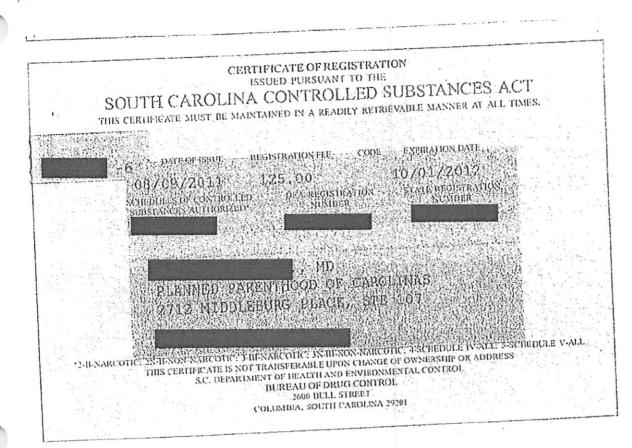
Page 7 of 7

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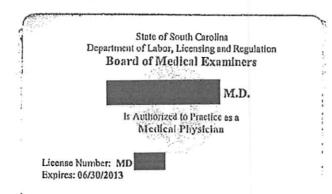
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DEAREGISTR	ATION THIS REGISTRATION A EXPIRES P	0	CONTROLLED SUBJIANCE REGISTRATION CONTROLATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADURNSTRATION WASHKROTON, D.D. 20537
SCHEDUR 68	BUSHESS ACTIMITY	DATE ISSUED	
2,2N,3 3N,4,5	PRACTITIONER	08-09-2010	
	AD PARENTHOOD OF COLUMBIA A, 8C 20204		Sactions 304 and 1009 (21 U.S.C. 824 and 855) of the Controlled Substances Act of 1970, as amonded, provide that the Allemay General may revoke or cuspend a registration to manufacturer, distribute, disponse, import or expert a controlled substance.
			This certificate is not transferable on change of ownership, control, location, or business astivity, and is not valid after the expiration date.

	UNITED ST DRUG EN	BSTANCE REGISTRATION ATES DEPARTMENT OF JI FORCEMENT ADMINISTRA ASHINGTON, D.C, 20537	USTICE
DEARECISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE	
	07-31-2013	\$551	
SCHEDULES	OUSINESS ACTIVITY	DATE ISSUED	
2,2N,3 PRACT 3N,4,6	ntioner	08-09-2010	
Planned Parenti Columbia, BC 292	AID 100D of Columbia 04		Sectors 304 and 1008 (21 U.S.C, 824 and 958) of the Controlled Dubstances Act of 1970, as smooted, provide that the Alterney General may, revoke or suspend registration to manufacture, distribute, dispense, import o export a controlled substance.
THISCERTIFICATE	IS NOT TRANSFERABLE O	N CHANGE OF OWNERSH	ip, control, location, business activity, or valid



DHEC 1178 (07/2000)



South Carolina Board of Medical Examiners Website Verification						
Name:	Profession: MD	Office Phone:				
Basis: NB 71	School: JEF	Graduation: 01/01/1970				
License No:	Date Issued:	Expiration: 06/30/2013				
Specialty: <u>OBG*</u>						
Primary Source Verification of Graduation Certified						
Hospital Affiliation (s): None						
Credential Status: Active No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.						

License History: Temporary License Number:

Verification disclaimer

https://verify.llronline.com/LicLookup/Med/Med2.aspx?LicNum=8667&cdi=350

Å			_	ATE OF LIA				NCE 01/00	(HIM/DO/YYYY) 1/2012
	HIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VELY URAN	' OR NCE IE CI	NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	Exten Te a c	ID OR ALTE	ER THE CON SETWEEN T	VERAGE AFFORDED BY THI HE ISSUING INSURER(S), AI	e policies Uthorized
	IMPORTANT: If the certificate holder the terms and conditions of the policy, certificate holder in lieu of such endors	certa	ıln p	olicies may require an en	policy(i idorsen	ee) must be nent. A stat	endorsed. ement on th	If SUBROGATION IS WAIVED Is certificate does not confer i	, subject to rights to the
PR	ODUCER Marsh USA, Inc.				CONTAC NAME: PHONE			FAX (A/C, No);	
	1166 Avenue of the Americas New York, NY 10036				E-MAIL ADDRES	S:		DING COVERAGE	NAIC #
	SURED				INSURE	N/A			N/A N/A
	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.				INSURE	RC: National Ur	tion Fire Ins. Co.	of Pittsburgh, PA	19445
	434 WEST 33RD STREET NEW YORK, NY 10001				INSURE				
L					INSURE	R F :			
	THIS IS TO CERTIEV THAT THE POLICIES	OF	NSH	NUMBER:	VE BEEL	005763693-14 N ISSUED TO	THE INSURE	REVISION NUMBER:	LICY PERIOD
	INDICATED. NOTWITHSTANDING ANY RE	EQUIR		NT, TERM OR CONDITION THE INSURANCE AFFORD	of any Ed by '	CONTRACT	or other i S describei	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
INS	EXCLUSIONS AND CONDITIONS OF SUCH	POLIC	SUBA	POLICY NUMBER	BEEN F	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/00/YYYY)	LIMITS	
	GENERAL LIABILITY							EACH OCCURRENCE S DAMAGE TO RENTED	
	COMMERCIAL GENERAL LIABILITY							PREMISES (En occurrence) \$ MED EXP (Any one person) \$	
								PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
	POLICY PRO- LOC							\$	
								COMBINED SINGLE LIMIT (En accident) \$ BODILY INJURY (Per person) \$	
	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Por accident) \$	
	HIRED AUTOS							PROPERTY DAMAGE \$ (Per proident) \$	
-	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AOGREGATE \$	
⊢	DED RETENTION \$			ļ				WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY	N/A						E.L. EACH ACCIDENT \$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (I yog, describe under	<b>"</b>						E.L. DISEASE - EA EMPLOYEE \$	
	II yos, doscribe under DESCRIPTION OF OPERATIONS below MEDICAL PROFESSIONAL			6793286		01/01/2012	01/01/2013	E.L. DISEASE - POLICY LIMIT \$	
	CLAIMS-MADE COVERAGE			Program Retro: 11/1/76				AGGREGATE	
DI	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	Attach	ACCRD 101, Additional Remarks	Schodulo	, ll more space l	l Brequired)	I	
ALI	. CLINICIANS EMPLOYED BY PLANNED PARENTHO	OD FE	DERAT	TION OF AMERICA AND/OR ITS A	FFILIATES	S ARE COVERED	UNDER THE PO	XLICY.	
	ERTIFICATE HOLDER				CANO	ELLATION			
	MEDSERVANT TECHNOLOGIES 350 SOUTH GRAND AVENUE 3070 LOS ANGELES, CA 90071				THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D CY PROVISIONS.	lled Before Elivered in
(	<b>N</b>					RIZED REPRESI ih USA Inc.	ENTATIVE		
	1					an Victorino		Christian Villain	
_						© 19	88-2010 AC	ORD CORPORATION. All ri	ghts reserved.

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# Verified Profile

File Status:				
File Issue Reason	File Review Reason			
None	None			

Practitioner Name:		Practitioner Type:		MD		
Social Security No.:		Date of Birth:				
Specialty Ranking:		Board Certified:				
1. Family Medicine		Yes				
Office			THE PA	Contraction of the		
Office Address:	Planned Parenthood Health Systems	Office Phone:	803-256-4908			
	2712 Middleburg Drive, Suite 107					
	Columbia, SC 29204	Office Fax:				
icense						
License:		State:	SC			
Issue Date:	02/26/2008	Expiration Date:	/2013			
Status:	ACTIVE	Adverse Action:	None			
Verified By:	State Board	Source Date	07/16	/2012		
Verifier:	jlevy	Verification	07/16	/2012		
Comments:	None	Date: 07/16/		2012		
DEA		The second se	-	1		
DEA Number:		Status:				
Schedule:	2 2N 3 3N 4 5	Evaluation Date:		00/20/2012		
Limits/Restrictions?	None	Expiration Date:		09/30/2013		
Verified By:	NTIS Website	Source Date:		07/05/2012		
Verifier:	SYSTEM	Verification Date:		07/11/2012		
Comments:		verification Date	51	07/11/2012		
Aalpractice Carrier		provide a la l				
Malpractice Carrier:	National Union Fire Insurance Co Planner Parenthood	l'oney number	-			
Original Effective Date:	11/1976	Coverage Expiration Date:		01-01-2013		
Per Claim Amount:	1,000,000	Dates				
Exclusions:	None	Aggregate Amou	int:			
Verified By:	Malpractice Face Sheet	Source Date:		12/28/2011		
Verifier:	thozumi	Ma lelanda a Data				
Comments:	None	Verification Date	;	06/29/2012		
EPLS Exclusions	1	-B.				
Search Results:	No Match	Source Date:		07/15/2012		
Finding:	None	Source Date:		07/13/2012		
Verified By:	EPLS					
Verifier:	SYSTEM	Verification Date	e:	07/15/2012		
Comments:	None			1		
Board Certification	1	- H		1		
Board Certification:	Family Medicine	Board Status:		Certified		
Initial Certification Date:	07/14/2010	Expiration Date:		12/31/2017		
Verified By:	Certifacts	Source Date:		07/02/2012		
Verifier:	ebaldonado	Verification Date				
Comments:	None	Verification Date		07/02/2012		
Facility		1	10-10-C-02-			
Facility:	Spartanburg Regional Medical Center	Department:		Family Medicine		
Appointment Date:	6/2010	Privileges:		Active		
In Good Standing?	Yes	Expiration Date:		12/15/2013		
Verified By:	Facility	Source Date:		07/10/2012		
Verifier:	hchung	Verification Date				
Comments:	None	verification Date	ai	07/16/2012		

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EXHIBIT tabbles'

STAFF B Redacted Credentials

## ABMS<sup>®</sup> Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

## New Search | Search Results | Feedback | Save Physician | Print

	(ABMSUID -	)	Viewed:7/2/2012 3:46:42 PM CST
DOB:	private		
Status:	Alive		
Certificat	ion		
American	Board of Family Medicin	θ	
Family M	edicine - General		Status: Certified
Active	Time-Limited	Initial Certification	07/14/2010 - 12/31/2017
	Board of Family Medicin Tr more Information <u>click I</u>		
	r more Information <u>click I</u>		
Yes (Fo	r more Information <u>click I</u>		
Yes (Fo	n more Information <u>click I</u> n D (Doctor of Medicine)		
Yes (Fo Educatio 2006 MD	n more Information <u>click I</u> n D (Doctor of Medicine)		

ETHICS - HONOR . SKILL

It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

The information as presented by this service is approved for business use and is valid to meet the primary source verification requirements for credentialing as set by JCAHO, NCQA, URAC and other accrediting agencies.

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National Technical Information Borvice

Current Date: 7/11/2012

## Data File Release Date: 07/05/2012

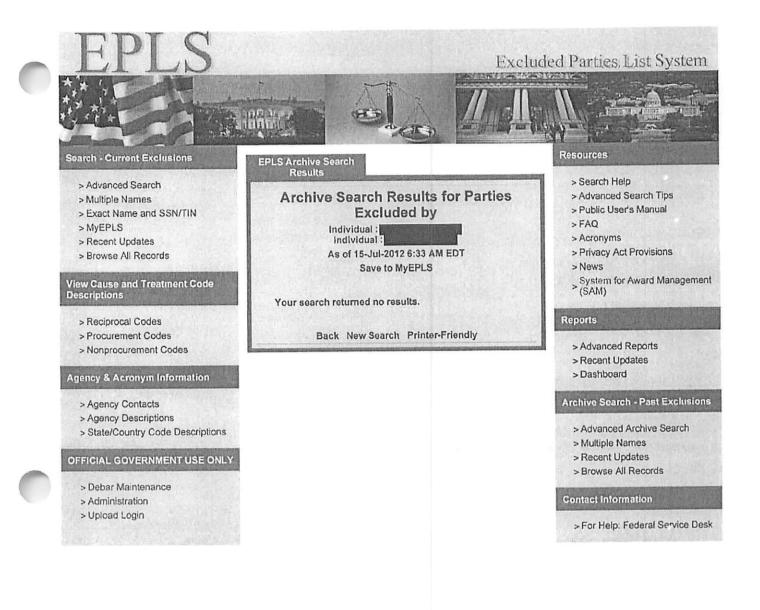
# Drug Enforcement Administration (DEA) Datafiles -Both

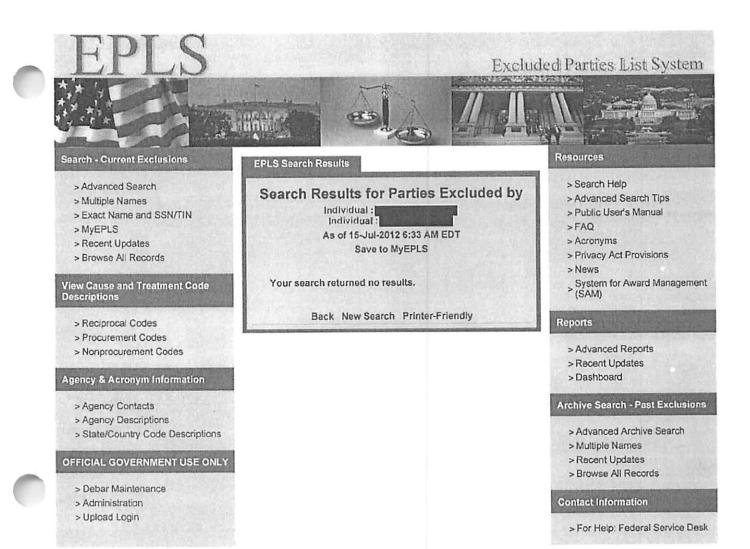
**Registrant Profile** 

for

	MD
Address:	REGIONAL WOUND HEALING CENTER 101 EAST WOOD ST SUITE 710 SPARTANBURG
State / Zip:	SC 29303
DEA Number:	
Business Activity Code:	С
Business Activity Sub Code:	0
Drug Schedule:	22N 33N 4 5
Expiration Date:	9/30/2013
Payment Indicator:	Р

Print





### INFORMATION RELEASE/ACKNOWLEDGMENTS

thereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any

cusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice edicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board, or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signature:

Date: 5-23-12

Spartanburg Regional Healthcare System
101 E. Wood St.
Suite 701
Spartanburg, SC 29303

Name:	Profession: MD	Office Phone:
Basis: US 2007	School: GA	Graduation:
License No:	Date Issued:	Expiration: 06/30/2013
Specialty: FP		

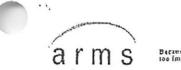
Primary Source Verification of Graduation Certified

Hospital Affiliation (s): SPARTANBURG REGIONAL MEDICAL CENTER SPARTANBURG HOSP FOR RESTORATIVE CARE

Credential Status: Active No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

License History: No other licenses on record.

Verification disclaimer



Berinse our taleston is too important to risk CONFIDENTIAL/PROPRIE FARY

# **Practitioner Reapplication**

	me here), herein, "this Affiliate".	
LINSTRUCTIONS:		
This form should be typed or legibly printed in black or blue ink. If n	nore space is needed than provided or	original, attach additional sheets
and reference the question being answered. Please do not use abbreviation documents must be submitted with this application:	is when completing the application. C	Current copies of the following
tocuments must be submitted with this application.		
Face Sheet of Professional Liability Policy or Certification		
Practitioner Right to Review Information		
This is to advise you of your right to review information obtained in supp	ort of your credentialing or recredent	aling application, provided the
information does not apply to peer review references or recommendations any substantial discrepancy between the information you submitted and the	a information verified through prima	ry source(s), and will be given an
opportunity to review and/or correct information submitted with your app	lication.	
II. IDENTIFYING INFORMATION		
Last Name:	First:	Middle:
Is there any other name under which you have been known? Name(s):		,
Home Mailing Address:	City:	
	State: SC	ZIP:
Home Telephone Number:	E-Mail Address:	•
Home Fax Number:	Pager Number:	and the second
Citizenship (If not a United States citizen, please include copy of Allen R	egistration Card). USA	
Specialty: Family Medicine		
SubSpecialty:		
III. PRACTICE INFORMATION - WITHIN LAST THREE YEARS	. If nothing has changed, please ch	eek here. 🔯
Affiliate Name: Panel Parer Athoxa Health	Department Name (If Hospital Base	:d):
Primary Office Street Address:	Sity: (aumbig	
ans Middeburg Dr. #107	State: SC	ZID: 969904
Telephone Number: 803-250-4908	Fax Number:	
CEO (Print Name):	Telephone Number:	
WatterKlausmeier	Fax Number:	
Name Affiliated with Tax ID Number 50-128 2551	Federal Tax ID Number:	
Practice Name (if applicable):	Department Name (If Hospital Base	ed):
Secondary Office Street Address:	City:	
	State:	ZIP:

Medversant Technologies 3/2008

Page 1 of 7

'EO (Print Name):	Telephone Number:	
	Fax Number:	
Name Affiliated with Tax ID Number:	Federal Tax ID Number:	
Other Medical Interests in Practice, Research, etc.:	I	
I have reviewed the attached clinician application and am hereby submitt understand that if the Medversant report I receive contains any informati Verification Program booklet as needing further review, it is my respons Medversant report to the National Insurance program for consideration b result in denial of insurance coverage for this clinician. Affiliate Chief Executive (Name Printer):	on which the National Insurance Prog ibility to forward this application with	gram has outlined in the Credential hin ten (10) days of receipt of the
Affiliate Chief Executive Signature:	Signature Date:	
IV. RESIDENCIES/FELLOWSHIPS - WITHIN LAST three VEARS (Attach additional sheets if necessary, Reference this section number Include residencies, fellowships, preceptorships, teaching appointments (i completed within the last three years in chronological order, giving name, attended, whether or not completed.	and fifle.) ndicate whether clinical or academic)	), and postgraduate education
Institution: Spartanburg Regional Healthcar	P Grand Dimotor:	
Mailing Address: [0] E. Wood St.	city: Spartanbud	0
Type of Training (eg. residency, Specialty:	State: SC	ZIP: 29302,
erc.): Residency Family Medicine	From: (mm/yy) 7 07	To: (mm/yy) 4 10
Did you successfully complete the program? K Yes O No (If "No", plea	se explain on separate sheet.)	1
BOARD CERTIFICATION - WITHIN LAST THREE YEARS. IF	nothing has changed, please check	here. 🔲
Include certifications by board(s) which are duly organized and recognize	ed by:	
a member board of the American Board of Medical Specialties		
a member board of the American Osteopathic Association		
a board or association with equivalent requirements approved by the	Medical Board of California	
a board or association with an Accreditation Council for Gradua postgraduate training that provides complete training in that specialty or a	subspecialty	Osteopathic Association approved
National Spectrucity Medicine	Date Certified Recortfied:	Expiration 200 (11 344);
Have you applied for board certification other than those indicated above? If so, list board(s) and date(s): If not certified, describe your intent for certification, if any, and date of eli		sheet.
VI. OTHER CERTIFICATIONS (E.G. FLUOROSCOPY, RADIOGI If nothing has changed, please check here. 🕅		TIREE VEARS
Туре:	Number:	Expiration Date:
VII. LICENSURE/REGISTRATION (Remember to attach copies of		
State License Number:	Issue Dates 26-08	Expiration Date - 3
Drug Enforcement Administration (DEA) Registration Number:	the second second	Expiration Dy 0-203

Page 2 of 7

'ontrolled Dangerous Substances C	ertificate (CDS) (if applicable):		Expiration Date:		
Medicare UPIN/National Physician	Identifier (NPI):		Medicaid Number:		
MIL ALL OTHER STATE MED	ICALHICENSES				
State: Geora	ia	License Number:	Expiration 19915: 14		
IX. PROFESSIONAL LIMBILITY	VINSURANCE CARRIER (other )	than Planned Parenanoou manoulal	Insurance Program)		
Name of Carrier:	Policy #:	From: (mm/yy)	To: (mm/yy)		
Mailing Address:		City:			
		State:	ZIP:		
Per Claim Amount:	Aggregate Amount:	Expiration Date:			
List all professional liability carrie carrier listed above	ers within the past seven years, othe	r than the Planned Parenthood Na	tional Insurance Program or		
Name of Carrier:	Policy #:	From: (mm/yy)	To: (mm/yy)		
Mailing Address:		City:			
		State:	ZIP:		
X. CURRENT HOSPITAL AND C					
Please list in reverse chronological o previous hospital privileges (B) durin or government agencies.	ng the past two years. This includes h	ospitals, surgery centers, institutions	, corporations, military assignments,		
A. CURRENT AFFILIATIONS (A			id title.)		
Name, Mailing Address and Phone N	Sumber of Primary Admitting	City: Spartanbura			
Hospitalispartanburg	Keglonal Medical Cent	oftate: GC , J	ZIP: 29302		
Department/Status (active, provis)on	al, coutrosy, ctc.): active	Appointment Date: 7 10			
Name, Mailing Address and Phone N	lumber of Other	City:			
PREVIOUS HOSPITAL AND OTHER INSTITUTION A		State:	ZIP:		
Department/Status:		Appointment Date:			
B. PREVIOUS HOSPITAL AND	OTHER INSTITUTION AFFILIAT	TIONS - WITHIN LAST TWO YE	ZARS		
Name, Mailing Address and Phone N	lumber of Other	City:			
Hospital/Institution:		State:	ZIP:		
From: (mm/yy)	To: (min/yy)	Reason for Leaving:			
If you do not have hospital privileges	s, please explain.				
XI. PEER REFERENCES					
List three professional references, pro-	eferably from your specialty area, not	including relatives, current partners	or associates in practice.		
NOTE: References must be from ind working relations.	ividuals who are directly familiar wit	h your work, either via direct clinica	l observation or through close		
Name of Reference:	Specialty: OB/GYN	Telephone Number: Fax Number:	in the second		
Mailing Address:		City: Atlanta			
		State: GA	ZIP: 30307-		
XII. WORK HISTORY - WITHIN	LAST THREE YEARS. If nothing	has changed, please check here.			
Chronologically list all work history complete. Please explain any gaps in	activities since completion of postgra	duate training (use extra sheets if ne			
Name of Practice /Employer:	Contact Name:	Telephone Number:	·		
Wound Healing Otr.		Fax Number:			

Medversant Technologies 3/2008

dailing Address:	101	E. Wood St	Stel	State: Spartanburg
From: (mm/yy) 7	10	To: (mm/yy)		
	1			

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Page 4 of 7

ATTESTATION QUESTIONS

Please answer the following questions "yes" or "no." If your answer to questions A through K is "yes," or if your answer to L is "no," please previde full details on separate sheet.

A. Has your license to practice medicine in any jurisdiction, your Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions,

or have you been fined or received a letter of reprimand or is such action pending? Yes O No 🛠

B. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or

any public program, or is any such action pending? Yes O No X

C. Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g. hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with public programs), medical society, professional association, medical school faculty position or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not

renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending? Yes O No K

D. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such

action pending? Yes O No

E. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any ternship, residency, fellowship, preceptorship, or other clinical education program? Yes O No

F. Has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked,

denied, reduced, limited, subjected to probationary conditions, or not renewed, or is any such action pending? Yes O No

G. Have you been denied certification/recertification by a specialty board, or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)? Yes O No

H. Have you ever been convicted of any crime (other than a minor traffic violation)? Yes (?) No 📈

I. Do you presently use any drugs illegally? Yes n No 🗶

J. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases, or are there any filed and served professional liability lawsuits/arbitrations against you pending? Yes C No

K. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice

of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures? Yes C No 🕅

L. Are you able to perform all the services required by your agreement with, or the professional staff bylaws of, the Healthcare Organization to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance and without

posing a direct threat to the safety of patients? Yes X No O

I hereby affirm that the information submitted in this Section XIII, Attestation Questions, and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omissions or misrepresentations may

Medversant Technologies 3/2008

esuit in denial of my application or termination of my privileges, employment or physician participation agreement.

Physician Signature:

(Stamped Signature Is N

6-23-12

Date:

Medversant Technologies 3/2008

Page 6 of 7

#### INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

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Physician Signature:

Date: 5-23-12

Medversant Technologies 3/2008



# Spartanburg Regional

Tuesday, July 10, 2012

To: Medversant Medical Staff Services 355 S. Grand Ave., Suite 1700 Los Angeles, CA 90071

Fax: 877-303-5179

Re: MD Primary Department: Family Medicine

Dear Sir or Madam:

In response to your request, we are able to supply the following information regarding the abovenamed practitioner.

on MD joined the staff of our facility on Current appointment expires MD is a member in good standing of our MS Active Medical Staff, specializing in the area of Family Medicine.

MD has had no disciplinary action taken against the since the sinc

Sincerely,

damie Peterson, CPCS Credentialing Specialist Medical Staff Services

PROVISIONAL: All initial appointments to any category of the Medical Staff shall be Provisional for a twelve-month period of time.

Enclosures: Current Approved Privileges

Medical Staff Services . 101 East Wood Street . Spartanburg . SC . 29303 . (864) 560-6299 Fax (864) 560-6017

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MIDAS+ Seeker '10/2012 07:09:33AM		ORGA	NIZATIÓ	N WORK	SHEET			
		(D Numbe	r		)rganization:	Spartanbur	g Regional Me	dical Cento
			General I	nformation				
Staff Type: Primary Service/Dept.: Clinical Priv Level:	SR District and RPN Family Medicine	Affiliation		Curre Revie	ntly on Staff: w:	Y N	Initial Appt.: Last Reappt.: Next Reappt.:	12/15/2011
Specialty:	Family Medicine							
Teacher likes . at a			Staff Me	emberships	•			
Category	Service/Dept.	S	ection	Statu	1		Start Date	End Date
IS Active	Family Medicine		RHS Affiliated				10/26/2011	12/15/201
IS Active Provisional	Family Medicine	S	RHS Affiliated				08/15/2010	10/26/201
emporary Privileges	Family Medicinc	S	RHS Affiliated				06/11/2010	08/15/201
pplicant	Family Medicine		RIIS Affiliated				03/12/2010	06/11/201
IS Resident H&P	Family Medicine	S	RHS Affiliated	Micro	film 2010		02/18/2009	04/30/201
re-applicant	Family Medicine		RHS Affiliated				03/06/2010	03/12/201
re-application	Family Medicine	-	RHS Affiliated				03/05/2010	03/06/201
emporary Privileges	Family Medicine		RHS Affiliated				12/19/2008	02/18/200
pplicant	Family Medicine		RIIS Affiliated				10/14/2008	12/19/200
re-upplicant	Family Medicine	\$	RHS Affiliated Staff Member	ship Approvals			10/14/2008	10/14/200
			Special		Service/	Credentials	Medical	
		Temporary	Committee		Department	Committee	Executive	
Active	Service/Dept. Family Medicin	Date	Date	Section Date	Date	Date	Date	Board D
.S Active Provisional	Family Medicin	06/11/2010			06/08/2010	06/24/2010	07/30/2010	
emporary Privileges	Family Medicine	06/11/2010			06/08/2010	06/09/2010	06/11/2010	
Applicant	Family Medicin	06/11/2010			06/08/2010	06/09/2010	06/11/2010	
AS Resident H&P	Family Medicin				12/16/2008	01/22/2009	02/06/2009	
re-applicant	Fumily Medicin-							
rc-application	Family Medicin							
cmporary Privileges	Family Medicin				12/16/2008	12/18/2008	12/19/2008	
	Family Medicin							
Applicant								
Pre-applicant	Family Medicin-							
			- Major/Cor	e Privileges				
Privilege				Statu			Start Date 08/15/2010	End Date 12/15/201
amily Medicine Ambula	atory Privileges			Activ	C		06/15/2010	12/15/201
Assessment, diagnosis, patients with uncomplic on an ambulatory basis.	ated medical/surgical							
Physicians in this catego	ory will be expected t	o refer patients	5					
for admission according								
Physician in this catego consultation privileges a hospitul setting.								
1/2004								

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MIDAS+ Seeker	and an and a second		
(10/2012 ORGANIZAT	ION WORKSHEET		
7:09:35AM	One for the second	rtanburg Regional Mo	uliant Canto
Assessment, diagnosis, treatment and follow up of	Organization: Spa	randurg Regional Me	uical Cente
patients with uncomplicated medical/surgical problems			
on an ambulatory basis.			
Physicians in this category will be expected to refer patients			
for admission according to hospital and department policy.			
Physician in this category will not have admission or inpatient			
consultation privileges and may not perform procedures in the			
hospital setting.			
01/2004			
History and Physicials	Inactive	02/18/2009	04/30/201
Limited to the performance of a complete			
screening medical history and physical			
examination, for patients admitted by a psychiatrist with a behavioral health			
diagnosis, in accordance with the			
Medical Staff Rules and Regulations.			
Encounter may include diagnostic			
testing and related follow-up to determine appropriateness of consultations.			
addition of the state of the st			
/2005			
nistory and Physicials	Temporary	12/19/2008	02/18/200
Limited to the performance of a complete			
screening medical history and physical			
examination, for patients admitted by a psychiatrist with a behavioral health			
diagnosis, in accordance with the			
Medical Staff Rules and Regulations.			
Encounter may include diagnostic			
testing and related follow-up to			
determine appropriateness of consultations.			
05/2005			
Add	ed Privileges		
Privilege	Status	Start Date	End Date
Typerbaric Medicine	Active	08/15/2010	12/15/201
Wound Care	Active	08/15/2010	12/15/201
lyperbarie Medicine	Temporary	06/11/2010	08/15/2010
Wound Care	Temporary	06/11/2010	08/15/2010
Exclusion Exclus	ded Privileges		
Privilege	Status	Start Date	End Date
	Controlto		
pe: Provider Type:	Contracts Delegated:	Start Date:	
status: Practice:	Delegated To:	End Date:	

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ON CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMENU SELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the he terms and conditions of the policy, certain policies may require an ertificate holder in lieu of such endorsement(s).	D, EXTER	ND OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	E POLICIES
he terms and conditions of the policy, certain policies may require an	e policy(					STICKEL
orchoada noider in tied of eddir endorsentering.	endorse	les) must be ment. A stat	endorsed. lement on th	If SUBROGATION IS W is certificate does not c	AIVED	, subject to ights to the
DUCER	CONTAC NAME:	CT				A
Marah USA, Inc. I 168 Avenue of the Amaricas	PHONE	E-414		FAX (A/C, No):		
New York, NY 10036	PHONE IAIC. No E-MAIL ADDRES			T past ten		
		11/19	URER(5) AFFOR	DING COVERAGE		NAICS
	INSURE	RA: Markel Inst	urance Company			38970
URED PLANNED PARENTHOOD HEALTH SYSTEMS	INSURE	RB: NA			_	N/A
AN AFFILIATE OF PLANNED	INSURE	R C : National U	nion Fire Ins. Co.	of Pittsburgh, PA	_	19445
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The ACORD name and logo are registered marks of ACORD

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	the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
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	1	166 Avenue of the Americas lew York, NY 10036			PHONE IAC.No.H			AC. Nol:		
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		MEDICAL PROFESSIONAL			6793286	01	101/2012	01/01/2013	PER CLAIN	
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Because our mission is too important to risk

CONFIDENTIAL/PROPRIETARY

# **Practitioner Application**

This application is submitted to: \_\_\_\_\_\_ (enter Affiliate name here), herein, "this Affiliate."

## 1. INSTRUCTIONS:

This form should be typed or legibly printed in black or blue ink. If more space is needed than provided on original, attach additional sheets and reference the question being answered. Please do not use abbreviations when completing the application. Current copies of the following documents must be submitted with this application:

- · Face Sheet of Professional Liability Policy or Certification
- · Curriculum Vitae

#### Practitioner Right to Review Information

This is to advise you of your right to review information obtained in support of your credentialing or recredentialing application, provided the information does not apply to peer review references or recommendations or other information that is peer review protected. You will be notified of any substantial discrepancy between the information you submitted and the information verified through primary source(s), and will be given an opportunity to review and/or correct information submitted with your application.

II. IDENTIFYING INFORMATION	and the second second second second	
Last Name:	First:	Middle:
Is there any other name under which you have been know	wn? Name(s):	
Home Mailing Address:	City:	
	State:	ZIP:
Home Telephone Number: Home Fax Number:	E-Mail Address: Pager Number:	
Birth Date: Birth Place (City/State/Country):	Citizenship (If not a Registration Card).	United States citizen, please include copy of Alien
Social Security #:	Gender : C Male C	7 Female
Specialty:	Race/Ethnicity <sup>1</sup> (vol	luntary):

SubSpecialty:

Affiliate Name:	Department Name (If Hospital Based):		
Primary Office Street Address:	City:		
	State:	ZIP:	
Telephone Number:	Fax Number:		
CEO (Print Name):	Telephone Number:		
	Fax Number:		
Name Affiliated with Tax ID Number:	Federal Tax ID Num	ber:	
Secondary Office Street Address:	City:		
	State:	ZIP:	

Medversant	Techno	logies	3/2008	
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Page 1 of 7

Telephone Number:	Fax Number:	Fax Number:			
CEO (Print Name):	Telephone Number:				
	Fax Number:				
Name Affiliated with Tax ID Number:	Federal Tax ID Numb	er:			
Tertiary Office Street Address:	City:				
	State:	ZIP:			
Telephone Number:	Fax Number:				
CEO (Print Name):	Telephone Number:				
	Fax Number:				
Name Affiliated with Tax ID Number:	Federal Tax ID Numb	er:			
Other Medical Interests in Practice, Research, etc .:					

College or University Name:		Degree Received:	Date of Graduation:(mm/yy)			
Mailing Address:		City:				
		State:	ZIP:			
V. MEDICAL/PROFESSIONAL	EDUCATION (Attach	additional sheets if necessary. Reference	e this section number and title.)			
College or University Name:		Degree Received:	Date of Graduation:(mm/yy)			
Mailing Address:		City:				
		State:	ZIP:			
VI. INTERNSHIP/PGYI(Attach	additional sheets if nece	ssary. Reference this section number a	nd title.)			
Institution:		Program Director:				
Mailing Address:		City:	City:			
		State & Country:	ZIP:			
Type of Internship:		J				
Specialty:		From: (mm/yy)	To: (mm/yy)			
VII. RESIDENCIES/FELLOWS	HIPS (Attach additiona	I sheets if necessary. Reference this sec	tion number and title.)			
Include residencies, fellowships, pr chronological order, giving name, a	eceptorships, teachingap address, city and ZIP cod	pointments (indicate whether clinical or a e, and dates. Include <u>all</u> programs you atte	cademic), and postgraduate education i ended, whether or not completed.			
Institution:		Program Director:				
Mailing Address:		City:	City:			
Type of Training (eg. residency,	Specialty:	State:	ZIP:			
etc.):		From:	To:			

Include certifications by board	d(s) which are duly organized and recogn	ized by:	
• a member board of the Amer	rican Board of Medical Specialties		
• a member board of the Amer	rican Osteopathic Association		
• a board or association with e	equivalent requirements approved by the	Medical Board of California	
	an Accreditation Council for Graduate M		opathic Association approved
postgraduate training that prov	vides complete training in that specialty of	or subspecialty	
Name of Issuing Board:	Specialty:	Date Certified/Recertified:	Expiration Date (if any):
II	rtification other than those indicated above	2 C Ves C No	
If so, list board(s) and date(s):		ver ser res ser no	
If not certified, describe your in	ntent for certification, if any, and date of	eligibility for certification on separ	ate sheet.
IX. OTHER CERTIFICATION	ONS (E.G. FLUOROSCOPY, RADIO	GRAPHY, ETC.)	
(Attach additional sheets if n	eccessary. Reference this section numb	er and title.)	•
Туре:		Number:	Expiration Date:
X. LICENSURE/REGISTRA	VTIONS (Remember to attach copies o	of documents.)	
Primary State License Number		Issue Date:	Expiration Date:
	ttion (DEA) Registration Number:		Expiration Date:
Controlled Dangerous Substan	nces Certificate (CDS) (if applicable):		Expiration Date:
ECFMG Number (applicable to	o foreign medical graduates):		Date Issued:
Medicare UPIN/National Phys			Medicaid Number:
XI. ALL OTHER STATE L	ICENSES. List All Licenses Now or Pi	reviously Held.	
	necessary. Reference this section numb		Expiration Date:
State:		License Number:	
and the second state of th	BILITY INSURANCE CARRIER (oth		To:
Name of Carrier:	Policy #:	From:	10.
Mailing Address:		City:	ZIP:
		State:	
Per Claim Amount: \$	Aggregate Amount: \$	Expiration Date:	action number and title
Please explain any surcharges	to your professional liability coverage o	n a separate sheet. Reference this s	Provide and the Provide and
List all professional liability			
anymics listed above	carriers within the past seven years, o	ther than the r hanned r ar entition	d National Insurance Program or
carrier listed above			To:
Name of Carrier:	Policy #:	From:	
		From: City:	
Name of Carrier: Mailing Address:	Policy #:	From: City: State:	To:
Name of Carrier: Mailing Address: Per Claim Amount: \$	Policy #: Aggregate Amount: \$	From: City: State: Expiration Date:	To:
Name of Carrier: Mailing Address: Per Claim Amount: \$ XIII. CURRENT HOSPITA	Policy #: Aggregate Amount: \$ AL AND OTHER INSTITUTIONAL A price lorder (with the current affiliation (	From: City: State: Expiration Date: AFFILIATIONS s) first) all institutions where you have	To: ZIP: ave current affiliations (A) and have had
Name of Carrier: Mailing Address: Per Claim Amount: \$ XIII. CURRENT HOSPITA	Policy #: Aggregate Amount: \$ AL AND OTHER INSTITUTIONAL A price lorder (with the current affiliation (	From: City: State: Expiration Date: AFFILIATIONS s) first) all institutions where you have	To: ZIP: ave current affiliations (A) and have had
Name of Carrier: Mailing Address: Per Claim Amount: \$ <b>XIII. CURRENT HOSPITA</b> Please list in reverse chronolo previous hospital privileges (F government agencies.	Policy #: Aggregate Amount: \$ AL AND OTHER INSTITUTIONAL A ogical order (with the current affiliation { B) during the past ten years. This includes	From: City: State: Expiration Date: FFILIATIONS s} first) all institutions where you has hospitals, surgery centers, instituti	To: ZIP: ave current affiliations (A) and have had ons, corporations, militaryassignments, or
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Name of Carrier: Mailing Address: Per Claim Amount: <b>S</b> <b>XIII. CURRENT HOSPITA</b> Please list in reverse chronolo previous hospital privileges (F government agencies. <b>A. CURRENT AFFILIATIO</b> Name, Mailing Address and F	Policy #: Aggregate Amount: \$ AL AND OTHER INSTITUTIONAL A ogical order (with the current affiliation { B) during the past ten years. This includes	From: City: State: Expiration Date: FFILIATIONS s} first) all institutions where you has hospitals, surgery centers, instituti	To: ZIP: ave current affiliations (A) and have had ons, corporations, militaryassignments, or ber and title.)
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Name of Carrier: Mailing Address: Per Claim Amount: <b>S</b> XIII. CURRENT HOSPITA Please list in reverse chronolo previous hospital privileges (F government agencies. A. CURRENT AFFILIATIO Name, Mailing Address and F Hospital: Department/Status (active, pro-	Policy #: Aggregate Amount: S AL AND OTHER INSTITUTIONAL A ogical order (with the current affiliation { B) during the past ten years. This include: ONS (Attach additional sheets if necess Phone Number of Primary Admitting rovisional, courtesy, etc.):	From: City: State: Expiration Date: <b>FFILIATIONS</b> s) first) all institutions where you has s hospitals, surgery centers, institutions sary. Reference this section numb City:	To: ZIP: ave current affiliations (A) and have had ons, corporations, militaryassignments, or ber and title.)
Name of Carrier: Mailing Address: Per Claim Amount: <b>S</b> XIII. CURRENT HOSPITA Please list in reverse chronolo previous hospital privileges (F government agencies. A. CURRENT AFFILIATIO Name, Mailing Address and F Hospital: Department/Status (active, pro-	Policy #: Aggregate Amount: \$ AL AND OTHER INSTITUTIONAL A ogical order (with the current affiliation { B) during the past ten years. This include: ONS (Attach additional sheets if necess Phone Number of Primary Admitting	From: City: State: Expiration Date: <b>AFFILIATIONS</b> s} first) all institutions where you has s hospitals, surgery centers, instituti sary. Reference this section numb City: State:	To: ZIP: ave current affiliations (A) and have had ons, corporations, militaryassignments, or ber and title.)

Department/Status (active, provisional, courtesy, etc.):		Appointment Date:			
If you do not have hospital privile	eges, please explain.				
B. PREVIOUS AFFILIATION	S During Last Ten Years. (Att	ach additional sheets if nece	ssary. Reference this section number and t	itle.)	
Name, Mailing Address and Phor		City:			
Hospital/Institution:		State:	ZIP:		
From:	To:	<ul> <li>Reason for Leaving:</li> </ul>			
XIV. PEER REFERENCES					
List three professional references	preferably from your specialty	area, not including relatives, o	current partners or associates in practice.		
NOTE Deferences must be from	individuale who are discute for	illion with your work of them	ia direct clinical observation or through close		
working relations.	individuals who are directly fair	illiar with your work, either v	a direct chinical observation of through close	F	
Name of Reference:	Specialty:	Telephone Number:			
		Fax Number:			
Mailing Address:		City:			
		State:	ZIP:		
XV. WORK HISTORY (Attacl					
Chronologically list all work hist	ory activities since completion o	f postgraduate training (use e	xtra sheets if necessary). This information m	ust be	
complete. Please explain any gap	s in professional work history or				
Name of Practice /Employer:	Contact Name:	Telephone Number:			
		Fax Number:			
Mailing Address:		City:			
		State:	ZIP:		
From:	To:				
XVI. ATTESTATION QUEST					
		ver to questions A through K i	is "yes," or if your answer to L is "no," please	;	
provide full details on separate sh	neet.				

A. Has your license to practice medicine in any jurisdiction, your Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions,

or have you been fined or received a letter of reprimand or is such action pending? Yes C No C

B. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or

any public program, or is any such action pending? Yes C No C

C. Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g. hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with public programs), medical society, professional association, medical school faculty position or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not

renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending? Yes O No O

D. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such

action pending? Yes C No C

E. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any internship, residency, fellowship, preceptorship, or other clinical education program? Yes  $\bigcirc$  No  $\bigcirc$ 

F. Has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked,

denied, reduced, limited, subjected to probationary conditions, or not renewed, or is any such action pending? Yes O No O

G. Have you been denied certification/recertification by a specialty board, or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)? Yes 🔿 No 🔿

H. Have you ever been convicted of any crime (other than a minor traffic violation)? Yes C No C

I. Do you presently use any drugs illegally? Yes C No C

J. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases,

or are there any filed and served professional liability lawsuits/arbitrations against you pending? Yes C No C

K. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice

of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures? Yes C No C

L. Are you able to perform all the services required by your agreement with, or the professional staff bylaws of, the Healthcare Organization to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance and without

posing a direct threat to the safety of patients? Yes C No C

I hereby affirm that the information submitted in this Section XVI. Attestation Questions, and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement.



## Physician Signature:

(Stamped Signature Is Not Acceptable)

Date:

Medversant Technologies 3/2008

Page 6 of 7

### INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {POs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate", engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate", to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board, or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

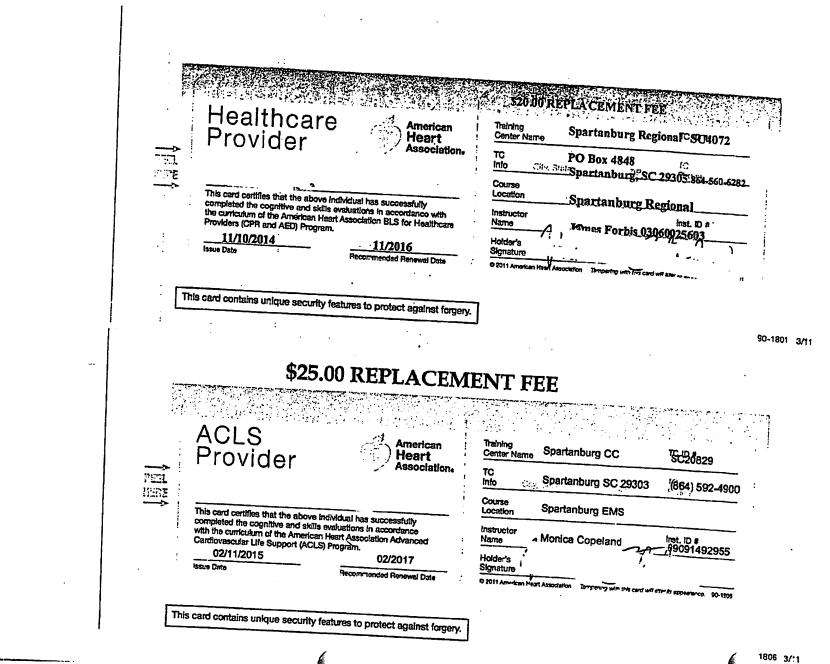
I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signature:

Date:

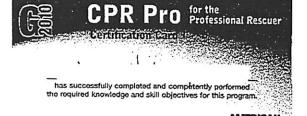
# Redacted Staff A CPR Certification

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**CPR** Certification **Redacted Staff B** 

Redacted Staff C CPR Certification



BLS for Healthcare Providers



The card certifies the holder has demonstrated the required knowledge and skell objectives to a currently authorized ASHI instructor. Certification does not guarantee hiture performance, or imply licensure or credentialing. Course content covers all goy groups and conforms to the 2010 AHA Guadanes for CPR and ECC, and other evidence-based fractment recommendations. Certification period may not exceed 24 months from class completion date. More frequent minforcement of skills is recommonded.

ASHI-Approved Certification Card

Instructor I.D.

BSN

9-17-2017 Explication Date

Training Contor I.D.

South 21

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Rachei Hodge B Authorized Instructor (Print Name)

7076

9-17-2015

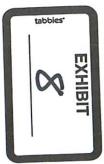
Training Contor Phone No.

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438-2032

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			2015-2016 PPSAT Tr	aining Calendar	-	
2015	Orientation Catch-up topics	Training Topic	Source/Presenter	Required Audience	Date Scheduled	Department Monitoring Complian
March		Annual Mandatory Reporting **	HR/VP Patient Services	Anyone who has contact with clients and/or minors (exception: "hands off" students/trainees)	3/12/15	HR
		Annual MS&G Protocol changes	AMD	Anyone who works in health centers	3/12/15	PS Admin. Coordinator & HR
April						
Мау		Annual MS&Gs AB Protocol changes *	AMD	Anyone who works in health centers that provide AB services	5/7/15	PS Admin. Coordinator & HR
June		Human Trafficking *	Title X Director/ CAL	Staff in any program funded by Title X (clinic; Education)	6/1/15	Title X Director
		Family Planing Basics *	Family Planning National Training Center, Title X and Training Directors	Staff in any program funded by Tille X (clinic; Education)	7/1/15	Title X Director
July	Managing Suspicious Encounters*		HR/CAL (CAL is only option for satisfying training requirement)	all job functions (exception: "hands off" students/trainiees)		HR
		Electronic Health Records Updates-AB Templates	IT, EHR-Team	Clinical staff	7/6/15	EHR-Team
		Board Governance & Fiduciary Responsibilities* (might be scheduled September 2015)	Exec. Assistant/PPFA Intranet	Anyone who serves on the affiliate board of directors and/or the budget and finance committee	Board: Feb & June 2015 DEV: PA: Finance:	Exec. Assistant & HR
August		TB screening *	AMD	Anyone who works in the health center		HR
		Annual OSHA-Infection Prevention *	HR/CAL	Anyone who works in the health center		HR
		Electronic Health Records Updates-non AB templates	IT, EHR-Team	Clinical staff		EHR-Team
	Affiliate-Wide RQM Program*		HR/CAL; Affiliate designed	All job functions	9/1/15	and the second HR
		Liletta Training/ICD 10	AMD/RLC	Clinicians inserting IUCs/Clinicians	9/1/15	PS
September		Title X Inservice *	Title X and Training Directors	Staff in any program funded by Title X (clinic; Education)	9/1/15	X Director
		HR Training on Diversity & Cultural Competency in the Workplace *^	HR/CAL	All job functions	9/1/15	HR
		Annual Ultrasound Proficiency *	PS/Affiliate-designed	Anyone who provides ultrasound services		PS & HR
		Annual HIPAA Privacy **	HR/CAL	All job functions		HR
		Annual HIPAA Security **	HR/CAL	All job functions		HR
October		Annual Performance Evaluations	Affiliate-designed	All staff		HR
		Annual Proficiency Evaluations *	Affiliate-designed	Anyone who works in the health center		PS
	Medical Record Policies and Documentation*		HR/CAL	Anyone who works in health centers and/or has contact with medical records		HR
	CLIA* (initial)		HR/CAL	Anyone who works in health centers	1000000000000	HR
		CLIA* (annual)	PS/Affiliate designed	Anyone who works in health centers		PS & HR
lovember	501(c)(3) and 501(c)(4)*		HR/Affiliate-designed	Anyone who is involved with board, senior management, public affairs, development and finance		HR
		CPR certification *	CAL; American Heart/Red Cross	Anyone who works in the health center		HR
ecember	Talking About Abortion*		HR/CAL (CAL is only option for satisfying training requirement)	Anyone who talks to women about pregnancy options (exception: "hands off" students/trainees)		HR
0040	Clinical Orientation •		PPFA APC Orientation Toolkit	Anyone who works in the health centers and call centers		HR
2016 January				Anyone who works in the health center	and the second se	PS & HR
		TB screening *		Anyone who works in the health center		
	Ultrasound priviledging/Program Director Proficiency Exam *	TB screening *	AMD/CAL (CAL is only option for satisfying training requirement)	Anyone who provides ultrasound services		PS&HR



#### last revised 8/11/15

2015	Orien	ch-up topics	Training Topic	Source/Presenter	Required Audience	ate Scheduled	Department Monitoring Compliance
			Annual MS&G Protocol changes*	AMD/Affiliate-designed	Anyone who works in health centers		PS Admin. Coordinator & HR
April	Orientation to AB Pill*			HR/CAL (CAL is only option for satisfying training requirement)	Anyone who talks to clients about abortion		HR
	Pharmaceuticals*			PS/Affiliate-designed	Anyone involved in dispensing, administering, overseeing, or furnishing of pharmaceuticals	and and and and	PS & HR
May	IPV and Reproductive Coercion*A			HR/CAL	Anyone who works in health centers or education programs	a salar inter	HR HR
June			Asset Protection Management Program *	HR/Affiliate-designed	All job functions		HR
			ICD-10 October 2015 mandated implementation	AMD/Finance			PS
Ongoing			Fire Drills : VA & SC AB quarterly; all others 2x/year *	Affiliate-designed	All job functions		PS
			Emergency medical drills performed monthly *^	ARMS Emergency Care Manual	Clinical staff		PS
			Safety & Security Drills performed monthly *	Affiliate-designed	All job functions		PS
			Clinician Wet Mount Proficiency *	American Proficiency Institute	Licensed health care providers		PS
			Students, Interns (START)*	AMD	"Hands-on" and "hands-off" medical students and trainees		PS Admin. Coordinator & HR
-	*pp	FA required					

Legend \*PPFA required \*Title X required

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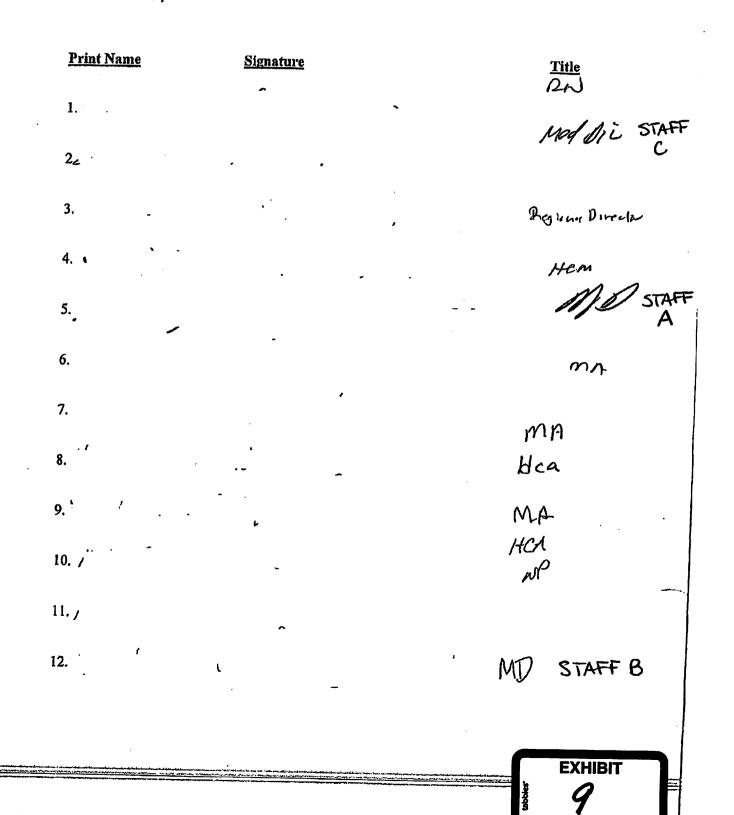
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# **Clinical Staff Orientation**

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Date: 1-11-14

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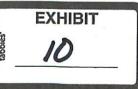
# Physician On-Sit entation

Physician Name: \_\_\_\_\_

**AB Services Only** 

Health Center: \_

New Physician Medical Services On-site orientation/training topics To be completed within 30 days of hire Retain copy in HC and HR files	Date of Medical Services Orientation	If applicable, use scale below to evaluate training/review: 1=needs improvement (action plan & date for re-evaluation) 2=satisfactory 3=exceeds requirement	Initials of medical services orientation provider	Medical Services Orientation Time=
Provision of Medical Services – General				
Responsibilities of clinic personnel				
PPFA Medical Standards & Guidelines, Loop				
Client confidentiality				
Taking, review of medical history for AB services				
Infection Prevention Manual, Sharps, PPE, waste disposal				
Informed Consent (review of pertinent CI and CIICs)				
Customer Service Practices and Goals (PPFA required)				
Productivity Practices and Goals (PPFA required)				
Bilingual certification, if applicable*				
EHR				
Login				
5 Point Check				
Documenting MAB				
Documenting SAB				
Resulting Ultrasound				
Bundled Consents	•			
Documenting Atypical AB visits (see cheat-sheet)				
Clinical Systems – Laboratory				
Lab Manual				
Documentation of lab tests on charts				
Clinical Systems – Pharmacy				No. Con Street or Street
Pharmaceuticals, Preparation and provision of medications (PPFA required). Review PPSAT Pharmacy manual				
Prescription writing policies				
Formulary				
Clinical Systems – Family Planning				
Contraception – review of options available, prescribing, dispensing				
IUC Insertion (Cu IUD/LNG IUS)				
IUC Removal				
Nexplanon Insertion (documentation of manufacturer training)				
Implant Removal				
Medical Emergencies			Sector Contractor	and the second second
Personnel responsibilities				
Review of Emergency Care Manual				
Location/use of emergency equipment and supplies				



Page 1 of 2 Rev 09-15

Planned Parenthood	Physician On	-Site en	Physician Name:			
Care. No matter what.		ervices Only		Health Center:		
New Physician Medical Services On-site orien To be completed within 30 days of hire. Retain	tation/training topic	Date of Medical Services Orientation	If applicable, use scale below to evaluate training/review: 1=needs improvement (action plan & date for re-evaluation) 2=satisfactory 3=exceeds requirement	Initials of medical services orientation provider	Medical Services Orientation Time=	
Clinical Systems - Abortion Services						
Day 1 Abortion evaluation (VA only)						
Ultrasound (see Clinical Privileges to Interpret Ultrasou	und)					
Pregnancy of Unknown Location/Early Pregnancy Com						
Miscarriage Management (undesired pregnancy)						
POC evaluation						
Recovery Room						
Post-abortion visit						
Management and documentation of complications						
High Alert Follow-up						
Referral protocols and documentation						
Medication Abortion (See AB Physician Procedure Priv	iloging Tools)					
Suction Abortion 1st Trimester (See AB Physician Proce						
Suction Abortion 2 <sup>nd</sup> Trimester (See AB Physician Proce	edure Privileging Tools)					
Sedation Oversight						
Safety/Security						
Fire procedures						
Evacuation procedures						
Physician Safety and Security						
Risk/Quality Management Program – Audit Program	and Incident Reporting				Conversion of	
Types of reportable incidents						
RQM audit program						
Responsibilities of personnel						
Physician needs additional training/supervision in the following area(s):	Plan for additional traini	ng/supervisior	1:		Re-evaluation Date:	
Recommendation: Appropriately trained in and/or a		l items above e	xcept those with designation 1 (nee	eds improvement)		
vysician Signature: Date:		Physician Trainer Signature:		I	Date:	
ICM Signature:	AMD	Signature:	Date:			
AB Physician On-Site Orientation PPSAT					Page 2 o Rev 09-	

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Physician Name: \_\_\_\_\_

#### **Health Center:** Date of Name/title of staff **Pre-Service Pre-Service Orientation Topic Pre-Service** Comments providing pre-service Orientation Orientation orientation time Personnel Policies, Affirmative Action Administrative Procedures Safety & Security Training (PPFA required) IT **PPSAT History** Mandatory Reporting role and responsibilities; Service to minors Review Policy, State-specific rules, Sign Attestation Compliance: Parental involvement/consent (PPFA required) Request for checks; Expense Reports Documenting procedure totals, travel and other expenses Staff responsibilities, HC role in billing process Work schedules Job description Credentialing Compensation Physician Dispensing License (NC only) SC Controlled Substance (SC only) FORMS Date $\sqrt{}$ if obtained and/or provided, explanation if not Confidentiality form Conflict of interest Copy of driver's license Copy of HS, college diploma **Current CPR certification** Current TB test results Driver safety form Health form Hepatitis B immunization, or refusal Key form, if applicable Medical personnel agreement CALs √ if completed Date Hostile Encounters in the Workplace 45 Managing Suspicious Encounters 20 Affiliate-wide RQM Program - Enterprise Risk and Quality 30 Management DIV 1 - Cultural Inclusiveness in the Workplace 60 Infection Prevention 1 – Blood Borne Pathogens 20 Performing Routine Laboratory Procedures in Compliance with CLIA 45 **HIPAA 1 - Overview** 15

Physician Pre-Service Orientation PPSAT



Page 1 of 2 Rev 09-15



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# Physician Pre-Service Orientation AB Services Only



Health Center:

CALs (cont'd)	Date (15 and 1 and			
	Date	if completed		
HIPAA 2 – Administrative Safeguards		· · · · · · · · · · · · · · · · · · ·		45
IPV 2- How to Screen for Intimate Partner Violence and				
Reproductive Coercion				30
Dos and Don'ts of Documentation and Informed Consent				25
OAB 1 – Orientation to the Abortion Pill				20
OAB 2 – Patient Education and Consent for the Abortion Pill				30
OAB 3 – Post-Abortion Pill Assessment and the Follow-up Visit				30
TAA (Talking About Abortion) 1 – A Safe Place				20
TAA 2 – Answering Tough Questions				15
TAA 3 – Acknowledging Emotions, Screening for Risk				20
Ultrasound in Abortion Care – Modules 1-14 *or*				
Ultrasound in Abortion Care Advanced Placement Test – Basic and				variable
Advanced				Variable

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

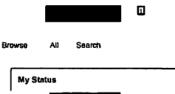
Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AMD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

theCAL.org

ME

Enroll



# My Status This course covers the importance of patient privacy and security, including how staff need to conduct themselves in order to be in accordance with federal Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards. The course includes how to identify and respond to potential privacy and security enforcement issues. Finally, the course reviews how to comply with a state's healthcare information privacy laws and achieve to the Planned Parenthrood policies and standards with respect to patient privacy. This course is intended for all Planned Parenthood staff and volunteers. ...less

Status: Not registered

Course information

Associated curricula: ARMS Required Training 2014

Add to Plan Share

PEOPLE GROUPS

HIPAA 101: Protecting Patient Privacy

Language: English

Bookmark

Duration: 00:30

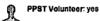
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#### **Ratings and Comments**

Suggested classes for you Web Based

> View detail Attachments

Clase ID: 00001327C



08 JUL 2015 6:00 PM

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Saba Clour Version: Saba Cloud 31.0.0

**Screen Shot HIPAA 101: Protecting Patient** Privacy



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theCAL.org



ME PEOPLE GROUPS

# Infection Prevention 1. Blood Borne Pathogens (ID: 00001062A)

This course covers elements of standard precaution needed to protect clients, yourself, and other healthcare workers from blood borne pathogens, such as HIV and hepatitis. This course satisfies the needed OSHA training for blood borne pathogens. This course was originally released on November 22, 2010. This course was last updated on June 24, 2015.

#### Suggested classes for you

Web Based Class ID: 00001062C View detail Attachments

Add to Plan

Share

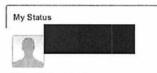
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Language: English Duration: 00:20

Bookmark

Enroll

Browse All Search



Status: Not registered

Course Information

Associated curricula: The Licensed Clinical Staff (MD/DOs/PAs) Infection Prevention Curriculum

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Saba Clour Version: Saba Cloud 31.0.0

Screen Shot Infection Prevention 1: Blood Borne Pathogens



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the CAL.org

ME

PEOPLE GROUPS

(ID. 00001064A)

Suggested classes for you

Web-Based

View detail

Atlachments

Class (D: 00001084C

#### Saba: Infection Prevention - 2. Clean and Sterile Technique

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Browse ; All Search

# My Statue

Status: Not registered

Course Information

Associated curricula: The Licensed Clinical Staff (MD/DOs/PAs) Infaction Prevention Curriculum

Add to Plan Share Tag Bookmark

Infection Prevention - 2. Clean and Sterile Technique

Language: English

Duration: 00:20

This course provides detailed instructions about infection prevention techniques used during client procedures. This course also defines asopsis and stanlla techniques designed to eliminate hermful microorganisms in the field. This course was originally released on November 22, 2010. This course was last updated on June 24, 2015.



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Saba Cloud Version: Saba Cloud 31.0.0

Screen Shot Infection Prevention 2: Clean and Sterile Technique



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PEOPLE GROUPS

(ID 00001066A)

Class ID: 00001066C

Add to Plan

Share

Tag

Suggested classes for you

Web-Based

View detail Attachments

Infection Prevention - 3. Cleaning, Disinfection, & Sterilization

Language: English

Bookmark

Duration: 00:20

This course discusses cleaning, disinfection, and sterilization processes in detail. This course also reviews how to correctly clean, disinfect, and sterilize the health center. This course was originally released on November 22, 2010. This course was tast updated on June 24, 2015.

#### Saba: Infection Prevention - 3. Cleaning, Disinfection, & Sterilization

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Browso	All	Search		
My St	atus			
R				
Status	Not reg	gistered		

Course Information

Associated curricula: The Licensed Clinical Staff (MD/DOs/PAs) Infection Prevention Curriculum

About Saba | Contact Us | Privacy Policy

Version: Saba Cloud 31.0.0

Screen Shot Infection Prevention 3: Cleaning, Disinfection & Sterilization



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# Redacted Staff A Training Documentation



Planned Parenthood South Atlantic

Job Title: Reports To: Department: FLSA Status: Access to ePHI: Revision Date: Abortion Physician Medical Director and VP for Patient Services Patient Services Non-exempt Fuil 06/08/2015

#### **JOB PURPOSE**

Provide surgical and medication prégnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

#### **ESSENTIAL FUNCTIONS**

Abortion Physicians perform a wide range of duties including, but not limited to the following:

- 1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
- 2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
- 3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
- 4. Perform surgical and medication abortion procedures.
- 5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
- 6. Order post-operative medication, including contraceptives.
- 7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
- 8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
- 9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

#### **EDUCATION AND EXPERIENCE**

- 1. Doctor of Medicine.
- 2. Licensed to practice medicine in each state privileged to provide services.

	EXHIBIT	
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- 3. Board eligible or Board certified physician preferred.
- 4. Minimum 3 years' experience performing surgical and medication abortions.
- 5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

#### PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

#### KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

#### COMPETENCIES

- Planned Parenthood Mission Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- Customer Service Orientation Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- Judgment Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- Attention to Detail Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- Interpersonal Sensitivity Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

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- . Teamwork - Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- Technical Expartise Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills. 1

#### WORKING CONDITIONS

- .
- Environment: Work in a clinical environment. May encounter protestor activity. OSHA: Exposure to blood borne pathogens and other potentially infectious materials. Work Waek: Schedules vary between Mondays through Saturdays, including evenings. .
- . Driving Responsibilities: None,
- Extra Time: May be required to work over-time or attend staff meetings outside the . regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

9-16-2018 Signature: Datei Print Names\_ 6 C loyee Human Resources File

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## SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: Title: Title:

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	······································

By my algnature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

9-15-201

Date

Signature



# **AGREEMENT OF CONFIDENTIALITY**

<u>Client information:</u> All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

<u>Release of Information to the Public:</u> Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please print)

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Date

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Signature



### HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: \_\_\_\_

\_\_\_\_\_Title: \_\_\_\_Physician\_\_\_\_

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	HIPAA 102- Security Tips and Best Practices	

By my signature below, I affirm that:

Signature

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

· · ·

9-15-1

Date



#### HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: \_

\_Title: Physician .....

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

9-15-15 Date

Signature

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	munity Training Center Registratio	
Thank you for your registration. Pla	ease print this receipt for your reference.	
Order Information	Training Center Contact	
Order Date: 9/15/2015 Payment Method: Paypal	Pee Dee Regional Community Train P.O. Box 608 Florence, SC 29503 carolinacenter@bet/south.net 843-665-4671	ning Center
Customer		
BIS for Healthcare Doubles Cat		<b></b>
BLS for Healthcare Providers Sats	¥19/2015 et 9:00 AM Total	\$60.
	¥19/2015 et 9:00 AM Total	Cc \$60. \$80,
Class Location Pee Dee Regional Community Train Directions: 1209 West Evans Street	¥19/2015 et 9:00 AM Total	\$60.

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# Redacted Staff B Training Documentation



**Planned Parenthood South Atlantic** 

#### AGREEMENT OF CONFIDENTIALITY

<u>Client information</u>: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

<u>Internal Affairs:</u> Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

<u>Release of Information to the Public</u>: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquirics will be immediately referred to the President/CEO for appropriate action.

· I have read this statement and commit myself to its provisions.

Name (please/print)

Signature

-19

Date

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		J

January 2015



#### SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: \_\_\_\_\_\_\_Title: \_\_\_\_\_\_

Date of Training	Subject	Facilitator/Verified by Signature
9-16-15	SC ABORTION REGULATIONS	

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws. ٠
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations • where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know ۰ Act may lead to corrective action, up to and including termination of employment.

9-16-19 Date

Signature



#### INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	Infection Prevention (OSHA)	

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to ablde by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the ٠ Importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- · I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may ٠ lead to corrective action, up to and including termination of employment.

9-17-19 Date

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#### HIPAA PRIVACY TRAINING DOCUMENTATION

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

9-17-19

Signature

Date



#### HIPAA PRIVACY TRAINING DOCUMENTATION

MT

Employee Name: \_\_\_\_\_Title: \_\_\_\_\_

Date of Training	Subject	Facilitator/Verified by Signature
9-17-15	HIPAA 101 - Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to ablde by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

9-17-19

Signature

Date

# Redacted Staff C Training Documentation



# SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: \_

Title: Medical Divector SUPP

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	

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By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- Lunderstand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature



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# HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name:

Title: Medical Divetor PPSC

Date of Training	Subject	Facilitator/Verified by Signature
17.40 15	HIPAA 101 - Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to ablde by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Sal (5

Signature



# HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name:

\_Title: Moding! Divertu

Date of Training	Subject	Facilitator/Verified by Signature	
	HIPAA 101 – Protecting Patient Privacy		

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

JSPP 15

Signature

Date



# AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please print)

MDMPH 175015

Signature

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January 2015





INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name:

Title: Medital Disaton

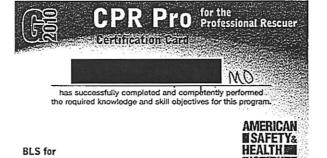
Date of Training	Subject	Facilitator/Verifled by Signature
9-18-15	Infection Prevention (OSHA)	

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- · I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.



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INSTITUTE

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**BLS** for **Healthcare** Providers

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This card certifies the holder has demonstrated the required knowledge and skill objectives to a cur-The table termines that handle has been interested in required interviewed and solit objectives at tab-rently automized ASHI instructor. Certification does not guarantee hutting performance, or imply itioan-sure or credentialing. Course content covers all gog groups and conterns to the 2010 AHA Guidenines for CPR and ECC, and other evidence-based treatment recommendations. Certification period may not exceed 24 months from class completion date. More frequent minforcement of skills is recommonded.

#### 201.F.2

# Fire Drill Report

Planned Parenthood of South Carolina 2712 Middleburg Dr. Suite 107 Columbia SC 29204

Reported by: \_\_\_\_\_

Date: 9-14-15

Communications:

Was discovery of fire reported appropriately to available personnel? N Was called ? N Was "all clear" called following the drill ? N How much time elapsed between notification and evacuation ? Imin 32500

Response:

Did personnel evacuate all patients?	C∕2∕N
Was fire department called?	Øn
Was fire department met?	O'N

Containment:

Were all windows and doors closed? Were the proper extinguishers brought to scene to contain fire? ØN ØN

Evacuation:

Were proper evacuation methods used? Were bathrooms checked for patients? Were exits and corridors kept clear and free of obstruction? Were patients escorted to a safe area? Are all evacuation routes clearly posted?

Recommendations:

EXHIBIT

# Planned Parenthood South Atlantic Fire Drill Report

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Date: 09/14/2015

called at : 4:50pm

Location of supposed fire: Pharmacy

All accounted for at : End of driveway at 2712 Middleburg Dr

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Participants

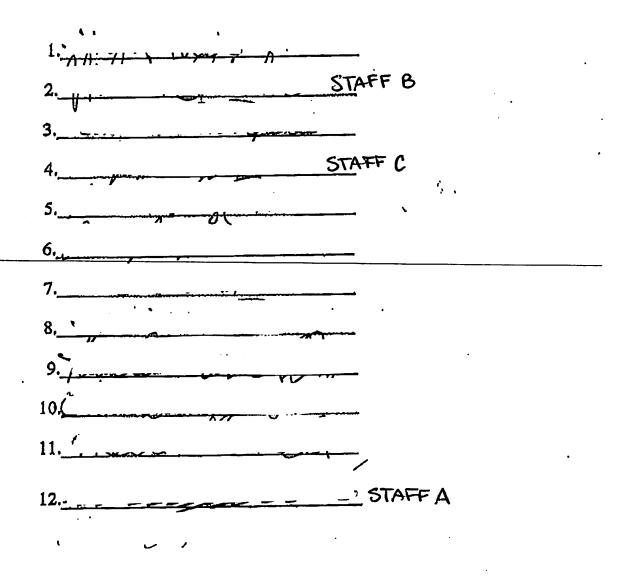
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Planned Parenthood South Atlantic Fire Extinguisher and Safety Report

Date: 9/22/15 Facilitator: ,





# Redacted Staff A Training Documentation



Planned Parenthood South Atlantic

Job Title: Reports To: Department: FLSA Status: Access to ePHI: Revision Date: Abortion Physician Medical Director and VP for Patient Services Patient Services Non-exempt Full 06/08/2015

#### **JOB PURPOSE**

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

#### **ESSENTIAL FUNCTIONS**

Abortion Physicians perform a wide range of duties including, but not limited to the following:

- 1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
- 2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
- Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
- 4. Perform surgical and medication abortion procedures,
- 5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
- 6. Order post-operative medication, including contraceptives.
- Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
- 8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
- Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EXHIBIT

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#### **EDUCATION AND EXPERIENCE**

- 1. Doctor of Medicine.
- 2. Licensed to practice medicine in each state privileged to provide services.

- 3. Board eligible or Board certified physician preferred.
- 4. Minimum 3 years' experience performing surgical and medication abortions.
- 5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

#### PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

#### KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

#### COMPETENCIES

- Planned Parenthood Mission Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- Customer Service Orientation Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- Judgment Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- Attention to Detail Thoroughness In accomplishing a task through concern for all the areas involved no matter how small.
- Interpersonal Sensitivity Acts In a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses Interpersonal understanding to shape one's own response.

- × Teamwork - Able to develop cooperation and work collaboratively toward solutions which
- generally banafit all involved parties. Technical Expertise Possessas spacialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

#### WORKING CONDITIONS

- Environment: Work in a clinical environment. May encounter protestor activity. OSHA: Exposure to blood borne pathogens and other potentially infectious materials. .
- Work Weekt Schedules vary between Mondays through Saturdays, Including evenings. .
- . Driving Responsibilities: None,
- Extra Time: May be required to work over-time or attend staff meetings outside the . regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature:

Date

9-16-2018

Print Names\_

Copies	toj	
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Employee Human Resources File

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# SC ABORTION REGULATIONS TRAINING DOCUMENTATION

**Employee Name:** Title: \_PHYSICIAN PROVIDER

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	

By my algnature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws. .
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations . where these policies or procedures are not being followed.
- I understand that fellure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

9-15-2015

Signature

Date



# AGREEMENT OF CONFIDENTIALITY

<u>Client information</u>: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

<u>Release of Information to the Public:</u> Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please print)

2 9-15-15

Date

1

Signature



## HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: \_\_\_\_

\_\_\_\_\_Title: \_\_\_\_Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	HIPAA 102- Security Tips and Best Practices	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

9-15-1

Date



## HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: \_

Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature

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7-15-15 Date

Thank you for y	rour registration. Please	a print this receipt for your reference.	
Order Inform	nation	Training Center Contact	
Order Date: Payment Meth	9/15/2015 od: Payp <del>al</del>	Pee Dee Regional Community Train P.O. Box 608 Florence, SC 29503 carolinacenter@bet/south.net 643-665-4671	ing Cente
Customer			
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BLS for Healthc	care Providers Sat 9/19	/2015 st 9:00 AM	560. \$60.
BLS for Health	2010 Providers Sat 9/19	/2015 at 9:00 AM	\$60
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# Redacted Staff B Training Documentation



Planned Parenthood South Atlantic

## AGREEMENT OF CONFIDENTIALITY

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<u>Release of Information to the Public:</u> Contacts with the press or other public media will be handled by the President/CEO or designees. All inquirics will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please/print)

Signature

-19

Date

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January 2015



#### SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Date of Training	Subject	Facilitator/Verified by Signature
9-16-15	SC ABORTION REGULATIONS	

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws. •
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know ٠ Act may lead to corrective action, up to and including termination of employment.

9-16-19 Date



#### INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	Infection Prevention (OSHA)	

By my signature below, I affirm that:

- I successfully completed the infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT. ٠
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by ٠ them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the Importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being ٠ followed.
- J understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may ٠ lead to corrective action, up to and including termination of employment.

9-17-19



#### HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name.

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
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- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

9-17-19

Signature

Date



#### HIPAA PRIVACY TRAINING DOCUMENTATION

Title:

Employee Name: \_\_\_\_

Date of Training	Subject	Facilitator/Verified by Signature
9-17-15	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

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- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

9-14-19

Signature

Date

# Redacted Staff C Training Documentation



## SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: \_

Title: Medical Divector SUPP

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	

1

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- I have reviewed and understand the SC Abortion Regulations 61-12.
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- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature



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# HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name:

Tille: Medical Direton PPSC

Date of Training	Subject	Facilitator/Verified by Signature
17.50 15	HIPAA 101 – Protecting Patient Privacy	

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- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Date 15



## HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name:

Title: Meding Diverte

	Date of Training	Subject	Facilitator/Verified by Signature	
ſ		HIPAA 101 – Protecting Patient Privacy		

By my signature below, I affirm that:

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- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to ablde by them.
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- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

1SPP 15

Date



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I have read this statement and commit myself to its provisions.

Name (please print)

MDMPK 17Spls

Signature

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861-8063

January 2015





## INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

**Employee Name:** 

Title: Medioal Disator

Date of Training	Subject	Facilitator/Verified by Signature
9-18-15	Infection Prevention (OSHA)	

By my signature below, I affirm that:

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- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.



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# Redacted Staff A Training Documentation



Planned Parenthood South Atlantic

Job Title: Reports To: Department: FLSA Status: Access to ePHI: Revision Date: Abortion Physician Medical Director and VP for Patient Services Patient Services Non-exempt Fuil 06/08/2015

#### **JOB PURPOSE**

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

#### **ESSENTIAL FUNCTIONS**

Abortion Physicians perform a wide range of duties including, but not limited to the following:

- 1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
- 2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
- Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
- 4. Perform surgical and medication abortion procedures.
- 5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
- 6. Order post-operative medication, including contraceptives.
- Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
- 8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
- 9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

#### EDUCATION AND EXPERIENCE

- 1. Doctor of Medicine.
- 2. Licensed to practice medicine in each state privileged to provide services.

- 3. Board eligible or Board certified physician preferred.
- 4. Minimum 3 years' experience performing surgical and medication abortions.
- 5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

#### PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

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The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and Interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

#### KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

#### COMPETENCIES

- Planned Parenthood Mission Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- Customer Service Orientation Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- Judgment Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- Attention to Detail Thoroughness In accomplishing a task through concern for all the areas involved no matter how small.
- Interpersonal Sensitivity Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- Teamwork Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- Technical Expartise Possesses spacialized knowledge or skills to accomplish a result. 1 Picks up on technical things quickly; is good at learning new skills.

#### WORKING CONDITIONS

- .
- Environment: Work in a clinical environment. May encounter protestor activity. OSHA: Exposure to blood borne pathogens and other potentially infectious materials. .
- Work Waekt Schedules vary between Mondays through Saturdays, Including evenings. .
- Driving Responsibilities: None,
- Extra Time: May be required to work over-time or attend staff meetings outside the . regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

9-16-2018 Signature: Date -----Print Name: Ŀ Copies to: Employee Ē Human Resources File



# SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: Title: Title:

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	

By my algnature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

9-15-2015

Date



# AGREEMENT OF CONFIDENTIALITY

<u>Client information</u>: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

<u>Release of Information to the Public</u>: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please print)

2

Date

1



## HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: \_\_\_\_

\_\_\_\_\_Title: \_\_\_\_Physician\_\_\_\_

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	HIPAA 102- Security Tips and Best Practices	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

9-15-1

Date

Signature

-



### HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: \_

\_Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	HIPAA 101 – Protecting Patient Privacy	_

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature

9-15-15 Date

Thank you for your registration. Please (	print this receipt for your reference.	
Order Information	Training Center Contact	
Order Date: 9/15/2015 Payment Method: Paypai	Pee Dee Regional Community Train P.O. Box 808 Florence, SC 29503 carolinacenter@bet/south.net 843-665-4671	ing Center
Customer		
Ite BLS for Healthcare Providers Sat 9/19/2		
BLS for Healthcare Providers Sat 9/19/2	015 st 9:00 AM	\$60.
BLS for Healthcare Providers Sat 9/19/2	015 at 9 00 AM	\$60.
BLS for Healthcare Providers Sat 9/19/2	CO15 at 9:00 AM Total	Cc \$60. \$80,
BLS for Healthcare Providers Sat 9/19/2 Class Location Pee Dee Regional Community Training Co Nirections:	CO15 at 9:00 AM Total	\$60.
BLS for Healthcare Providers Sat 9/19/2 Class Location	CO15 at 9:00 AM Total	\$60.

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# Redacted Staff B Training Documentation



**Planned Parenthood South Atlantic** 

#### AGREEMENT OF CONFIDENTIALITY

<u>Client information</u>: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

<u>Release of Information to the Public</u>: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquirics will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

~

Name (please/print)

Signature

-19

Date

Г	EXHIBIT	
tabbles"	24	
-		)

January 2015



#### SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Date of Training	Subject	Facilitator/Verified by Signature
9-16-15	SC ABORTION REGULATIONS	

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12. ٠
- I have reviewed and understand the SC Abortion Regulations 61-12. ٠
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations • where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know . Act may lead to corrective action, up to and including termination of employment.

9-16-19 Date



## INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	Infection Prevention (OSHA)	

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT. ٠
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by ٠ them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the ٠ importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when ٠ I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may . lead to corrective action, up to and including termination of employment.

9-17-19

Signature

Date



#### HIPAA PRIVACY TRAINING DOCUMENTATION

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to ablde by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

9-17-19



#### HIPAA PRIVACY TRAINING DOCUMENTATION

Title:

Employee Name: \_\_\_\_

Date of Training	Subject	Facilitator/Verified by Signature	
9-17-15	HIPAA 101 – Protecting Patient Privacy		

By my signature below, I affirm that:

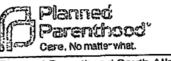
- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to ablde by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

9-14-19

Signature

Date

# Redacted Staff C Training Documentation



Planned Parenthood South Allantic

# SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: \_

Title: Medical Divector SUPP

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	

1

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- Lunderstand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature



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## HIPAA PRIVACY TRAINING DOCUMENTATION

**Employee Name:** 

\_Time: Medical Divetor PPSC

Date of Training	Subject	Facilitator/Verified by Signature
17.50 15	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

- i successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to ablde by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

15 Sal (5 Date



# HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name:

\_THIO: Meding! Diverte

Date of Training	Subject	Facilitator/Verified by Signature	
	HIPAA 101 - Protecting Patient Privacy		

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to ablde by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

TSPP 15

Signature

Date



# AGREEMENT OF CONFIDENTIALITY

<u>Client information:</u> All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

<u>Release of Information to the Public</u>; Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please print)

MDMPK 125015

Signature

U

January 2015





#### INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

**Employee Name:** 

Title: Medioal Disaton

Date of Training	Subject	Facilitator/Verified by Signature
9-18-15	Infection Prevention (OSHA)	

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.



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# Redacted Staff A Job Description



Planned Parenthood South Atlantic

Job Title: Reports To: Department: FLSA Status: Access to ePHI: Revision Date:

Abortion Physician Medical Director and VP for Patient Services Patient Services Non-exempt Full 06/08/2015

#### **JOB PURPOSE**

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

#### **ESSENTIAL FUNCTIONS**

Abortion Physicians perform a wide range of duties including, but not limited to the following:

- 1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
- 2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
- Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
- 4. Perform surgical and medication abortion procedures.
- Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
- 6. Order post-operative medication, including contraceptives.
- Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
- 8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
- Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

#### EDUCATION AND EXPERIENCE

- 1. Doctor of Medicine.
- 2. Licensed to practice medicine in each state privileged to provide services.

EXHIBIT 26



- 3. Board eligible or Board certified physician preferred.
- Minimum 3 years' experience performing surgical and medication abortions.
- 5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

#### PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

## KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

#### COMPETENCIES

- Planned Parenthood Mission Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- Customer Service Orientation Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- Judgment Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- Attention to Detail Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- Interpersonal Sensitivity Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.



- Teamwork Able to develop cooperation and work collaboratively toward solutions which . generally benefit all involved parties.
- Technical Expertise Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

#### WORKING CONDITIONS

- Environment: Work in a clinical environment. May encounter protestor activity. .
- OSHA: Exposure to blood borne pathogens and other potentially infectious materials. .
- Work Week: Schedules vary between Mondays through Saturdays, including evenings. .
- Driving Responsibilities: None. . .
- Extra Time: May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature: Print Name:_			Date: <u>6-25-2015</u> MD	
Copies to:		Employee Human Resources File	-	

# Redacted Staff B Job Description



Planned Parenthood South Atlantic

Job Title: Reports To: Department: FLSA Status: Access to ePHI: Revision Date: Abortion Physician Medical Director and VP for Patient Services Patient Services Non-exempt Full 06/08/2015

#### **JOB PURPOSE**

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

#### **ESSENTIAL FUNCTIONS**

Abortion Physicians perform a wide range of duties including, but not limited to the following:

- 1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
- 2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
- 3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
- 4. Perform surgical and medication abortion procedures.
- 5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
- 6. Order post-operative medication, including contraceptives.
- 7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
- Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
- 9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EXHIBIT

21

#### EDUCATION AND EXPERIENCE

- 1. Doctor of Medicine.
- 2. Licensed to practice medicine in each state privileged to provide services.



- 3. Board eligible or Board certified physician preferred.
- Minimum 3 years' experience performing surgical and medication abortions. 4. 5.
- Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

# PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

# KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive
- Ability to manage multiple tasks and priorities while affording attention to detail and
- Certified in ACLS and capable of performing other procedures for airway management. Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

#### COMPETENCIES

- Planned Parenthood Mission Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external
- Customer Service Orientation Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- Judgment Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- Attention to Detail Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- Interpersonal Sensitivity Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.



- Teamwork Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties. .
- Technical Expertise Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

#### WORKING CONDITIONS

- Environment: Work in a clinical environment. May encounter protestor activity. .
- OSHA: Exposure to blood borne pathogens and other potentially infectious materials. .
- Work Week: Schedules vary between Mondays through Saturdays, including evenings. . Driving Responsibilities: None. . .
- Extra Time: May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions. 1

Signature:_		Date: 9-15-15
Print Name:_		
Copies to:	Employee Human Resources File	

September 25, 2015

I, fixed the ultrasound machine's time around the end of August. I do not remember the exact date it was done. I also did not realize the time was off until pointed it out to me. I did not call GE for help. I figured it out on my own. Since I have fixed the time, the times have been correct. I make sure the time is correct when I first turn the machine on and between each pt.

If you have any questions please let me know.

Thanks,





**Employee Name:** 

Si

Title: MCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	

By my signature below, I affirm that:

I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of

the procedure, and the minutes between the completed ultrasound and procedure start time?

- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

- Lunderstand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

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		/	

<u>9/24/15</u> Date



**Employee Name:** 

Title:	NCA

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature		



Employee Name:

\_\_\_\_\_Title:  $\___ \mathcal{RN}$ 

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

- Lunderstand that all abortions must be reported to DHEC within 7 days.
  - I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
  - I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
  - I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature		•	

<u>9-24-15</u> Date



Employee Name:

Title:	Mursing	Director	

Date of Training	Subject	Facilitator/Verified by Signature	
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

- Lunderstand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.



9/25/15



Employee Name:

Title: ACA	

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
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- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations
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- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Olare of the second		 _
Signature		

4-24-15



Employee Name:

Title: MC

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	

By my signature below, I affirm that:

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Signature

24-10

Date



#### TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	Abortion Regulations, Infectious Waste, Updated Forms	

By my signature below, I affirm that:

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Signature

9-25-19

Date



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

.. ..

Date of Training	Subject	Facilitator/Verified by Signature	
9/25/15	Abortion Regulations, infectious Waste, Updated Forms		

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9-25-15

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Date

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Title: Nem

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms		

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Signature

9-24-15

Date



Employee Name:

Title:	WHNP	

Date of Training	Subject	Facilitator/Verified by Signature	
9.24.15	Abortion Regulations, Infectious Waste, Updated Forms		

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9.24.15



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

**Employee Name:** 

	1 1	٠
Title:	HCA	
		 _

Date of Training	Subject	Facilitator/Verified by Signature	
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms		

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Signature	

-24-15

Date



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**Employee Name:** 

Date of Training	Subject	Facilitator/Verified by Signature
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9/24/15





#### TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

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Date		
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Signature



2712 Middleburg Drive Suite 107 Columbia, South Carolina 29204 (803) 256-4908

#### South Carolina Right to Know

Pursuant of South Carolina law, you have the right to view printed materials prepared by the State of South Carolina describing fetal development, list of agencies offering alternatives to abortion, and medical assistance benefits which may be available for prenatal care, childbirth and neonatal care. You also have the right to your ultrasound image. An abortion may not be performed sooner than sixty minutes following completion of the ultrasound.

The above referenced materials are contained in two booklets prepared by the South Carolina Department of Health and Environmental Control:

"The Development of the Embryo and Fetus by Two Week Intervals"

"The South Carolina Directory of Services for Women, Children & Families"

Signatures below certify the following:

- 1. I have been informed of my opportunity to review the information described above.
- 2. I have been provided this opportunity more than 24 hours before the abortion is to be performed.

Patient

Date

Parent/Guardian of Minor Patient (if applicable)

Date

I certify the patient has been offered the above information and the opportunity to review it more than 24 hours before the abortion is to be performed and that the required 60 minutes between completion of the ultrasound and starting the procedure has elapsed.

Hour, minute ultrasound completed	
Hour, minute procedure started	
Minutes between ultrasound and procedure	

Health Center Staff

Date

Attending Physician

Date

CO-14 9/2015

<b>Anned Parenthood South Atlantic Policy</b>	TYPE: Policy / SOP*	APPROVAL: Name and Date	
	Board Policy	Date only:	
Title: SC Fetal Death Reports	X_Staff Policy	<u>CEO name / date:</u> Jenny Black, CEO September 22, 2015	
Intended Audience: South Carolina Health Center Staff Responsible Staff: Health Center Manager	X_Medical Policy	Medical Director name / date: Katherine Farris, MD, September 22, 2015	
Date/Frequency of Review: at hire; annually thereafter	<u>X</u> SOP	<u>LT member name / date:</u> Emily Adams, VP PS September 22, 2015	

(\*) - Standard Operating Procedures section

#### **PPSAT** Policy:

PPSAT will comply with applicable South Carolina law regarding filing of Fetal Death Certificates.

Effective Date: 9/28/2015

#### **Procedure:**



**Reports of Fetal Death** 

For abortion procedures performed before 20 completed weeks of gestation and where the fetus 1. is weighs less than 350 grams, no Report of Fetal Death is required.

2. For any fetus that weighs 350 grams or more, a Report of Fetal Death will be filed with State Registrar within five (5) days after the procedure.

#### **Reports of Induced Termination of Pregnancy**

1. PPSAT will complete a Report of Induced Termination of Pregnancy within seven days of each procedure.

#### **Death Reports**

In the event of death of an adult patient at PPSAT, PPSAT will coordinate with the funeral 1. director or other person who assumes the body to ensure that a Death Report is timely filed with the State Registrar.

#### **References:**

S.C. Code Regs. 61-19, §§ 18, 21, and 22. S.C. Code Regs. 61-12 § 301.K.

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# Monthly Emergency Box Inventory for Centers Providing Surgical Services

Center Name	COLUMBIA	Year 2015
Affiliate Name	PPSAT	Phone 803 256-4908
Address and Cit	y 2712 Middleburg Dr Suite 107 Columbia SC	Zip 29204

Medication and Suggest Amou	ints	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Ammonia Capsules (box) Expires: 4/2017 Drawer 1	1												
Atropine Sulfate 0.4 mg/ml On national back order. See Memo													
Diphenhydramine (Benadryl) 50 mg caps/tabs (bottles) Expires: 3/2018 Drawer 1	1												
Diphenhydramine (Benadryl) IM 50 mg/ml Expires: 3/2017 Drawer 1	4												
Misoprostol 200mcg Per tab (bottle of 100) Expires: 7/2016 Drawer 1	1												
Epinephrine 1:1000 (1 mg/ml) 1 ml vial Expires: 12/1/15 Drawer 1	4												
Epinephrine 1:10,000 Prefilled carpujet Expires:4/1/2016 Drawer 1	4												
Methylergonovine (Methergine) 0.2mg/ml vial Expires: 9/2016 NP Fridge	20												
Naloxone (Narcan) 0.4 mg/ml Expires:5/1/2016 Drawer 1	2												
Oxytocin (Pitocin) 10units/ml Expires: 6/2016 Drawer 1	10												
Flumazenil (Romazicon) 10 mg/ml Expires: 3/2016 Drawer 1	2												
Diazapam (Valium) 10mg per tablet (box of 100) Expires: 4/1/16 Pharmacy	1												
Diazapam (Valium) 10mg/2ml vial or 5mg/ml vial	2												

EXHIBIT

Medication and Suggest Amo	ounts	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Expires: 9/1/16 Pharmacy													
Pitressin (Vasopressin) 20 units/ml Drawer 1 Expires: 11/2015	10												
Other Med:							1	1					
Safety Needles/Syringes								1					
3cc syringes with 21g needles Drawer 2	5												
TB syringes (sc Epi 1:1000) Drawer 2	5												
Angiocaths – 18, 20, 22 (sets each size) Drawer 2	3												
IV tubing (sets) Drawer 2	5												
IV solutions – LR/NS 500ml Expires: 2/2017 Drawer 4	4												
Other Supplies												New York	
Sterile 4 x 4 gauze Drawer 2	1 box												
Tape (rolls) Drawer 2	2												
Non-Rebreather Face Mask Drawer 5	2												
Nasal cannula Drawer 5	2												
One-way valve mask Drawer 5	1												
Oxygen tank with liter meter >3/4 full RR	1 RR												
1 airway set Drawer 5	1												
Adult Bag Valve Mask with reservoir Drawer 5	1												
Alcohol preps Drawer 2	1 box												
Exam gloves (boxes) (latex-free) Drawer 4	2 box												
Mechanical (Oral) Suction Top of Cart	1												

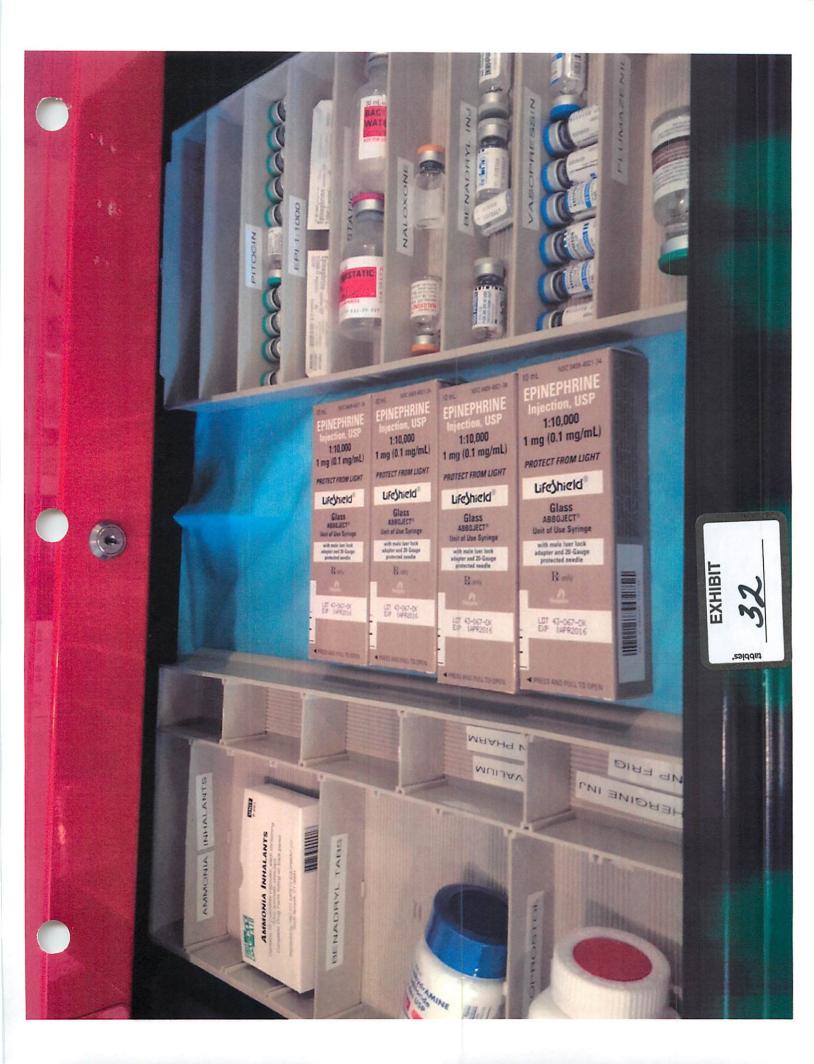
Note: All emergency medications must be ordered 2 months prior to expiration date.

\*Refer to 3-6-15 Memorandum regarding Vasopressin, atropine, and Pitocin.

Signature

r. #

Date





	HCN	/I Monthly RC		list		
Center: Tasks/Activities	Who	Resources & Tools	Month: Due Fileo		Done	NOTES
				rited	Done	
Health Center Schedule	нсм	Schedule template	prior month 20th			Details to CC
Inventory Count	нсм	Finance Tool	1st			emailed
POs submitted	нсм	IOS	3rd business day	IOS		POs if not in IOS
EPM Adjustment Reports	нсм	Auto-emailed	Fridays			email response
EPM Encounter Audit	нсм	Run report in EPM	Fridays			IMPORTANT: verify no charges missing
Packing slips	HCA/ HCM	Scanned to RAL Purchasing	Fridays	Binder		store in Packing Slip binder/file
Expenses/Credit card Verified	HCM/CL	Expense table	Bi-weekly/ monthly	RD		To Supervisor
QC Monthly Logs Verified	нсм	QC binders	monthly			Verified & signed by HC
Infection Prevention Walk- Thru	HCM/CL	QM 82	monthly	RQM		
Emergency Box Inventory	CL/ HCM	Emer. Manual	monthly	EM		Don't forget: Meds/sup exp dates
EHR Encounter Audit	нсм	EHR Reports	Daily/Weekly			IMPORTANT to verify v documents created!
Lab Reports (Voxent In-House History Report, BHIT Lab Report)	нсм	EHR/BH Reports	monthly	Binder		EHR verification (pape verify received)
EHR Med Dispensing Report	нсм	BH EHR Report	monthly	Binder		Use Better Health Repo
Abnormal (CDD) Stat Summary	нсм	CDD stat summary	next month 15th	STI/ CDD		*or other lab summa verify abnormals in
Breast Manifest	CCRM/ HCM	EHR CCRM runs, EPM Report	next month 15th	RQM		Verify Breast FU cre
Complication Logs (AB & non-AB)	HCM/CL	QM-78 & QM	Next month 15th	RQM		Emailed to RQM Dire
Missed MAB FU (if AB site)	нсм	BH EHR MAB Missed FU	Next month 15th	Binder		1 Letter for missed
Ultrasound log (if AB site)	нсм	QM	File monthly	Binder		
After Hours Call Log (if AB site)	нсм	Southern Voices fax	N/a	Binder		daily fax/pt verifica
HCM Monthly Report	нсм	HCM Report	next month 15th	RQM M		
HC Meeting Minutes	нсм	HCM/CWG Items	monthly	RQM M		Ensure absent staff rev
Specific medical/IP trainings or ER, Fire, Safety Drills completed:	HCM/ RD	CAL Modules/RQM Annual Plan, IP or ER Manuals	monthiy	RQM M		Topics/drills rotate
Any Audits: <i>(if applicable)</i>	RLC/ HCM/ RD	RQM Annual Plan	Monthly	RQM T		
Corrective Actions, if indicated:		RQM	Monthly	RQM T		
Other Items this month:						(inspections, visits, etc.

.....

~ •

HCM Signature:

Date:



RQM M= RQM binder Monthly tabs RQM T =RQM binder Tabs (specific) EM =Emergency manual CDD= CDD binder or STI FU binder AB= AB Complication/MAB FU Binder .





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# Table as a structure of the structure problem of the structure of the structur

E		Stericycle'	Route # 1	- Case of Emericency	Contact: Chemyreo 1-8 Customer	00-424-930D R NO. 21132	MEDICAL 8	WASTE TRAC	CKING FORM NU EBT 001-10-00-57D 85W3	MBER
		1. Generator's Name, Add ATTN :		none Number						
		PLANNED PAREN 2712 MIDDLEBU	RG DR SUIT							
		Columbia, SC	29204~ 24	78	(803) 256-2	600	<u>.</u>		10/17/201	4
		Customen Number 802'	7017-002		GENERATOR'S RECISTR	ATION #	SC40	-03384		
		2A. DESCRIPTION OF WASTE	28.		CONTAINERTYPE			2C. NO. OF CONTAINERS	2D. VOLUM	Ę
		UN9201, Regulated Medical Waste, n.o. 6.2, FGII	TBUT ~ 30	Gallon Reusabl	e Tub (4.0 cu ft)					Cu Pt
	~	UN3291, Regulated Medical Wasto, n.o 6.2, PGII UN3291, Regulated Medical Wasto, n.o			eusable Tub (3.7 (					Cu Ft
	GENERATOR	UN3291, Regulated Modical Waslo, n.o 6.2, PGII UN3291, Regulated Modical Wasla, n.o 6.2, PGII			d Cart (12.8 cu ±	t)				<u>Cu Ft.</u> Cu Ft.
		8.2, PGII UN8291, Regulated Modical Wasle, n.o 6.2, PGII	.S.,		Box (5.5 ou ft) Box (2.0 cu ft)					CU FL
	B	UN3201, 'Regulated Modical Waste, n.o 6.2, PGH			Box (4.12 cu ft)			4	16.5	Cu FL
		UN3201, Regulated Medical Wasto, n.o. 6.2, PGI		crugated Box (4						Cu FL
		UN3201, Regulated Medical Wasto, a.c 6.2, POII U1329 PRegulated https://www.nos	.s., 9691 - Sh	arps Containers	(2.4 ou fb)					Gu Fl,
		6,2, POI)	RX36 - 20		Box (2.9 cru ft)			-1-	117	Cu Fl
		3. Generator's Certification: " described abova by the proper s are in all respects in proper con	heroby declaro that hipping namo, and	the contents of this cont are classified, packaged	signment are fully and accurations, marked and labelled/placam	ded, and			16.5	Cu Fl
	Ĺ		dilion for transport a	according to applicable in					n oli	14
		4. TRANSPORTER 1 ADDRESS:			Signature .			Phone/	56) 951-353	7
	Na a	Stericy 200 Alt	ele, Inc. a Vista Co	urb []	This is a Through Ship	ment		SC14-(		-
	PRIMARY TRANSPORTER	Lexingt TRANSPORTER CERTIFIC	CATION: Receipt	73 of madical waste as desc	nbed above.					
	Ē	PrinVTypa Namo		Signaturo _					0/17/14	
		8. INTERMEDIATE HARDLER 2.7					STERICYC	Phone #. Applicable Perm	ut Numbers:	
	NEPORTER TRAVEN	INTERMEDIATE HANDLEI Printfypo Nemo	R/TRANSPOR	TER CERTIFICATIO	N: Rocalet of manual waste	r Ha as doscnbog	W River, NC 2	nue 725a	7	
	Ę.s			Stgnaturo						
	TRANSPORTER 3/ INTERNEDWIE HANDLER	6. INTERMEDIATE HANDLER 3 /	TRANSPORTER S	ADDRESS			<sup>™</sup> .`1 201	Thenp B:	nit Nagiboro.	
	SPOR	INTERMEDIATE HANDLE	R/TRANSPOR	TER CERTIFICATIO	N: Receipt of gradu					
	STATE T	PrinVType Name		Signaturo _						
		Corvecte	<sup>a</sup> d							
	E		. 89,/	Allemato Facility: IERCYCIO, INC.	Sterio	Facility: yole, (nc.	<u>ا</u>	STER	Lacilly:	2
	TREATMENT FACILITY	4403 Republic Court	11	188 Porter Ave,	4246 M	Naine Aven	901	Concord, N This certulies treats	ICYCLE, INC. Republic Court Iarth Chroling 20020 ment by Stram Stanling when NEO HINR republic	stica
	LNE	Concord,NC 28027 (800) 858 - 9278	,	aw River, NC 27268 88) 783 - 7422		md, FL. 33 783 - 7422		od	2012014	
	EAT!	BPA#: 1305		EPA#: 01-02-1		PDOH #				
	TREATMENT FACILITY	TREATMENT FACILITY: I c received the above indicated	i wastes in accor	rdance with the requi	rement outlined in that a	uthonizatio	n.			
P	L	РліпиТуро Namo		Signatum,			<u>_</u>	De		
144	D039	C certify that the way y 8.C. Hayardous Was "(6) (d) of the 8.C. I	ste provided be Managemen nfectious We	l does not cont it Regulations ( gte Management	ain regulated quar or sadioactive may Regulations.	ntites terials	of havard above lev	lous waste vela detern	as de <del>fi</del> ned arned in	
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	Staricycle	Route # Noger OF THERE	Benoy Contact: Chemtrec 1-800-424-930 Customer No. 2113	MEDICAL WASTE TRA 0 STANDARD MANUF 2 MDAUOC	EST 001-10-08-STD
	ATTN : PLANNED PAREN	THOOD RG DR SUITE 107			
	COLUMBIA, SC		(803) 256-2600		10/31/201
	CUSTOMOR NUMBER 8027	7017-002	GENERATOR'S REGISTRATION #	8640-08886	
	2A, DESCRIPTION OF WASTE	28.	CONTAINER TYPE	20. NO. OF CONTAINERS	2D. VOLUM
		S. FBOL - 30 Gallon Reus	able Tub (4.0 cu fb)		
	UN3201, Regulated Medical Waste, n.o. 0.2, PGII		on Reusable Tub (3.7 cu ft)		
RO	UN3291, Regulated Mostcal Wasto, n o. 6.2, PGH	184 PB97 - 97 Gallon Whe	eled Cart (12.8 ou ft)		ļ
GENERATOR	UN3201, Repulated Medical Waste, n.o. 6.2, PGI	BESS - Medium Corruge	ated Box (5.5 cu It)		
U	UN3281, Regulated Medical Wosto, n.o. 6.2, Poll		ted Box (2.0 cu 25)		
E E	UN3281, Regulated Medical Wasto, n.o. 6.2, PGI		ated Box (4.12 au ft)	4	16-5
	UN9201, Regulated Medical Wasto, n.o. 8.2, PGH				
	UN3201 - Regulated Medical Wasto, n.o. 8.2, Poli				
	WH329 TRegulated Medical Wasterros: 52 FOIL	REG6 - 20 Gal Corrug			
	8. Generator's Certification: 1	and the second	us consignment are fully and accurately kaged, marked and lobelloti/placarded, and sable international and national governmental	TOTALS	16.5
	are in all respects in proper con	dilion for transport according to applic	able International and national governmental	regulations.	- inter
<u>لم</u>	KiPrinted/Typsd Name		Signaturo	Place //	Dete LOISI
1 6	4. TRANSPORTER 1 ADDRESS:	cle, Inc.	Title is a Theouse Schwaark	Phone #: (8) Applicable Per	68) 951-953 mil Ni: moone
PRIMARY	200 Alt	a Vista Court	This is a Through Shipment	8C14-	02T
Min'	Lexingto	on, SC 29073 CATION: Bacard of madical waste at	a department alcours		
Ē	Print/Type Namo	Signa		Date	5/31/14
3	CE INTERNETIATE HAN			Phone 8:	
	1		ATION: Receipt of prodiced wasto on describing	Applicable Perr	nit Municols;
	INTERMEDIATE HANDLEF	R /TRANSPORTER CERTIFIC	ATION: Receipt of montical waste as describe	A PROVER AVEN	
P a	PrinVType Name	Signa	sture	CINERATE Data	$ \rightarrow =$
TRANSPORTER 3/ DITERVEDIATE	6. INTERMEDIATE HANDLER 3/	TRANSPORTER 3 ADDRESS	Nov Nov	Phone 8: applicable Por	mtt Numbors:
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		R / I RANSPORTER CERTIFIC			/
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8	Correct			/	
E	Sterioyole, inc.	Sterloycle, Inc.		STEE	to Paniliby: LICYCLE, INC.
1 U U	4403 Republic Court	1188 Porter Ave,		Concord. 7	Republic Copri forth Carolina 2007 ment by Stram Strilling the North The Stram
H H	Concord,NC 28027	Haw River, NC	27268 Lakeland, FL a		
個點	(800) 898 - 9278	(666) 763 - 7422			1042014
1 <b>-</b>	EPA#: 1305	ertify that I have been authorize			
LUNE N		I wastes in accordance with the	d by the applicable state agency to acc requirement outlined in that authorizat	ion,	
TREATMENT FACILITY	Print/Type Name	Signa		θα	
THEAT				of havardous waste	as defined
	······································	ste provided does not o se Management Regulatio nfectious Waste Managem	zontain regulated quantities ons or radioactive materials aent Regulations.	above levels deter	mined in

	1. Generator's Name, Addres ATTN:	s and Telephone Number	Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Strang		And the second s	Jack Sold Sold	and the second se
	PLANNED PARENTH 2712 MIDDLEBURG	CONTRACTOR AND					
	COLUMBIA, SC 2	9204- 2478	(803) 256-4908			12/5/2014	4
	CUSTONER NUMBER 80270	17-002	GUNERATOR'S HEDISTRATION #	8C40	-03936		
ľ	2A, DEBCRIPTION OF WASTE	²₽.	CONTAINER TYPE		20. NO. OF CONTAINERS	2D. VOLUM	E
	UN3201, Regulated Modical Waste, n.o.s., 6.2, PGI UN3201, Regulated Medical Waste, n.o.s.,	Contraction of the state of the second state o					
œ	IINS201 Republied Medical Waste n.e.E.	The second secon	Reusable Tub (3.7 cu ft)				
ENERATOR	Ithigont Deputated Madlast Worls o o f	1897 - 97 Gallon Wheel 3X55 - Medium Corrugati	ed Cart (12.8 cu ft)				
NER	UN3281 Reputated Medical Waste n.o.S.	SS19 - Small Corrugate					
GE	UN3201, Rogulatod Medical Wasto, n.o.s., 6.2, PGII	5544 - Medium Corrugat	ed Box (4.12 cu ft)		6	24.7	
		KRBX - Corrugated Box	(4.3 cu ft)				
	UN3201, Regulated Medical Waste, n o.s., 6,2, PGII DR3237, Regulated Medical Visiter, no.s.,	5691 - Sharps Containe	rs (2.4 ou ft)				
	52.P0))	RE36 - 20 Gal Corrugat		Toruch		24.7	
	3. Generator's Cartilization: "I hord described above by the proper shipp	aby deciaro that the contants of this of the contants of this of the contants	consignment are fully and accurately and, marked and labellod/placarded, and a International and national governments	TOTALS	6	0	
U	X Printed/Typed Name	n for transport according to applicable	Signature	a legalditorio		Date 12-5-1	14
×1 95	4. TRANSPORTER 1 ADDRESS:			0	China Hi	5) 951-353 Numbers	
PRIMARY TRANSPORTER		Vista Court	This is a Through Shipment		SC14-0		
PRIMARY	Lexington TRANSPORTER CERTIFICAT	<ul> <li>SC 29073</li> <li>Flow: Receipt of modical waste as dependence</li> </ul>	soribad abova.	I			
E	Print/Typa Namo_	Signatur	<u>,</u>		the second second second	2-5-14	
DIATE	S. INTERMEDIATE	ADDRESS:		STERICYCLE	Phono #. Apprentio Rami	Numbers'	
LSPOID ENNED	INTERMEDIATE HANDLER /	TRANSPORTER CERTIFICAT	ION; Receipt of medical wasto as descri	1168 Porter Aven law River, NC 272	uo 259		
Net Line	Print Typo Nomo	Signatur			Lister		
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AR -	PIJAUTypo Namo	Signaluro				<u> </u>	
1	PILAUTYPO Name	rectaci			-		
E	C DA. Danignolod Facility: Sterioyole; Inc.	Sterloycle, Inc.	Sterioyole, Inc		DD. Altorano	YCLE, INC.	
FACILITY	4403 Republic Court	1168 Porter Ave,	4246 Maine Av	venue	403 Rej Concord, Nor This certifies treatme a accordance with di	nt by Steam Sterling	tiou
	, Çoncord,NC 26027 ! (800) 833 - 9278	Haw River, NC 272 (888) 783 - 7422	58 Lakeland, FL (868) 783 - 743				ions
TREATMENT	EEA#: 1305	EPA#: 01-02-	EPA#: FIJOH	# 7217	1/1	9 2014	
民部	received the above indicated wa	y that I have been authorized by stes in accordance with the req	y the applicable state agency to ac uirement outlined in that authoriza	tion.	1		
6	Print/Type Namo	Signaluro			-		
9	gerbify that the warte	provided does not con	tain regulated quantitie or radioactive material	s of hazard s above Lev	ous waste a els detormi	es defined ned in	
9	S.C. Hagardous Waste I	Management Regulations					
9	carbify that the warte ( S.C. Hagardous Warte H (S)(d) of the S.C. Infec	Management Regulations atious Waste Managemen	ORIGINAL		tolRiel	Man22505id 9/(1	17

1 min					
	Staricycle' Ro	ube # 16689E OF EMERGENDY CONTA	OT: CHEMTREC 1-880-424-8300 CUSTOMER NO. 21132	MEDICAL WASTE TRAC STANDARD MANIF MDAUO(	28T CO1-10-08-STD
	1. Generator's Name, Address ATTN : PLANNED PARENTHO	800			
	2712 MIDDLEBURG 1 Columbia, SC 293		(803) 256-4908		12/12/2014
{	CUBTOMER NUMERR 802702	7-002	Scherator's Registration (f	5C40-0839G	
	2A, DEBCRIPTION OF WABTE 28 UN3291, Regulated Madical Wasto, n.o 8., 178	. conta 101 - 30 Gallon Reusable Tub	(4.0 cu ft)	20. NO. OF CONTAINERS	2D. VOLUME Cu'f
	6.2, PGI 11N3201, Regulated Medical Wasto, 0 0.6., TH 0.2, PGI				Qu F
۶.	UN3281, Regulated Medical Waste, n.p 8.	197 - 97 Gallon Wheeled Car	b (12.8 ou fb)		GuE
Į	UN3291, Regulated Medical Wasto, n.o.s., BX	35 - Medium Corrugated Box	(5.5 au ft)		Cu F
GENERATOR	UN9201, Regulated Modical Wests, n.o.s., Ba	19 - Small Corrugated Box (	2.0 au £p)		Cu F
÷۳	UNS291, Regulated Modical Waste, n.o.s., SE	144 - Medium Corrugated Box	(4.12 cu ft)	2	8.2 OUF
	UN3291, Regulated Medical Wasto, n.o.s., KF	HX - Corrugated Box (4.3 au	£t)		CuP
}	UN9261, Reputated Medical Waste, n.o.s., 90 2 Poil UN9263 Regulated Medical Wasterness	391 - Sharps Containers (2.4	aii 2p)		CuF
1		136 - 20 Gal Corrugated Box	(2.9 m ft)		015
	3. Gonarator'o Carilization: "I hareby described abovo by the proper shippin are in all respects in proper condition	y declare that the contents of this consignmen g name, and are classified, packaged, market or teneoutle section to content of teneoutles	and inbelied/placardod, and inbelied/placardod, and inbelied/placardod, and interest results over the second secon	TALS► 2	8.2 cui
ų –	KiPrinted/Typed Namo		Signature		Date 12-12-14
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PI PI	PrinVippe Name	DN: Received of madical wasta as described ob		Dale	12-12-14
IRÁNSPORTER 2/ INTERILEDIATE	INTERMEDIATE HANDLER / TF	ANSPORTER CERTIFICATION: Reco	lo of medical way to so described at	Phono 9: STEADbackio Penn 7169 Porter Avenue Haw River, NC 27288 boxeJNCINEB dates	nd Numberst
<b>1</b> 1		and the second		UEC 2 Prient th	
TRANSPORTERS/ WITHANEDIATE	INTERMEDIATE HANDLER / TR	IANSPORTER CERTIFICATION: Roca	lpt of modulal waste		nt Numberst
	7. DISOREPANOY INDICATION	1			/
Eĥ	A Designated Facility: Sterioycle, Inc.	B. Allemato Pacifitya	BC. Altomato		Pacify:
	4409 Republic Court	Sterioyole, Inc. 1188 Porter Ave,	Steric: 4245 6		Starfization
	Concord,NC 28027	Haw River, NC 27258	Lakeland, FL 33689	onules yearnant by Steam ordance with the NODENS	regulations.
핕뫪	(800) 893 - 9278 EEA#: 1305	(888) 783 - 7422	(886) 789 - 7422	DECKE DOIA	
	TREATMENT FACILITY: I certify th received the above indicated waste	BEA#: 01-02-1 at I have been authorized by the applic s in accordance with the requirement o	EPA#: PLOH # able state agency to accept utilined in that authonization.		have
کب ک	PdnVTypo Namo	Signaturo			
ᅻ 말	carpify that the waste pr S.C. Hasardous Waste Mar 6) (d) of the S.C. Inferti	covided does not gentain reg agement Regulations or radi out Waste Management Regula	ulated quantitier of castive materials abo tions.	ve levels determi	ned in
_					Man22605td 9/11/

#### Advanced Environmental Options, Inc. 25 Stan Perkins Road Spartanburg, SC 29307 864-488-9111

Thursday, August 27, 2015

Emily Adams Planned Parenthood South Atlantic 1765 Dobbins Drive Chapel Hill, NC 27514 919-929-5402 Phone

Quote Number: <u>PPSA082715-01</u> Dear Emily:

Advanced Environmental Options, inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies, material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (incineration) Dispos Transportation to disposal facility in Atlanta

Disposal

pound (\$100.00 min/stop) / drum

EXHIBIT

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Healh Center Blacksburg Healh Center Chapel Hill Healh Center Charleston Healh Center Charlotte Healh Center Charlottesville Healh Center Columbia Healh Center Durham Healh Center Fayetteville Healh Center Greensboro Healh Center Raleigh Healh Center Roanoke Healh Center Vienna Healh Center Wilmington Healh Center Winston-Salem Healh Center



For multiple facility pickups the price will be based on actual mileage to the multiple facilities & back then multiplied by \$1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

\*\* AEO's Energy and insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track e national average price for diesel fuel as reported by the U.S. Department of Energy each month. <u>This charge is applied to the</u> <u>untire invoice, less taxes and fees</u>. The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available et (<u>http://tonto.eta.doe.gov/con/info/wohdp/diesel.asp</u>).

Page 1 of 3

# (Additional Costs and Assumptions That May Apply)

#### <u>General:</u>

- Per Diem for All Workers will be charged at a rate of \$ 120.00 per man per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a \$75.00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

#### **Transportation Section**

- A \$95,00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of \$ 250.00 par vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not must DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, involces will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

#### REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services

- A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
- B. In a workmanilke and professional manner;
- C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, gligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or rection of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim, suit or proceeding based on:

- A. Changes in applicable laws or regulations after the services are completed:
  - B. Aots or occurrences outside the scope of the services:
  - C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors;
  - D. Failure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):

A. Its physical characteristics:

- B. Soil reports and subsurface investigations:
- C. Legal limitations and restrictions;
  - D. Utility locations;
- E. Other reports or documents which may be reasonably by the contractor.

Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

#### INDEMNIFICATION

- A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
  - 1. The performance of these services in compliance with client's instructions or specifications:
  - 2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
  - 3. Releases of toxic materials or hezardous substances to the environment which are not a result of the negligence of the contractor:
  - 4. Failure of the client to obtain required permits, licenses or approvals:

Page 2 of 3

- B. The contractor shall indemnify and hold client harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
  - 1. The price of the services or products which give rise to the claim for indemnification, or
  - 2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

#### CHANGE ORDER.

- A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the olient and shall be only on a mutually agreeable time and financial basis.
- B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

<u>Planned Parenthood South Atlantic</u> shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by <u>Planned Parenthood South Atlantic</u> to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. <u>Planned Parenthood South Atlantic</u> shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, "isputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued result to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on <u>Planned Parenthood South Atlantic</u> and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after <u>Planned Parenthood</u>. South Atlantic executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our opinion, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

Planned Parenthood South Atlantic

David W.	Hitchens
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David W. Hitchens CEO / President

Accepted By:	
Authorized Signature	
Printed Name	
Date 8/27/15	ł

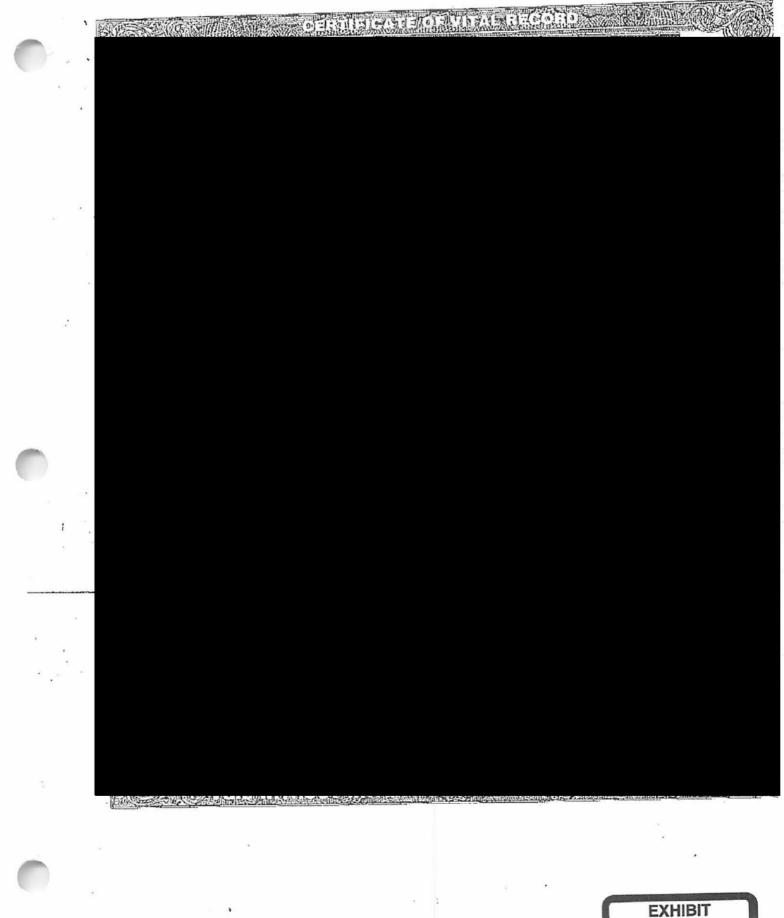
Page 3 of 3



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# South Carolina Minor Demographic Face Sheet

Patient full name	rst	Middle	Last	
Physical Address	treet, Apt.#, RR			
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Mailing Address if different from	Dity	State	Zip code	
physical address _	Street, Apt.#, RI	R#, P.O. Box		
;	City	State	Zip code	
Patient phone number				
	Circle: cell #	home# other#	(identify other)	
Patient social security #				
Patient's date of birth	Month	Day	Year	
Name of patient's father	First	Middle	Last	Unknown or decline to provide patient initials
Name of patient's				
mother	First	Middle	Last	Unknown or decline to provide patient initials
Name, address, phone # of person to be contacted in case of emergency				
	Name		Address	Phone#
MR 47 9/2015				EXHIBIT



	EXHIDIT	
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# CERTIFICATE OF LIVE BIRTH

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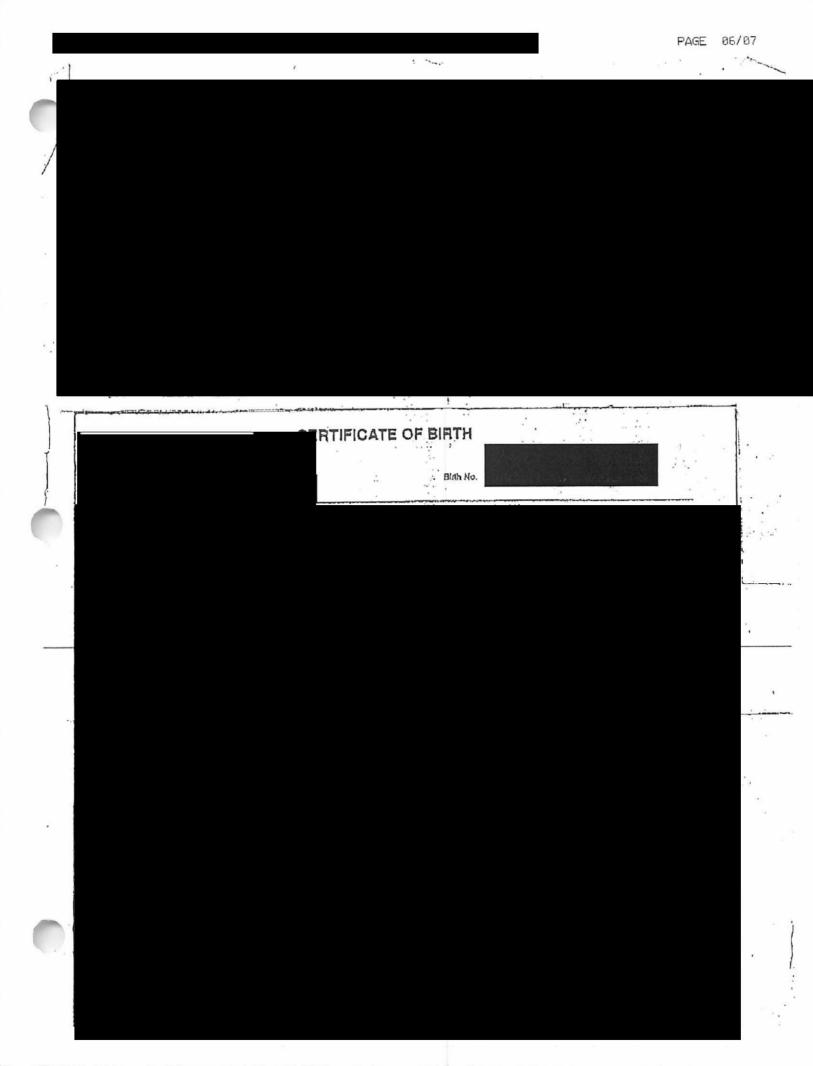
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# PATIENT REGISTRATION FORM Family Medicine Centers of South Carolina, LLC



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Planned Faren Center:	thood South Atlantic, Inc.	EHR SC Abortion Chart Comp vered by Review: to			-					
			En	counte	r # (1)	0 cha	irts)		Res	ults
Criteria									# charts in comp- liance	# charts in comp- liance
1. SC Women's R	ight to know Completed and Scanned to encounter (CO-14)									
	eet completed and scanned to encounter (if applicable)									
3. SC Report of In	duced Termination of Pregnancy completed and scanned to encounter									
4. Clinical Assista	nts for procedures recorded on visit document									
5. Ultrasound pict	ure scanned to encounter									
6. US completed t	ime on visit document matches US time on picture									
	d at least 60 minutes prior to the procedure									
8. All required ser patient & witnes	vice- specific consent forms and CIICs are signed electronically by									
	ion is documented									
10. Hemoglobin ar	nd Rh ordered and completed									
	ts Rhogam ordered and completed (if applicable)									
	visit is completed									
13. Encounter is n	amed correctly									
14. CT/GC ordered visit document	d for all pts. Pap/RPR offered to pt. (pt declines RPR/Pap recorded on if not ordered)									
	e is documented for all patients									
	recorded for all medications dispensed									
17. Allergies noted	with reactions or NKA checked									
18. Vitals docume	ented for all pts									
19. IPV screening	done on all pts (AB specific questions answered)	$\vdash$								
20. Decision Asses										
21. Visit Summary	is generated, accurate, complete and signed off by clinician									
	# of criteria items noted in compliance for this chart									
Results										

Summary of Findings:			tabbles"
Plan for Correction: (if indicated, includ	de actions taken and date for follow up)		Cv 🖾
Completed By / Title / Date	Health Center Manager/ Date	Lead Clinician / Date	

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P		Storicycla Froitsiag Natis Indexing Nati	 Route #	- Webse of Emergen	NOY CONTACT: CH	IEMTREC 1-800-424-0 CUSTOMER NO. 21	D30D	L WASTE TRAC STANDARD MANIFE MDAUOO		MBER
		1: Generator's Name, Addr ATTN : FLANNED FAREM		ephone Number						
		2712 MIDDLEBU COLUMBIA, SC								
					(80;	256-2600			10/17/2014	1
		Gustomer Number 8027	7017-002	2	GENERA	tor's Redistration #	SC40	-09886		
		2A. DESCRIPTION OF WASTE	28.		CONTAINERT			2C. NO. OF CONTAINERS	2D. VOLUME	
		UN3201, Regulated Madical Wasto, n.o.S., B2, FGII UN3201, Regulated Madical Wasto, n.o.S., TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu fb) TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu fb)							Cu Ft	
	E E				i)			Cu FL		
	GENERATOR	UN3201, Regulated Medical Wasto, n.o. 8.2, PEII	the second s	ledium Corrugat						Cu FL
		UN3201, Regulated Modical Wasto, n.o. 0.2, PGI	<sup>s.</sup> 8819 - 9	mall Corrugate						Cu FL
	6	UN3201, Regulated Modical Wasto, n.o. 6,2, PGI	the second s	ledium Corrugat	ed Box (4.1	2 cu ft)		4	16.5	CuFL
		UN3201, Regulated Mcdical Waste, n.o. 6.2, PGII UNSPAL, Regulated Medical Waste, a.o.		forrugated Box	(4.3 ou ft)					Cu FL
		UNSED1, Regulated Medical Wasto, n.o. 0.2, PGII UNEXED The guilated medical Walkshies; 6.2, PGII		Containe						Ctu FI,
				to Gal Corrugation of the contents of the cont			TOTALS	4	16.5	Cu Fi
		3. Gonerator's Certification: "It described above by the proper si are in all respects in proper cond	Noping name, el lition for transpo	nd are classified, packed it according to applicable	ed, marked and la a International and	helled/placarded, and national governman	si reculations."			
C	K	XI Printed/Typed Name		· · · · · · · · · · · · · · · · · · ·		_Signature			ato 10/17	<u>14</u>
1		4. TRANSPORTER 1 ADDRESS: Sberieve	cle, Inc.		This is a Th	rough Slipment			6)	7
	PRIMARY TRANSPORTER	Lexingto	a Vista C on, 8C 29	073				8C14-0	27	
	PE	TRANSPORTED CEDTIEIC	ATIONI Parat	int of modified waste as de				Date 14	11-114	
	20	8. INTERMEDIATE HANDLER 2/1	rransporter	2 ADDRESS:				Phone #.		
	WASPOTTER 2/ WASHEDDATE					1	TO PONDE A	Applicable Permi	Trutabolac	
		INTERMEDIATE HANDLER Pdn//Ypp Namo	I/TRANSPO	RTER CERTIFICAT	'ION: Receipt of n	nonical waste as dosci	Hay River, NO 2 nospatience, NO 2	Date		
			RANSPORTER				NOV .1 20	Phone 9: Applicable Perm		
	TRANSPORTERS/	INTERMEDIATE HANDLER	YTRANSPO	RTER CERTIFICAT	ION: Receipt of	nedicel west		* Appleable Perm	N Numbers.	
	ANTERNES ANTES	Print/Type Namo		Signatur						
		7. DISCREPANCY INDICATION	d						T	
	E	the second s	. a	B. Allomato Facility		SC. Alternal	. (····	SCHOL	Hacility:	27
	ACIL	Sterioyole, inc. 4403 Republic Court	1	Stericycle, Inc. 1168 Porter Ave,		Sterioyole, In 4245 Maine A	o. Wenue	4403 R Concord, No	CYCLE, INC. cpublic Court inth Chroling 2000 ent by Stram Staniant the NEOHNR repolat	ilea
		Concord,NC 28027 (800) 888 - 9278	,	Haw River, NC 272 (866) 783 - 7422	268	Lakeland, FL (866) 788 - 74	,	in second inco of the	AT NOTHINR SERVICE	me
	TREATMENT FACILITY	EPA#: 1305	1	EPA#: 01-02-		EPA#: PDOH	1 # 7217		12014	
	Êf	TREATMENT FAOILITY: I ce received the above indicated	rtily that I hav wastes in acc	ordance with the rec	guirement outlin	ed in that authorize	alion,	me		
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ر ۲	1 20	gertify that the was y S.C. Hasardous Wast (6) (d) of the S.C. In	te provid e Managem	ed does not com ont Regulation:	abain regula per radioad	ited quantitu rtive material	es of havard ls above lev	lous wista vela determ	as do <del>fin</del> ed ined in	
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						tabbies'	20			
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000	Stericycle Rout	ac. # 12665E OF EMERGENCY CONTA	CT: CHEMTREC 1-800-424-9300 CUSTOMER NO. 21132	MEDICAL WASTE TRAC STANDARD MANIF	EST 001-10-08-STD
	1. Generator's Name. Address an PLANNED PARENTHOOD 2712 MIDDLEBURG DF		Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose Antoniose 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Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annua
	COLUMBIA, SC 2920	14- 2478	(803) 256-2600		10/31/2014
	CUBTOMER NUMBER 8027017-	-002 a	GENERATOR'S REGISTRATION #	3C40-0833G	
	2A, DESCRIPTION OF WASTE 2B.		NERTYPE	20. NO. OF CONTAINERS	2D. VOLUME
	1003201, Regulateri Medical Wasin, n.o.s.	L - 30 Gallon Reusable Tub 4/TH28 - 28 Gallon Reusabl			Cu Ft Cu Ft
щ	0.2, PGI UN3291, Requiated Modical Wasto, n o.s., 6.2, PGI				Ou Ft.
GENERATOR		5 - Medium Corrugated Box			Cu FI
INE	UNIOROS Deputated Madies Maria a a a	9 - Small Corrugated Box (2			Cu Ft
8	HUDDOL Desideted Hadreel Minete a a a	4 - Medium Corrugated Box	(4.12 au ft)	4	16-5 CUF
		X - Corrugated Box (4.3 cu	ft>		Cu Ft
	UN3201, Reputated Medical Waste, n.e.s., 8.2, PGII 20129 Theputated Medical Wasterros., 122 PGII	1 - Sharps Containers (2.4	cu ft)		Cu Ft
1		6 - 20 Gal Corrugated Box		THAN U	CuEt
		declare that the contents of this consignment name, and are classified, packaged, marked transport according to epplicable internation	are fully and accurately and labelled/placarded, and labelled/placarded, and labelled/placarded, and solutional governmental manual solutions.		- 10/31/14.
	4. TRANSPORTER 1 ADDRESS:	Trun		Phone #: 282	56) 951-9587
PRIMARY	200 Alta Via	tha Court	a Through Shipment	SC14-	
PRIMARY	Lexington, S THANSPORTER Print/Type Name	cel waste es dasoribad abo	vo. , /		5/31/14
SPORTER 2/ ERMEDIALE	6. INTERMEDIATE HANDLEN 27 THANSI	NSPORTER CERTIFICATION: Rece		Phone il: Applicable Porn	nit Numbors;
INTERNIS INTERNIS	INTERMEDIATE HANDLER / TRA	NSPORTER CERTIFICATION: Rece	ipt of madical waste as description	Ver, NC 2720 Dato	-
	6. INTERMEDIATE HANDLER 3 / TRANSF	PORTER 9 ADDRESS	NOV	Ver, NC 2725 pato	
TRANSPORTER 3/ DITERMEDIATE HANDI FR				\$ 2014 Phono #:	nit Kumbors:
RANSP BUTER	Print/Typo Name	NSPORTER CERTIFICATION: Rocg	njit of madica	Date	/
	T. DISCREPANCY INDICATION			/	
ALL ST	Sterioyole, Inc.	DB. Altornato Facility:	C.A	I SD Allomat	CUTTE INC.
TREATMENT FACILITY	4403 Republic Court	Sterleycle, Inc. 1168 Porter Ave,	4246 Maine Avenu	P This certifies treats	tepublic Court orth Carolina 28027 ment by Steam Steiluration the NGCHENR regulations.
ENT F	Concord,NC 28027	Haw River, NC 27258	Lakeland, FL, 3380		1042014
ATME	·(800) 693 - 9278 BEL/: 1305	(808) 783 - 7422 EEA#: 01-02-1	(888) 783 - 7422 EFA#: FDOH # 7	217	042014
TREATMENT FACILITY	TREATMENT FACILITY: I certify th received the above indicated waster	at I have been authorized by the appl s in accordance with the requirement	icable state agency to accept outlined in that authorization,	untreated n	
	PrínVType Name	Signaturo	<u>.</u>	<u> </u>	
004500	certify that the waste pr y S.C. Hanardous Waste Mar (8) (d) of the S.C. Infects	covided does not contain re regement Regulations or rad four Waste Management Regul	gulated quantities o iccartive materials a .ations.	pove levers desert	rined in
57		C	RIGINAL	7p15	iteMan22505ld 9H1K
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بہ اجب میں	Storicyclo Initiate Pole Bildy Still 1. Generator's Name, Addre		GENCY CONTACT: CHEMTREC 1-500-424-980 CUSTOMER NO. 2113	12 M	DAU008975	
•	ATTN :					
	PLANNED PARENT					
		RG DR SUITE 107 29204- 2476				
		• •	(803) 256-4908		12/5/20	914
	CUSTOMER NUMBER 8027	017-002	Generator's Hedistration #	8040-03		1/1AT
	2A, DEBCRIPTION OF WASTE	2 <u>B</u> ,	Container type		NO. OF 20, VOL NTAINERS	ume
	UN3281, Republed Madical Wasto, n.o.s 6.2, PBI	TBOL - 30 Gallon Reu	sable Tub (4.0 cu ft)			9
	UN3291, Regulated Medical Wasto, n.o.s	1000 A (0000 - 00 6-11	on Reusable Tub (3.7 cu ft)			
œ	6.2, Poli UN3201, Regulated Madical Waste, n.o.6 6,2, Poli	FB97 - 97 Gallon Wh	coled Cart (12.8 ou ft)			c
GENERATOR	UN3201, Regulated Madical Wasto, n.o.e	3.				
Ĥ.	6.2, PGII UN3281, Regulated Medical Waste, n.o.s 6.2, PGII	BX55 - Medium Corrug				
Ĩ	6,2, POI	"5819 - Small Corruga	tad Box (2.0 ou ft)			
Q	UN3201, Regulated Medical Wasto, n.o.9 0.2, PGII		(ated Box (4.12 cu ft)		6 24-	)
	UN3291, Regulated Maduel Wasto, n.o.s 8.2, P611	RRBX - Corrugated Bo	ж (4.8 си ft)			
	UN3291, Regulated Medical Waste, n o.s 6.2, Pell					
	DRIZE THE UNER MEDICAL WAVE, ICOX					
		ويتحصب ويبرد فيصبغك أتناف والمتحد والمناكر والمناكر والمناكر والمناكر والمناكر والمناكر والمناكر والمناكر والم	rated Box (2.9 cu Et)	TOTALS >	6 24-	7
	8. Generator's Cartilization: "I h described above by the proper sh	oroby declaro that the contents of l	his consignment are fully and accurately ickoged, marked and tabellsc/ptacarded, and leable international and national governmental r	IUIALOP	6 010	
	are in all respects in proper condi	lion for transport according to appli	cable International and national governmental	regulations."	<u> </u>	•••
_	X Printed/Typed Name		Signature _		Date 12-5	<u>~14</u>
Æ	4. TRANSPORTER 1 ADDRESS:	-1		Pho	18 #: (866) 951-9 izebla Permi Numbers	597
è Ë		rla, Ing. . Vista Court	This is a Through Shipment	Chto	8C14-02T	
PRIMARY INNSPORTER	Lexingto	n, SC 29073				
28	TRANSPORTER CERTIFIC	ATION: Receipt of modical wasie a	18 described abova.			
<u>ع</u>	Print/Typo Name	Sign	aluro _	Date		
9m	S. INTERMEDIATE HANDLER 27 T	HANSPORTER 2 ADDRESS:		STERIC	10 #.	
	1.			168 Porter Avenue	Cable Romit Munibers	
	INTERMEDIATE HANDLER	TRANSPORTER CERTIFIC	Ti Har CATION: Receipt of matical wasto as describy	Mehan NC 27258	1	
	•	Size		Date	·	
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APANESO TRAVESTORIAL TRAVESTOR REPUBLICATE DIFFERENCE HANNY FRAME	Print/Type Name         6. INTERMEDIATE HANDLER 8 / T         1NTERMEDIATE HANDLER         Print/Type Name         7. DISCREPANOY INDICATION         (2) 0A. Designated Pastilitys	TRANSPORTER 3 ADDRESS	CATION: Receipt of medice alure			
APANGET (VEREURICAL REPORTS)	Print/Type Name         6. INTERMEDIATE HANDLER 8 / T         INTERMEDIATE HANDLER         Print/Type Name         7. DISCREPANOY INDICATION         [C] GA. Designated Posilitys         Sterloyole; Inc.	TRANSPORTER S ADDRESS TRANSPORTER CERTIFIC Sign DIYL CHLC BR. Alternato Facilitys Stericycle, Irto,	CATION: Receipt o medice alure [] CO Alternato Paciliky Sterioyole, Inc.			
APANGET (VEREURICAL REPORTS)	Print/Typo Nama G. INTERMEDIATE HANDLER 8 / T INTERMEDIATE HANDLER Print/Typo Nama 7. DISCREPANOY INDICATION () () () () () () () () () () () () ()	ANSPORTER 3 ADDRESS /TRANSPORTER CERTIFIC Sign DYYL CHLC BR. Alternato Facility: Stericycle, Inc. 1168 Parter Ave,	CATION: Receipt o medice ature			17 Montica visions
APANSA (NEWSPORTERION) TRANSA REFUEDRATE DIFFE	Print/Type Name         6. INTERMEDIATE HANDLER 8 / T         INTERMEDIATE HANDLER         Print/Type Name         7. DISCREPANOY INDICATION         [C] GA. Designated Posilitys         Sterloyole; Inc.	ANSPORTER 3 ADDRESS /TRANSPORTER CERTIFIC 	CATION: Receipt o medica alure DO Alternato Pacifikyi Starioyole, Inc., 4246 Maine Ave Lakeland, FL 33	nue 3801 pasco	D. Altorator Facilitys STERICYCLE, INC 403 Republic Cost Contord, North Caroling 2604 crilling treatment by Steam Ster Indance with Obo McDENR, 199	17 Ilization plations
ALTRICAL FACILLITY (TRANSPORTERS)/ TRAVES	Print/Type Name         6. INTERMEDIATE HANDLER 3 / T         INTERMEDIATE HANDLER         Print/Type Name         7. DISCREPANOY INDICATION         [2] SA. Designated Fastilitys         Sterioyole; Inc.         440S Republic Court         Concord,NC 28027         ! (80D) 833 - 8278         EPA#: 1308	ANSPORTER 3 ADDRESS /TRANSPORTER CERTIFIC Sign O.Y.J. CHLC 0.1.41temato Facility: Stericycle, Inc. 1168 Parter Ave, Haw River, NC 2 (888) 783 - 7422 EPA#: 01-0	CATION: Receipt o medice ature	nue 3801 pasce 2 ₹ 7217		17 Illanticu olations
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ALTRICAL FACILLITY (TRANSPORTERS)/ TRAVES	Print/Type Name         6. INTERMEDIATE HANDLER 3 / T         INTERMEDIATE HANDLER 3 / T         Print/Type Name         7. DISCREPANOY INDICATION         (C)         (G)         (G)	ANSPORTER 3 ADDRESS /TRANSPORTER CERTIFIC Sign DYYLCHLC BER, Alternato Facility: Stericycle, Inc. 1168 Porter Ave. Haw River, NC 2 (886) 783 - 7422 EPA#: 01-0 Wasles in accordance with the	CATION: Receipt o medice ature	nue 3801 pasce 2 ₹ 7217	D. Altorator Facilitys STERICYCLE, INC 403 Republic Cost Contord, North Caroling 2604 crilling treatment by Steam Ster Indance with Obo McDENR, 199	17 Montica alatiens
ALMENT FACILITY (TRANSPORTER 2) TRANSS EMERICAL CONTRACTOR (NITER) (NITER) PLANE (NITER) (NITER)	Print/Type Name         6. INTERMEDIATE HANDLER 3 / T         INTERMEDIATE HANDLER         Print/Type Name         7. DISCREPANOY INDICATION         [2] SA. Designated Fastilitys         Sterioyole; Inc.         440S Republic Court         Concord,NC 28027         ! (80D) 833 - 8278         EPA#: 1308	ANSPORTER 3 ADDRESS /TRANSPORTER CERTIFIC Sign O.Y.J. CHLC 0.1.41temato Facility: Stericycle, Inc. 1168 Parter Ave, Haw River, NC 2 (888) 783 - 7422 EPA#: 01-0	CATION: Receipt o medice ature	nue 3801 pasce 2 ₹ 7217	D. Altorator Facilitys STERICYCLE, INC 403 Republic Cost Contord, North Caroling 2604 crilling treatment by Steam Ster Indance with Obo McDENR, 199	7 Meniles alations
THEATRENT FACILITY         TRAVESTORMENT           Comparative statement of the travestorment of t	Print/Type Name         6. INTERMEDIATE HANDLER 3 / T         INTERMEDIATE HANDLER         Print/Type Name         7. DISCREPANOY INDICATION         [C] GA. Designated Pastility:         Sterioyole; Inc.         4403 Republic Court         Concord,NC 28027         ! (800) 833 - 9278         EPA#: 1306         TREATMENT FACILITY: I car         received the above indicated y         Print/Type Name	ANSPORTER 3 ADDRESS /TRANSPORTER CERTIFIC 9ign OYYD CHLC Bign/OYYD CHLC Bign/OyyD Chlc Starlcycle, Inc. 1168 Parter Ave, Haw River, NC 2 (886) 783 - 7422 EPA4: 01-0 tilly that I have been authorize wastes in accordance with the Signa	CATION: Receipt o medice ature	nue 9801 pase ¥ 7217 ept untreated me on. ₽	10, Altornato Facility STRACYCLE, INC 4403 Republic Court Contorn, North Carolina 2000 critisse treatment by Stram Ster ordance with Other McDENR rep DEC 09 2014	

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Ľ	•	Staricycla munistraje. Jeże skie skie	ROUDE # INCASE OF EMERGENCY CONTA	ot: Chemtreo 1-800-424-9300 Customer No. 21132	STANDARD M	FRACKING FORM NUMBER Imifest col-10-08-97D JOOBADF
		1. Generator's Name, Addres AT'IN : PLANNED PARENTI 2712 MIDDLEBURG	HOOD			
		COLUMBIA, SC		(809) 256-4908		12/12/2014
		CUSTOMER NUMBER 80270	017-002	Scherator's Registration (	5640-09396	
		2A, DEBCRIPTION OF WARTE		INER TYPE	20. NO. OF OONTAIN	ERS
- []		6,2, PGI	TBOL - 30 Gallon Reusable Tub			<u>Cu'A</u>
	~	UN3291, Regulated Medical Waste, n o.s., 0.2, PGI UN3291, Regulated Medical Waste, p.p.8.	TB04/TB28 - 28 Gallon Reusabl			- Qu Fl
1	ğ	UN3281, Regulated Medical Waster, n.o. 8., 8.2, PSI) UN3291, Regulated Medical Waster, n.o. 8.,	TB97 - 97 Gallon Wheoled Cart			CuA
-11	<b>B</b>	UN3291, Regulated Medical Watto, n.o.s., 0.2, PGI	BX55 - Medium Corrugated Box			<u>Cu Pt</u>
<b>[</b> ].	GENERATOR	UN5291, Regulated Modical Weste, n.o.s., 0.2, PGI	8819 - Small Corrugated Box (			S.Z. CUR
-11	G	UN3291, Regulated Modical Wasta, n.o.s., 6.2, Pail	3544 - Medium Corrugated Box		2	O' Cu Fi
		UN3291, Requisieu Medical Wasto, n.o.s., G.2, PGII	KRBX - Corrugated Box (4.3 au	£\$)	<u>.</u>	Cu Pi
- 8		UN3201, Regulated Modical Waste, n.o.s., 8.2, PBI UH3201 Regulated Modical Wasterness	9991 - Sharps Containers (2.4	aii Ft)		CuP
- [[		52. FGII	RX36 - 20 Gal Corrugated Box	(2.9 m fb)		Ge E
- 11		3, Generator's Cortification: " ha	raby declare that the contents of this consignment	are fully and accurately	TOTALS > 2	8.2 OUR
- [[	•	described above by the proper ship are in all respects in proper consti-	reby declare that the contents of this consignment oping name, and are classified, packaged, marked	and labelled placatero, and we have a set of the set of	sunations?	
		XiPrinlod/Typed Name	· · · ·	enutarinite		Date 12-12-14
					Phone #:	(866) 951-3537 Pormi Numbara:
	AND AND	Starigys) 200 Alta	Vista Court	a Through Shipment		4-02T
-11	NEP	Lexington	ar SC 29079 TION: Bacalal of madical wasta as described abo	ND.		
- 11	PRIMARY TRANSPORTER	Print/Type Na	Signalu		Date	12-12-14
l		S INTERMEDIATE HANDIER 2/TE			Phone #:	
- []		i	-	/	STEADBRACHDO 1168 Porter Avenue Haw River, NC 2725 abovo-INCINED date	Permit Numberst
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### Advanced Environmental Options, Inc. 25 Stan Perkins Road Spartanburg, SC 29307 864-488-9111

Thursday, August 27, 2015

Emily Adams Planned Parenthood South Atlantic 1765 Dobbins Drive Chapel Hill, NC 27514 919-929-5402 Phone

Quote Number: <u>PPSA082715-01</u> Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies, material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (incineration) Disposal Transportation to disposal facility in Atlanta

pound (\$100.00 min/stop) / drum

EXHIBIT

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Healh Center Blacksburg Healh Center Chapel Hill Healh Center Charleston Healh Center Charlotte Healh Center Charlottesville Healh Center Columbia Healh Center Durham Healh Center Fayetteville Healh Center Greensboro Healh Center Raieigh Healh Center Roanoke Healh Center Vienna Healh Center Wilmington Healh Center Winston-Salem Healh Center



For multiple facility pickups the price will be based on actual mileage to the multiple facilities & back then multiplied by \$1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

\*\* AEO's Energy and Insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track a national average price for diesel fuel as reported by the U.S. Department of Energy each month. This charge is applied to the <u>ontire invoice, less taxes and fees</u>. The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available et (<u>http://tonto.eta.doe.gov/oog/info/wohdp/diesel.asp</u>).

Page 1 of 3

## (Additional Costs and Assumptions That May Apply)

#### General:

- Per Diem for All Workers will be charged at a rate of \$ 120.00 per man per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a \$75.00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

### **Transportation Section**

- A \$95,00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of \$ 250,00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on ollent's site at contractor's request during such a period of delay, invoices will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services

- A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
- B. In a workmanilke and professional manner;
- C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, gligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or rection of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer altributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liablilles, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:

- A. Changes in applicable laws or regulations after the services are completed:
- B. Acts or occurrences outside the scope of the services:
- C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
- D. Fallure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, exclse or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvats, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):

A. Its physical characteristics:

- B. Soil reports and subsurface investigations:
- C. Legal limitations and restrictions;
- D. Utility locations; E. Other reports or documents which may be reasonably by the contractor.

Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

#### INDEMNIFICATION

- A. Client shall indemnify and hold the contractor harmless against any and all liablilles, claims, demands, expenses or losses resulling from:
  - 1. The performance of these services in compliance with client's instructions or specifications:
  - 2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
  - 3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
  - 4. Failure of the client to obtain required permits, licenses or approvals:

Page 2 of 3

B. The contractor shall indemnify and hold olient harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of: 1. The price of the services or products which give rise to the claim for indemnification, or

2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

### CHANGE ORDER.

- A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the olient and shall be only on a mutually agreeable time and financial basis.
- B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line Item above and beyond the guoted costs.

Planned Parenthood South Atlantic shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other Items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by Planned Parenthood South Atlantic to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. Planned Parenthood South Atlantic shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued rsuant to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on Planned Parentheod South Atlantic and AEO upon written execution or verbal Initiation of performance of this proposal. AEO shall commence its work as soon as possible after Planned Parenthood South Atlantic executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our opinion, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market condilions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us,

Advanced Environmental Options, Inc.

### Planned Parenthood South Atlantic

Accepted By: Authorized Signature _	
Printed Name	1
Date 8/27/15	1

David W. Hitchens

David W. Hitchens **CEO / President** 

Page 3 of 3

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	respects and protects your personal choices THEORM DATE ///

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Planned Parenthood Health Systems, Inc.	Health care that respects and protects your personal choices	Administrative Services 100 South Boylan Aver Raleigh, NC 27603 Phone: 919.833.7534
EMPLOYEE HEALT	A A A	Phone: 919.833.7534 Fax: 919.833.0730
NAM	DATE_3-16	-09
GENERAL MEDICAL/SURGICAL HISTORY		
SIGNIFICANT FAMILY HISTORY		
CURRENT MEDICATIONS		
ALLERGIES		
SOURCE OF MEDICAL CARF		
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PPHS 11/04

## **Verified Profile**

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File Status:	
File Issue Reason	File Review Reason
None	None

Practitioner Name:		Practitioner Type:		MD
Social Security No.:		Date of Birth:		
Specialty Ranking:		<b>Board Certified:</b>		-
1. Family Medicine		Yes		
Office				
Office Address:	Planned Parenthood Health Systems 2712 Middleburg Drive, Suite 107 Columbia, SC 29204	Office Phone: Office Fax:		
License		to a state of a second second	6 E E E	
License:		State:	sc	
Issue Date:	02/26/2008	Expiration Date:	06/30/	2013
Status:	ACTIVE	Adverse Action:	None	
Verified By:	State Board	Source Date	07/16/	/2012
Verifier:	jlevy	Verification	07/16	2012
Comments:	None	Date:	07/16	2012
DEA				and the second
DEA Number:		Status:		
Schedule:	2 2N 3 3N 4 5			
Limits/Restrictions?	None	Expiration Date:		09/30/2013
Verified By:	NTIS Website	Source Date:		07/05/2012
Verifier:	SYSTEM			
Comments:		Verification Date		07/11/2012
Malpractice Carrier			$\langle \cdot \rangle > \langle \cdot \rangle$	and the second
Malpractice Carrier:	National Union Fire Insurance Co Planne Parenthood	d Policy Number:		
Original Effective Date:	11/1976	Coverage Expirat	tion	01-01-2013
Per Claim Amount:	1,000,000	Date:		
Exclusions:	None	Aggregate Amou	nt:	
Verified By:	Malpractice Face Sheet	Source Date:		12/28/2011
Verifier:	thozumi	Source Date:		12/20/2011
Comments:	None	Verification Date	:	06/29/2012
EPLS Exclusions			KANAS	
Search Results:	No Match			
Finding:	None	Source Date:		07/15/2012
Verified By:	EPLS			
Verifier:	SYSTEM	Verification Date	:	07/15/2012
Comments:	None			
Board Certification				
Board Certification:	Family Medicine	Board Status:		Certified
Initial Certification Date:	07/14/2010	Expiration Date:		12/31/2017
Verified By:	Certifacts	Source Date:		07/02/2012
Verifier:	ebaldonado			
Comments:	None	Verification Date		07/02/2012
Facility			ling and	
Facility:	Spartanburg Regional Medical Center	Department:		Family Medicine
Appointment Date:	6/2010	Privileges:		Active
In Good Standing?	Yes	Expiration Date:		12/15/2013
Verified By:	Facility			
Verifier:	hchung	Source Date:		07/10/2012
Comments:	None	Verification Date	<b>:</b>	07/16/2012

### **ABMS<sup>®</sup> Board Certification Credentials Profile**

A service provided by the American Board of Medical Specialties

### New Search | Search Results | Feedback | Save Physician | Print

Family Med	private Alive n Board of Family Medicine		
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Family Med	Board of Family Medicine		
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	dicine - General		Status: Certified
Active	Time-Limited	Initial Certification	07/14/2010 - 12/31/2017
Education			
2006 MD	(Doctor of Medicine)		
Location			
Private			
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ETHICS . HONOR . SKILL

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Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

Connect

The information as presented by this service is approved for business use and is valid to meet the primary source verification requirements for credentialing as set by JCAHO, NCQA, URAC and other accrediting agencies.

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Current Date: 7/11/2012

Data File Release Date: 07/05/2012

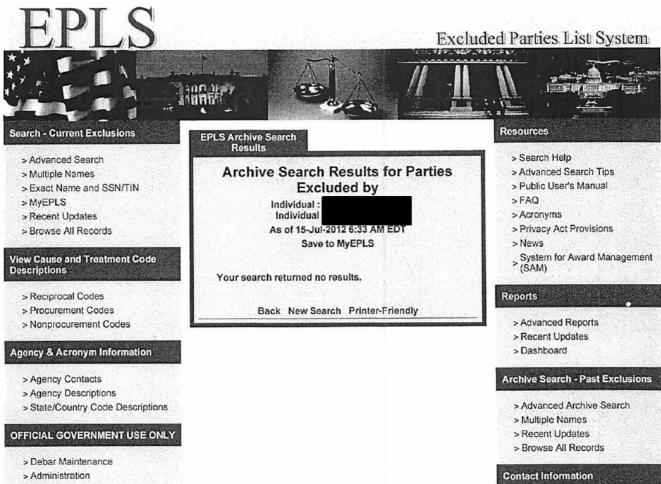
Drug Enforcement Administration (DEA) Datafiles -Both

**Registrant Profile** 

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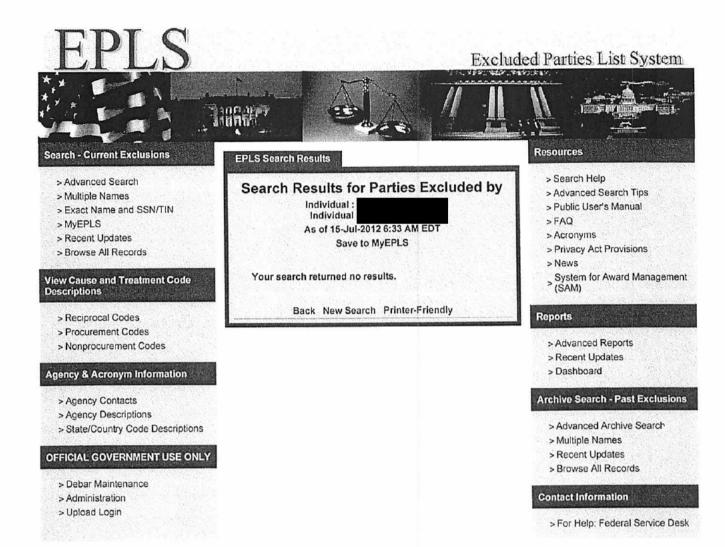
Address:	
State / Zip:	
DEA Number:	
Business Activity Code:	С
Business Activity Sub Code:	0
Drug Schedule:	22N 33N 4 5
Expiration Date:	9/30/2013
Payment Indicator:	Р

Print



> Upload Login

> For Help: Federal Service Desk



### INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

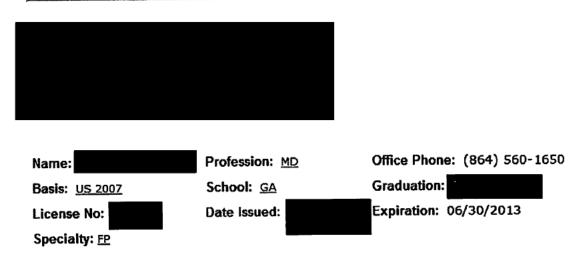
I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board, or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physiclan participation agreement. A photocopy of this document shall be as effective as the original.

Physician Sig

· 5-23-12

South Carolina Board of Medical Examiners Website Verification



Primary Source Verification of Graduation Certified

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Hospital Affiliation (s): SPARTANBURG REGIONAL MEDICAL CENTER SPARTANBURG HOSP FOR RESTORATIVE CARE

**Credential Status: Active** 

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

License History: No other licenses on record.

Verification disclaimer



CONFIDENTIAL/PROPRIETARY

## **Practitioner Reapplication**

This application is submitted to: (enter Affiliate na	me here), herein, "this Affiliate".	
I. INSTRUCTIONS:	法 法保险 化并分子 法被	
This form should be typed or legibly printed in black or blue ink. If m	ore space is needed than provided on	original, attach additional sheets
and reference the question being answered. Please do not use abbreviation documents must be submitted with this application;	is when completing the application. C	urrent copies of the following
Face Sheet of Professional Liability Policy or Certification		
<u>Practitioner Right to Review Information</u> This is to advise you of your right to review information obtained in supprinformation does not apply to peer review references or recommendations any substantial discrepancy between the information you submitted and the opportunity to review and/or correct information submitted with your app	or other information that is peer revie e information verified through prima	ew protected. You will be notified of
II. IDENTIFYING INFORMATION	the an and a second	
Last Name:	Firs	Middle
Is there any other name under which you have been known? Name(s):		
Home Mailing Address	City:	
	State: SC	ZIP
Home Telephone Number:	E-Mail Address:	
Home Fax Number:	Pager Number:	
Citizenship (If not a United States citizen, please include copy of Alien Re	egistration Card). USA	
specialty: Family Medicine		
SubSpecially:		
III, PRACTICE INFORMATION - WITHIN LAST THREE YEARS	. If nothing has changed, please chi	seli here. 🔀
Affiliate Name: Paneci Porenthixed Health	Department Name (If Hospital Base	d):
Primary Office Street Address:	Sity: alumbig	(
and Middle Auger +107	State: SL	ZID: 969907
Telephone Number: 803-200-4908	Fax Number:	
CEO (Print Name):	Telephone Number:	
un Herklausmeier	Fax Number:	
Name Affiliated with Tax ID Number 20-128257	Federal Tax ID Number:	
Practice Name (if applicable):	Department Name (If Hospital Base	d):
Secondary Office Street Address:	City:	
	State:	ZIP:

CEO (Print Name):	Telephone Number:	······································
	Fax Number:	
Name Affiliated with Tax ID Number:	Federal Tax ID Number:	
Other Medical Interests in Practice, Research, etc .:		
I have reviewed the attached clinician application and am hereby submit understand that if the Medversant report I receive contains any informati	ion which the National Insurance Pr	ogram has outlined in the Credential
Verification Program booklet as needing further review, it is my respons Medversant report to the National Insurance program for consideration b result in denial of insurance coverage for this clinician.	ibility to forward this application w	ithin ten (10) days of receint of the
Affiliate Chief Executive (Name Printer):		
Affiliate Chief Executive Signature:	Signature Date:	
IV. RESIDENCIES/FELLOWSHIPS - WITHIN LAST three YEARS (Attach additional sheets if necessary, Reference this section number Include residencies, fellowships, preceptorships, teaching appointments (i completed within the last three years in chronological order, giving name attended, whether or not completed.	and title.) indicate whether clinical or academ	ic), and postgraduate education
Institution: Spartanburg Regional Healthcay	Pograve Disaptor:	
Mailing Address: OI E More G	City: Spartanbu	B 0
Type of Training (eg. residency, Specialty:	State: SC	JZIP: 29302.
erc.): Residency Family Medicine	From: (mm/yy) 7 07	To: (11m/yy) 4 10
Did you successfully complete the program? X Yes O No (If "No", plea	ase explain on separate sheet.)	
V. BOARD CERTIFICATION - WITHIN LAST THREE YEARS. I	nothing has changed, please che	sk here. 🛄
Include certifications by board(s) which are duly organized and recogniz	ed by:	
• a member board of the American Board of Medical Specialties		
a member board of the American Osteopathic Association		
<ul> <li>a board or association with equivalent requirements approved by the</li> </ul>	Medical Board of California	
• a board or association with an Accreditation Council for Graduat postgraduate training that provides complete training in that specialty or	subspecialty	an Osteopathic Association approved
Man 2014 Board: Sper Winily Medicine	Date Certified/Recordified:	Expiration Dag (12 ady);
Have you applied for board certification other than those indicated above If so, list board(s) and date(s): If not certified, describe your intent for certification, if any, and date of el	7 🔿 Yes 🕅 No igibility for certification on separate	
VI. OTHER CERTIFICATIONS (E.G. FLUOROSCOPY, RADIOG If nothing has changed, please check here. 🕅		THREE YEARS
Type:	Number:	Expiration Date:
VII. LICENSURE/REGISTRATION (Remember to attach copies of		Expiration Dam 13
State License Number: 29722 Drug Enforcement Administration (DEA) Registration Number: FF.	15500 12to 26-08 0466043	Expiration Dates 2013
Data Unforgament Administration (Dual Pagietration alumbar)		

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Controlled Dangerous Substances C	Expiration Date:					
Medicare UPIN/National Physician	Identifier (NPI):		Medicaid Number:			
VIII. ALL OTHER STATE MED	ICAL LICENSES					
State: Geora	ia	License Number: (02039	Expiration 19915: 14			
IX. PROFESSIONAL LIABILIT	Y INSURANCE CARRIER (other	than Planned Parenthood Nat	ional Insurance Program)			
Name of Carrier:	Policy #:	From: (num/yy)	To: (mm/yy)			
Mailing Address:		City:				
		State:	ZIP:			
Per Claim Amount:	Aggregate Amount:	Expiration Date:				
List all professional liability carrie carrier listed above	ers within the past seven years, othe	r than the Planned Parenthoo	d National Iusurance Program or			
Name of Carrier:	Policy #:	From: (mm/yy)	To: (mm/yy)			
Mailing Address:		City:				
		State:	ZIP:			
Please list in reverse chronological o previous hospital privileges (B) duri or government agencies.	ing the past two years. This includes h	rst) all institutions where you h ospitals, surgery centers, institu	ave current affiliations (A) and have had tions, corporations, military assignments,			
	Attach additional sheets if necessary	. Reference this section numb	er and title.)			
Name, Mailing Address and Phone 1		City: Spartanbu	<i>r</i> a			
Hospital: Spartanburg	Kegianal Medical Cent	oftate: 9C	J ZIP: 29302			
Department/Status (active, provision	nal, courtesy, etc.): active	Appointment Date: 7 10				
Name, Mailing Address and Phone 1	Number of Other	City:				
Hospital/Institution:		State:	ZIP:			
Department/Status:		Appointment Date:				
B. PREVIOUS HOSPITAL AND	OTHER INSTITUTION AFFILIA	FIONS - WITHIN LAST TWO	O YEARS			
Name, Mailing Address and Phone 1	Number of Other	City:				
Hospital/Institution:		State:	ZIP:			
From: (mm/yy)	To: (mm/yy)	Reason for Leaving:				
If you do not have hospital privilege	s, please explain.					
XI. PEER REFERENCES			<b>2013年1月</b> 1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日			
List three professional references, pr	referably from your specialty area, not	including relatives, current par	thers or associates in practice.			
NOTE: References must be from ind working relations.	lividuals who are directly familiar wit	h your work, either via direct e	linical observation or through close			
Name of Deferance.	Sporialise	Telephone Number:				
		Fax Number				
Mailing Address:		City:				
		State: OA	THE PARTY AND THE CONTRACT OF A 199			
XII. WORK HISTORY - WITHIN	N LAST THREE YEARS. If nothin	g has changed, please check h	erc. 🔲 if necessary). This information must be			
complete. Please explain any gaps in	professional work history on a separ	ate page.				
	C	Telephone Numbe				
		Fax Number;				
		L				
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Mcdversant Technologies 3/2008

Mailing Address:			City: S	partank	<u> </u>		
			State:	SC	ZIP	2930	3
From: (mm/yy) 7	10	To: (mm/yy)					

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XIL ATTESTATION OUESTIONS Please answer the following questions "yes" or "no," If your answer to questions A through K is "yes," or if your answer to L is "no," please provide full details on separate sheet. A. Has your license to practice medicine in any jurisdiction, your Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions. or have you been fined or received a letter of reprimand or is such action pending? Yes O No 🕅 B. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or any public program, or is any such action pending? Yes O No X C. Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g. hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with public programs), medical society, professional association, medical school faculty position or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending? Yes C No K D. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such action pending? Yes O No E. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any internship, residency, fellowship, preceptorship, or other clinical education program? Yes () No F. Has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked, denied, reduced, limited, subjected to probationary conditions, or not renewed, or is any such action pending? Yes O No 💢 G. Have you been denied certification/recertification by a specialty board, or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)? Yes O No X H. Have you ever been convicted of any crime (other than a minor traffic violation)? Yes () No I. Do you presently use any drugs illegally? Yes 🔿 No 📈 J. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases, or are there any filed and served professional liability lawsuits/arbitrations against you pending? Yes C. No K. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures? Yes O No 🕅 L. Are you able to perform all the services required by your agreement with, or the professional staff bylaws of, the Healthcare Organization to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to the safety of patients? Yes No C

I hereby affirm that the information submitted in this Section XIII, Attestation Questions, and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omissions or misrepresentations may



### INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations (IPAs), health plans, health maintenance organizations (HMOs), preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies (with respect to certification of coverage and claims history), liceusing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DBA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board, or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signature

e: 5-23-12

FAX COVER SHEET

07/09/12 12:31:17 PM
1 2 2 5179
377-303-5179

Notes:





Tuesday, July 10, 2012

To: Medversant Medical Staff Services 355 S. Grand Ave., Suite 1700 Los Angeles, CA 90071

Fax: 877-303-5179

Re: MD Primary Department: Family Medicine

Dear Sir or Madam:

In response to your request, we are able to supply the following information regarding the abovenamed practitioner.

on MD joined the staff of our facility on MD is a member in good standing of our MS Active Medical Staff, specializing in the area of Family Medicine.

has had no disciplinary action taken against since a last reappointment and we are not aware of any reason for not granting the privileges that is requesting. You may assume that the second staff category. A copy of the current privilege list is enclosed if privileges were effective after July 2000.

Sincerely,

Tamie Peterson, CPCS Credentialing Specialist Medical Staff Services

PROVISIONAL: All initial appointments to any category of the Medical Staff shall be Provisional for a twelve-month period of time.

Enclosures: Current Approved Privileges

Hedical Staff Services + 101 East Wood Street + Spartanburg + SC + 29303 + (864) 560-6299 Fax (864) 560-6017

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MIDAS+ Seeker 7/10/2012 07:09:33AM		ORGA	NIZATIO	N WORK	SHEET			
	MD	(D Numbe			rganization:	Spartanburg	g Regional Me	dical Cente
<b>.</b>			General I	nformation				
Staff Type:	SR District and RPN	Affiliation			ntly on Staff:	Y	Initial Appt.:	
Primary Service/Dept.:	Family Medicine			Review	<b>v:</b>	N	Last Reappt.: Next Reappt.:	
Clinical Priv Level:							мен меаррал	12/13/2013
Specialty:	Family Medicine							
			Staff Mi	mberships		•		
Category	Service/Dept.	s	ection	Status			Start Date	End Date
AS Active	Family Medicine	-	RHS Affiliated				10/26/2011	12/15/201
MS Active Provisional	Family Medicine	-	RHS Affiliated				08/15/2010	10/26/201
Cemporary Privileges	Family Medicinc	-	RHS Affiliated				06/11/2010 03/12/2010	08/15/201
Applicant	Family Medicine	-	RIIS Affiliated RHS Affiliated	Microl	film 2010		02/18/2009	04/30/201
MS Resident H&P	Family Medicine Family Medicine		RHS Aminated	IVICEPUI			03/06/2010	03/12/201
Pre-applicant Recomplication	Family Medicine		RHS Affiliated				03/05/2010	03/06/201
Pre-application Femporary Priviloges	Family Medicine	-	RHS Affiliated				12/19/2008	02/18/200
Applicant	Family Medicine	-	RIS Attiliated				10/14/2008	12/19/200
Pro-applicant	Family Medicine		RIIS Affiliated				10/14/2008	10/14/200
			Staff Member	thip Approvals				
			Special		Service/	Credentials	Medical Executive	
	Service/Dept.	Temporary Date	Committee Dute	Section Date	Department Date	Committee Date	Date	Board D
Category AS Active	Family Medicin	mate		Section Date				
MS Active Provisional	Family Medicin-	06/11/2010			06/08/2010	06/24/2010	07/30/2010	
Comporary Priviloges	Family Medicin-	06/11/2010			06/08/2010	06/09/2010	06/11/2010	
Applicant	Family Medicin	06/11/2010			06/08/2010	06/09/2010	06/11/2010	
MS Resident H&P	Family Mcdicin				12/16/2008	01/22/2009	02/06/2009	
Pre-applicant	Fumily Medicin-							
Prc-application	Family Medicin							
Temporary Privileges	Family Medicin-				12/16/2008	12/18/2008	12/19/2008	
Applicant	Family Medicin							
Pre-applicant	Family Medicin-							
			- Major/Cor	e Privileges				
Privilege				Statu	5		Start Date	End Date
Family Medicine Ambul	latory Privileges			Active	C		08/15/2010	12/15/201
Assessment, diagnosis,	treatment and follow	μο οΓ						
patients with uncompli								
on an ambulatory basis							•	
Physicians in this category for admission according								
Physician in this catego consultation privileges huspitul setting.								
01/2004								

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	ID Number	Organization:	Spartanburg Regional N	fedical C
Assessment, diagnosis, treatment and follow up				
patients with uncomplicated medical/surgical pr on an ambulatory basis.	oblems			
the an antionatory basis.				
Physicians in this category will be expected to re	cfer nationts			
for admission according to hospital and departm				
Physician in this category will not have udmission				
consultation privileges and may not perform pro	cedures in the			
hospital setting.				
01/2004				
History and Physicials		Inactive	02/18/2009	04/30/
Limited to the performance of a complete				
screening medical history and physical				
examination, for patients admitted by a				
psychiatrist with a behavioral health				
diagnosis, in accordance with the				
Medical Staff Rules and Regulations.				
Encounter may include diagnostic				
testing and related follow-up to determine appropriateness of consultations.				
determine appropriate of constructions.				
05/2005				
History and Physicials		Temporary	12/19/2008	02/18/
Limited to the performance of a complete				
screening medical history and physical				
examination, for parients admitted by a				
psychiatrist with a behavioral health diagnosis, in accordance with the				
Medical Staff Rules and Regulations.		•		
Encounter may include diagnostic				
testing and related follow-up to				
determine appropriateness of consultations.				
05/2005				
	A dida	d Privileges		
	Auuę		•	
Privilege Humathasia Madiainu		Status	Start Date	
Hyperbaric Medicine		Active	08/15/2010	12/15/
Wound Care		Active	08/15/2010	12/15/
llyperbaric Medicine		Temporary	06/11/2010	08/15/2
Wound Care		Temporary	06/11/2010	08/15/2
	Exclud	ed Privileges		
Privilege		Status	Start Date	End D
		ontracts		
Type: Provider ]		Delegated:	Start Date:	
13hor LLOAIDEL 1	. 7 pe:	malaBated:	Start Date:	

ACORD	CER	<b>FIFI</b>	CATE OF LIA	BIL	ITY IN	ISURA			(MM/DD/YYYY) 5/2011
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the terms and condition cortificate holder in lieu	is of the policy	, certai	n policies may require an e	ndorse	ment. A sta	tement on th	ils certificate does not c	onfer i	ights to the
PRODUCER Manh USA, Inc.				NANE	ст		TPAV		
1166 Avenue of the Americas New York, NY 10038				PHONE IAIC. N E-MAIL ADDRE	o, Ext):		(A/C, No);		
				AUNKE		URER(8) AFFOI	Iding Coverage		NAIC #
				INSURE		urance Company			38970
PLANNED PARENTHOOD HEA	lth systems				RB: NA	nina Film Int. Co.	of Pittsburgh, PA		N/A 19445
AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION (	OF AMERICA, INC.			INSURE		1101 F10 113. CO.			19440
100 S, BOYLAN AVENUE RALEIGH, NC 27603				INSUR		<u></u>	· · · · · · · · · · · · · · · · · · ·		
·				INSURE	IR F :	·			
COVERAGES			ATE NUMBER: SURANCE LISTED BELOW HAY		-006227005-03		REVISION NUMBER:		
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A GENERAL LIABILITY			3C40607		01/01/2012	01/01/2013	EACH OCCURRENCE DAMAGE TO RENTED	8	<u></u>
							PREMIBES (En occurrence) MED EXP (Any one person)	8	
X SIR: \$100,000							PERSONAL & ADV INJURY	8	
							GENERAL AGGREGATE	8	
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ALL OWNED AUTOS	SCHEDULED				4		BODILY INJURY (Per accident)	\$	
HIRED AUTOS	AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
UMBRELLA LIAB								8	
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WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER OFFICER/MEMBER EXCLUDE		N/A						5	
(Mandatory in NH)					1		E.L. DISBASE - EA EMPLOYEE		
DESCRIPTION OF OPERATION	ONS below		(7000)6		04.04.0040	01012012	E.L. DISEASE - POLICY LIMIT		
C MEDICAL PROFESSIONAL CLAMS-MADE COVERAGE			6793286 Program Retro; 11/1/76		01/01/2012	01/01/2013	PER CLAIM AGGREGATE		
COMMO MADE COVENAGE			riogani reso, Tirirro				AGONEONIE		
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Planned Parenthood Heal 100 S. Boylan Avenue Raleigh, NC 27603	th systems			THE	EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC	escribed Policies be c ereof, notice will 1 by provisions.	ANCEL BE DE	LED BEFORE LIVERED IN
					RIZED REPRESE ih USA Inc.	NTATIVE		_	
				Christi	an Victorino		Christian Vittai	ind	

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ACORD CER	TIFIC	ATE OF LIA	BIL	.ITY IN	ISURA		DATE (N 12/28/2	M/DD/YYYY) 011
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A IMPORTANT: If the certificate holds:	IVELY O SURANCE ND THE (	R NEGATIVELY AMEND, DOES NOT CONSTITU CERTIFICATE HOLDER.	EXTE	ND OR ALT CONTRACT	er the Co Between 1	VERAGE AFFORDED BY THE ISSUING INSURER(S	' ТНЕ 6), АU	POLICIES
the terms and conditions of the policy certificate holder in lieu of such endo	<b>, certai</b> n ;	policies may require an e	ndorse	ment. A sta	tement on th	is certificate does not co	nfer rig	ints to the
PRODUCER March USA, Inc.		r	NANE	СТ				
1156 Avenue of the Americas New York, NY 10038			PHONE IAIC N	o, Ext):		AX (A/C, No);		
			ADDRE	89:		ding coverage		NAIC #
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AN AFFILIATE OF PLANNED PARENTHOOD FED OF AMERICA, INC.					nion Fire Ins. Co.	of Pittsburgh, PA	<sup>1</sup>	9445
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RALEIGH, NC 27603			INSURE			· · · · · · · · · · · · · · · · · · ·	+	
		E NUMBER:	NYC	-005764025-07		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES	INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	T TO V	HICH THIS
LTR TYPE OF INSURANCE	ADCL SUB	POLICY NUMBER		(HINDOWY)	POLICY EXP (MM/2D/YYYY)	LIMITS		
GENERAL LIABILITY						EACH OCCURRENCE		
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DED RETENTION &	1						<b>i</b>	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						<u> </u>	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	•	
C MEDICAL PROFESSIONAL	<u>├</u>	6793286		01/01/2012	01/01/2013	PER CLAIM		
CLAIMS-MADE COVERAGE		Program Retro: 11/1/76				AGGREGATE		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	LES (Attent	i ACORD 101, Additional Remarks	Schedule	, lf more space i	i s required)	<u> </u>		
EVIDENCE OF COVEAGE FOR ALL CLINICIANS AT ALL	• • • •							
CERTIFICATE HOLDER			CAN	CELLATION				
PLANNED PARENTHOOD HEALTH SYSTEMS, INC 100 S. BOYLAN AVENUE RALEIGH, NC 27603	<u>.</u>		SHO	ULD ANY OF	N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B CY PROVISIONS.	NCELL E DEL	ed Before Ivered in
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# **Verified Profile**

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File Status:	
File Issue Reason	File Review Reason
None	None

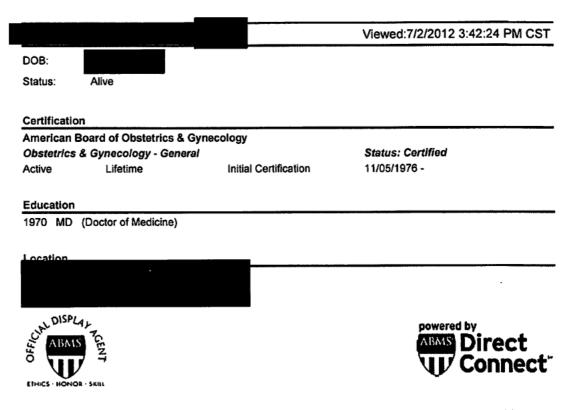
Practitioner Name:		Practitioner Type:		MD	
Social Security No.:		Date of Birth:			
Specialty Ranking:		<b>Board Certified:</b>			
1. Obstetrics & Gynecolog	IY	Yes			
Office				sta iste state of the	
Office Address:	Planned Parenthood Health Systems 2712 Middleburg Drive, Suite 107 Columbia, SC 29204	Office Phone: Office Fax:		803-256-4908	
lcense					
License:		State:	SC		
Issue Date:	04/29/1978	Expiration Date:	06/30	/2013	
Status:	ACTIVE	Adverse Action:	None		
Verified By:	State Board	Source Date	07/03	/2012	
Verifier:	bcheng	Verification			
Comments:	None	Date:	07/03	/2012	
DEA		States to the to the	e 20 - 20		
DEA Number:		Status:			
Schedule:		olucio.			
Limits/Restrictions?	None	Expiration Date:	07/31/2013		
Verified By:	NTIS Website	Source Date:	05/08/2012		
Verifier:	SYSTEM				
Comments:		Verification Date	05/09/2012		
Malpractice Carrier				in an	
Malpractice Carrier:	National Union Fire Insurance Co Planned Parenthood	Policy Number:			
<b>Original Effective Date</b>	: 10/1976		Coverage Expiration		
Per Claim Amount:	1,000,000	Date:			
Exclusions:	None	Aggregate Amou	nt:		
Verified By:	Malpractice Face Sheet	Source Date:		01/03/2012	
Verifier:	thozumi				
Comments:	None	Verification Date		06/29/2012	
EPLS Exclusions				「同時」ないためになる	
Search Results:	No Match				
Finding:	None	Source Date:		06/30/2012	
Verified By:	EPLS				
Verifier:	SYSTEM	Verification Date		06/30/2012	
Comments:	None				
Board Certification		All and All All All All All All All All All Al		. Alta Maria Ma	
<b>Board Certification:</b>	Obstetrics & Gynecology	Board Status:		Certified	
Initial Certification Date:	11/05/1976	Expiration Date:		Does Not Expire	
Verified By:	Certifacts	Source Date:		07/02/2012	
Verifier:	ebaldonado				
Comments:	None	Verification Date	91	07/02/2012	

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### **ABMS<sup>®</sup> Board Certification Credentials Profile**

A service provided by the American Board of Medical Specialties

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Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

The information as presented by this service is approved for business use and is valid to meet the primary source verification requirements for credentialing as set by JCAHO, NCQA, URAC and other accrediting agencies.

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Current Date: 5/9/2012

Data File Release Date: 05/08/2012

Drug Enforcement Administration (DEA) Datafiles -Both

**Registrant Profile** 

for

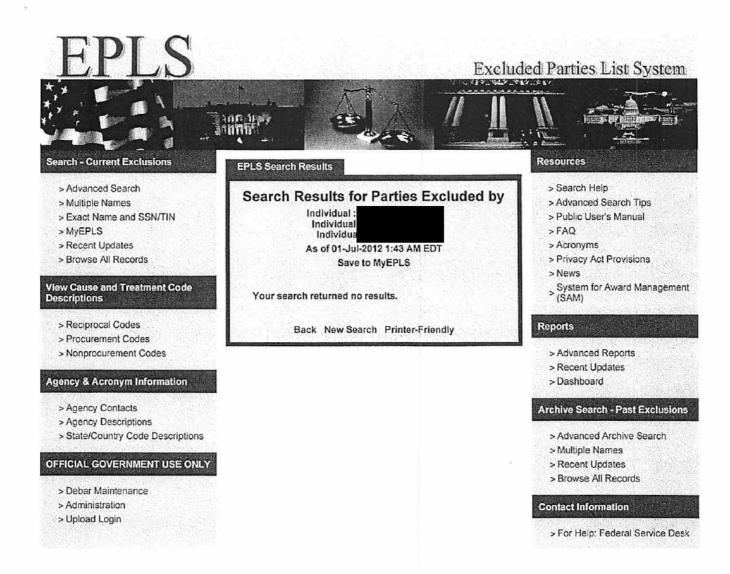
Address:	PLANNED PARENTHOOD OF COLUMBIA
	COLUMBIA
State / Zip:	SC 29204
DEA Number:	
Business Activity Code:	С
Business Activity Sub Code:	0
Drug Schedule:	22N 33N 4 5
Expiration Date:	7/31/2013
Payment Indicator:	Р

Print

#### Excluded Parties List System 2000 1 Resources Search - Current Exclusions EPLS Archive Search Results > Advanced Search > Search Help **Archive Search Results for Parties** > Advanced Search Tips > Multiple Names > Public User's Manual > Exact Name and SSN/TIN Excluded by >FAQ > MyEPLS Individual > Acronyms Individua > Recent Updates Individua > Privacy Act Provisions > Browse All Records As of 01-Jul-2012 1:43 AM EDT > News > System for Award Management (SAM) Save to MyEPLS **View Cause and Treatment Code** Descriptions Your search returned no results. > Reciprocal Codes Reports > Procurement Codes Back New Search Printer-Friendly > Advanced Reports > Nonprocurement Codes > Recent Updates > Dashboard Agency & Acronym Information **Archive Search - Past Exclusions** > Agency Contacts > Agency Descriptions > Advanced Archive Search > State/Country Code Descriptions > Multiple Names > Recent Updates OFFICIAL GOVERNMENT USE ONLY > Browse All Records > Debar Maintenance > Administration **Contact Information**

> For Help: Federal Service Desk

> Upload Login



### INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

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I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

**Physician Signature:** 

9-13-12

Medversant Technologies 3/2008

Becanse oci mission is fon important to rist

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CONFIDENTIAL/PROPRIETARY

# **Practitioner Reapplication**

	ume here), herein, "this Affiliate".	
L INSTRUCTIONS:		
This form should be typed or legibly printed in black or blue ink. If n and reference the question being answered. Please do not use abbreviation		
documents must be submitted with this application:	is when completing the application.	Current copies of the following
<ul> <li>Face Sheet of Professional Liability Policy or Certification</li> </ul>		
Practitioner Right to Review Information This is to advise you of your right to review information obtained in supp	ort of your credentialing or recredent	faling application, provided the
information does not apply to peer review references or recommendations	or other information that is peer rev	iew protected. You will be notified of
any substantial discrepancy between the information you submitted and the opportunity to review and/or correct information submitted with your app		ary source(s), and will be given an
opportunity to review and/or correct information submitted with your app	lication.	
II, IDENTIFYING INFORMATION		
Last Name	First	Middle:
Is there any other name under which you have been known? Name(s):		
No		
Home Mailing Address:	City:	ZIP:
	State: 5, 4	ZIP:
Home Telephone Number:	E-Mail Address: Page Number:	
Citizenship (If not a United States citizen, please include copy of Alien R		
Specialty	<u> </u>	
OB-GYN		
SubSpecialty:		
TWO TRANSPORTED AND A STREAM AND A ST		and the second states and the second
III. PRACTICE INFORMATION - WITHIN LAST THREE VEARS	. If nothing has changed, please ch	eek here. 🖾
Affiliate Name american and the the	Department Name (If Hospital Base	ed):
Primary Office Street Address: SUSTA	scity: Columbig	[
ON 2 Middleburg Dr. #107	State: SC	ZID: 201904
Telephone Number: \$03-2510-4908	Fax Number:	
CEO (Print Name):	Telephone Number:	
Walter Klausmoier	Fax Number:	
Name Affiliated with Tax ID Number 20-12-8 2557	Federal Tax ID Number:	
Practice Name (if applicable):	Department Name (If Hospital Base	ed):
Secondary Office Street Address:	City:	
	State:	ZIP:

• a board or association with a postgraduate training that provides Name of Issuing Board: Have you applied for board certifica If so, list board(s) and date(s): If not certified, describe your intent	an Board of Medical Specialt an Osteopathic Association tivalent requirements approve an Accreditation Council for complete training in that spec Specialty: ttion other than those indicate for certification, if any, and d (E.G. FLUOROSCOPY, RA ick here. [2]	ies ed by the Medical Board of California Graduate Medical Education of Amer cialty or subspecialty Date Certified/Recertified: d above? () Yes () No ate of eligibility for certification on separ ADIOGRAPHY, ETC.) - WITHIN LAS Number:	Expiration Date (if any):	
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a member board of the Americ	an Board of Medical Specialt		5	
en para especial e reconstruction de la contra se de la manera de la contra de la				
Include certifications by board(s) w	which are duly organized and a	recognized by:	÷	
V. BOARD CERTIFICATION - N	WITHIN LAST THREE YF	CARS, If nothing has changed, please cl	well here. 🕅	
Did you successfully complete the p	program? () Yes () No (If "I	No", please explain on separate sheet.)		
etc.):		From: (mm/yy)	To: (mm/yy)	
Type of Training (eg. residency,	Specialty:	State:	ZIP:	
Mailing Address:		City:		
attended, whether or not completed.	•	Program Director:		
completed within the last three year	s in chronological order, givin	ng name, address, city and ZIP code, and		
Attach additional sheets if necess nelude residencies, fellowships, pro	김 김 아님 아이에 가슴 다 가슴, 이 옷을 다	timents (indicate whether clinical or acade	mic), and nostgraduate education	
		YEARS. If nothing has changed, pleas	e check here. 🔀	
Affiliate Chief Executive Signature	e:	Signature Date:		
Affiliate Chief Executive (Name P				
result in denial of insurance covera	•			
Medversant report to the National	Insurance program for consid	eration by the Medico-Legal Advisory Pa		
understand that if the Medversant i	report I receive contains any i	nformation which the National Insurance responsibility to forward this application	Program has outlined in the Credential	
I have reviewed the attached clinic	cian application and am hereby	y submitting this application for (re)crede	ntial verification by Medversant. I	
	, Research, etc.:			
Other Medical Interests in Practice,		Federal Tax ID Number:		
		Fax Number:		
Name Affiliated with Tax ID Numb Other Medical Interests in Practice,				

Controlled Dangerous Substances Certificate (CDS) (if applicable):			Expiration Date:	
Medicare UPIN/National Physician	Medicare UPIN/National Physician Identifier (NPI):			Medicaid Number:
VIII. ALL OTHER STATE ME	DICAL LICENSES			
State: NONE	ACTIVZ	License Number	r:	Expiration Date:
IX. PROFESSIONAL LIABILI	TY INSURANCE CARRIER (other	than Planned Pa	renthood National	Insurance Program)
Name of Carrier: MONIZ	Policy #:	From: (mm/yy)		To: (mm/yy)
Mailing Address:		City:		
		State:		ZIP:
Per Claim Amount:	Aggregate Amount:	Expiration Date:		
List all professional liability carr carrier listed above	iers within the past seven years, oth	er than the Plann	ed Parenthood Nat	ional Insurance Program or
Name of Carrier:	Policy #:	From: (mm/yy)		To: (mm/yy)
Mailing Address:		City:		
		State:		ZIP:
X. CURRENT HOSPITAL AND	OTHER INSTITUTIONAL AFFI	INTIONS	Cherry and the	
	order (with the current affiliation (s)			nrent affiliations (A) and have had
previous hospital privileges (B) due or government agencies.	ring the past two years. This includes $0.85$	hospitals, surgery o	centers, institutions,	corporations, military assignments,
A. CURRENT AFFILIATIONS	Attach additional sheets if necessar	y. Reference this	section number an	d title.)
Name, Mailing Address and Phone	Number of Primary Admitting	City:		
Hospital:		State:		ZIP:
Department/Status (active, provisional, courtesy, etc.): Appointment Date:			ite:	
Name, Mailing Address and Phone Number of Other		City:		
Hospital/Institution;		State:		ZIP:
Department/Status:		Appointment Da	ite:	
B. PREVIOUS HOSPITAL AND	OTHER INSTITUTION AFFILIA	TIONS - WITHI	N LAST TWO YE	ARS
Name, Mailing Address and Phone	Number of Other	City:		
Hospital/Institution:		State:		ZIP:
From: (mm/yy)	To: (mm/yy)	Reason for Leav	ing:	
If you do not have hospital privilege	es, please explain.			
			and the second states and the	
XI, PEER REFERENCES				
List three professional references, p	Pobs			
ALL FOOM NOTE: References must be from in	dividuals who a			
working relations.	-			
Name of Reference:	Specialty:	Telephone Numb Fax Number:	ber:	
Mailing Address:		City:		
		State:		ZIP:
the state of the state of the state of the	N LAST THREE YEARS. If nothin	and the second		ender der einer stelle Gertreten in Pressenten
	activities since completion of postgr n professional work history on a separ		e extra sheets if nec	essary). This information must be
Name of Practice /Employer:	Contact Name:	Telephone Numb	ber:	
		Fax Number:	2 2 A	
	1			

. ,				
Mailing Address:		City:		
,		State:	ZIP:	
From: (mm/yy)	To: (inm/yy)			

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XIII. ATTESTATION QUESTIONS

Please answer the following questions "yes" or "no." If your answer to questions A through K is "yes," or if your answer to L is "no," please provide full details on separate sheet.

A. Has your license to practice medicine in any jurisdiction, your Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions,

or have you been fined or received a letter of reprimand or is such action pending? Yes 🔿 No 🕅

B. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or

any public program, or is any such action pending? Yes C No 🕅

C. Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g. hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with public programs), medical society, professional association, medical school faculty position or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not

renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending? Yes O No 🕅

D. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such

action pending? Yes C No 🕅

E. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any

internship, residency, fellowship, preceptorship, or other clinical education program? Yes C No 🕅

F. Has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked,

denied, reduced, limited, subjected to probationary conditions, or not renewed, or is any such action pending? Yes O No 🕏

G. Have you been denied certification/recertification by a specialty board, or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)? Yes O No 🕅

H. Have you ever been convicted of any crime (other than a minor traffic violation)? Yes () No 🕅

I. Do you presently use any drugs illegally? Yes 🔿 No 🔗

J. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases,

or are there any filed and served professional liability lawsuits/arbitrations against you pending? Yes 🔿 No 👯

K. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice

of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures? Yes C No 🚿

L. Are you able to perform all the services required by your agreement with, or the professional staff bylaws of, the Healthcare Organization to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance and without

posing a direct threat to the safety of patients? Yes 🛠 No C

I hereby affirm that the information submitted in this Section XIII, Attestation Questions, and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omissions or misrepresentations may

result in denial of my application or termination of my privileges, employment or physician participation agreement.

• 5-13-12 Physician Signature: ate: (Stamped Signature Is

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Physician Signatu

9-13-12

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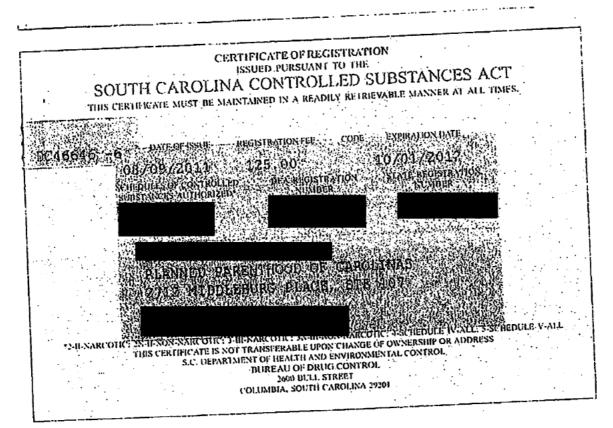
	07-31-2013	\$551	WASHINGTON, D.C, 20637
SCHEDURE	S DUSRIESS ACTIVITY	DATE ISSUED	
2,2N,3 3N,4,5	PRACTITIONER	08-09-2010	
	MD D PARENTHOOD OF COLUMBIA BIA, SC 28204		Sections 304 and 1008 (21 U.S.C. 824 and 859) of the Controlled Bubstances Act of 1970, as amended, provide that the Allomey General may revoke or suspend a registration to manufacturer, distributo, dispense, import or export a controlled substance.
	· ·		t This certificate is not transferable on change of Ownership, control, location, or business activity, And is not valid after the expration date.

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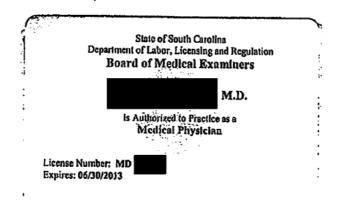
	UNITED ST DRUG EN	BSTANCE REGISTRATION ATES DEPARTMENT OF J FORCEMENT ADMINISTR ASHINGTON, D.C, 20537	USTICE
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE	
	07-31-2013	\$551	
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED	
2,2N,3 PRACT 3N,4,6	MONER	05-09-2010	
PLANNED PARENTH COLUMBIA, SC 2920			Sections 304 and 1008 (21 U.S.C. 824 and 558) of the Controlled Substances Act of 1970, as amended, provide that the Attorney Ganeral may reveke or suspend a registration to manufacture, distribute, dispense, import o export a controlled substance.
THIS CERTIFICATE		I CHANGE OF OWNERSH	P, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID

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NHFC 1176 (07/2000)



# South Carolina Board of Medical Examiners Website Verification

Name:	Profession: MD	Office Phone:
Basis: NB 71	School: <u>JEF</u>	Graduation: 01/01/1970
License No: Specialty: <u>OBG*</u>	Date Issued:	Expiration: 06/30/2013

**Primary Source Verification of Graduation Certified** 

Hospital Affiliation (s): None

**Credential Status:** Active No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

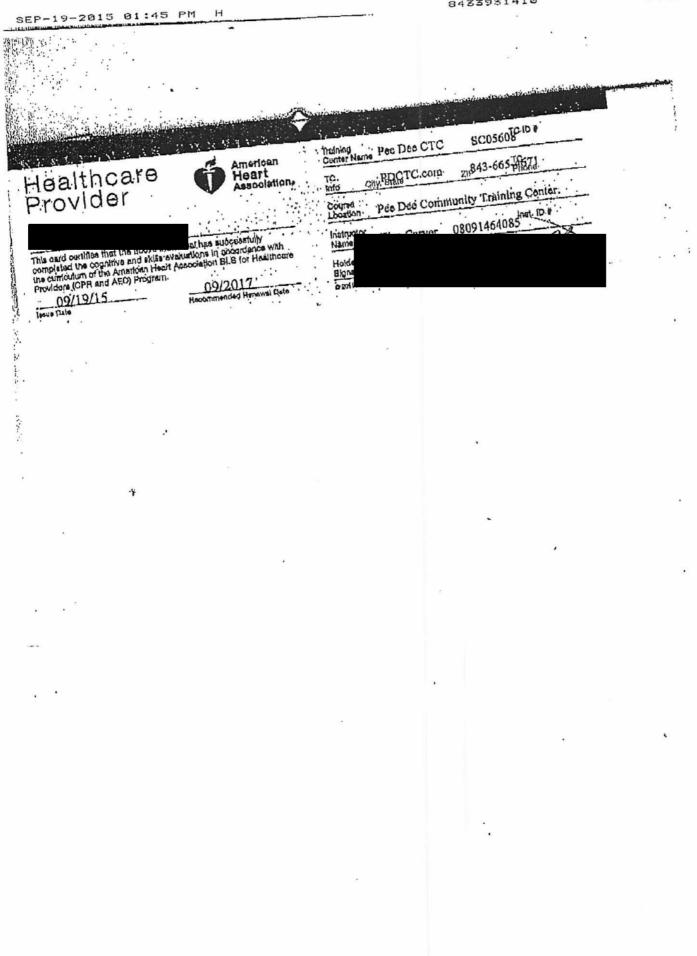
License History: Temporary License Number:

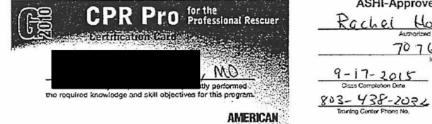
Verification disclaimer

ACORD <sup>®</sup> CEF	TIFICAT		BILITY IN	SURA		E (MM/DD/YYYY) 03/2012
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCER IMPORTANT: If the certificate hold	ATIVELY OR NEW NSURANCE DOE AND THE CERTI er is an ADDITIO	GATIVELY AMEND, E S NOT CONSTITUTE FICATE HOLDER. NAL INSURED, the p	EXTEND OR ALTI E A CONTRACT	ER THE CON BETWEEN T	VERAGE AFFORDED BY TH HE ISSUING INSURER(S), A If SUBROGATION IS WAIVE	IE POLICIES AUTHORIZED
the terms and conditions of the pol certificate holder in lieu of such end	cy, certain polici	es may require an end	dorsement. A stat	ement on thi	s certificate does not confer	rights to the
PRODUCER Marsh USA. Inc.		L			FAY	
1166 Avenue of the Americas New York, NY 10036		H	PHONE (A/C. No. Exi): E-MAIL		FAX (A/C, No);	
			ADDRESS:	URER(S) AFFOR	DING COVERAGE	NAIC #
			INSURER A : NA			N/A
INSURED PLANNED PARENTHOOD FEDERATION OF		<u> </u>	INSURER B : NA	alaa Daalaa 🗛		N/A
AMERICA, INC. 434 WEST 33RD STREET			INSURER C : National U	nion File ins. Co.	or Prasourgn, PA	19445
NEW YORK, NY 10001			INSURER D : INSURER E :			
			INSURER F :			
	ERTIFICATE NU		NYC-005763693-14		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR M. EXCLUSIONS AND CONDITIONS OF SU	REQUIREMENT, T	ERM OR CONDITION C	OF ANY CONTRACT D BY THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO AL	o which this
INSR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY					EACH OCCURRENCE \$	
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	
					PERSONAL & ADV INJURY \$	
					GENERAL AGGREGATE \$	
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POLICY PRO- JECT LOC		· · · • • • • • • • • • • • • • • • • •			\$ COMBINED SINGLE LIMIT	
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/N				WC STATU- TORY LIMITS ER	
OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT \$	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$	
C MEDICAL PROFESSIONAL	6793	286	01/01/2012	01/01/2013	PER CLAIM	
CLAIMS-MADE COVERAGE	Progr	am Retro: 11/1/76			AGGREGATE	
I DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (Attach ACOR	D 101, Additional Remarks Se	chedulo, if more space if	required)		
LL CLINICIANS EMPLOYED BY PLANNED PARENT	Hood Federation o	F AMERICA AND/OR ITS AFF	ILIATES ARE COVERED	) UNDER THE PO	LICY.	
			CANCELLATION			
MEDSERVANT TECHNOLOGIES 350 SOUTH GRAND AVENUE 3070 LOS ANGELES, CA 90071				N DATE THE	ESCRIBED POLICIES BE CANCE FREOF, NOTICE WILL BE I Y PROVISIONS.	
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			© 19	88-2010 AC	ORD CORPORATION. All r	ghts reserved

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**BLS** for

**Healthcare** Providers

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AMERICAN II SAFETY& HEALTH III INSTITUTE

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The card centries the holder haz demonstrated the required knowledge and skill objectives to a cur-rently authorized ASHI instructor. Certification does not guarantee future performance, or imply Ricon-aute or credentialing. Course content covers all age groups and conterms to the 2016 AFA Culcisines. *Inc CPR and ECC,* and etter evidence-based treatment economic contermined provided and an opportunity of the second statement of the second statement of skills is recommended.

ASHI-Approved Certification Card

Hodge B

Instructor I.D.

BSN

9-17-2017 Expiration Date

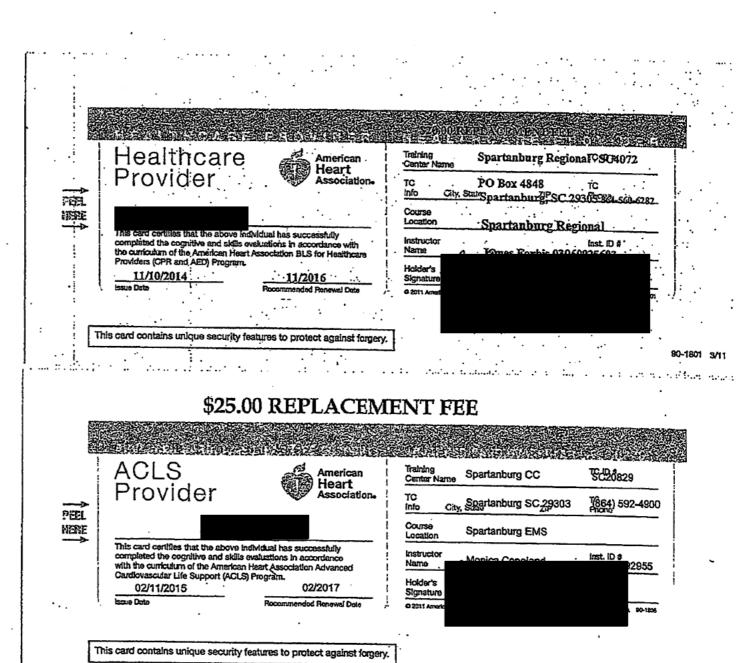
South 21 Training Contor LD.

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9-17-2015 Giazo Completion Date

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90-1806 3/11



Job Title:AborReports To:MediDepartment:PatieFLSA Status:Non-Access to ePHI:FullRevision Date:06/0

Abortion Physician Medical Director and VP for Patient Services Patient Services Non-exempt Full 06/08/2015

#### **JOB PURPOSE**

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

### **ESSENTIAL FUNCTIONS**

Abortion Physicians perform a wide range of duties including, but not limited to the following:

- 1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
- 2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
- 3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
- 4. Perform surgical and medication abortion procedures,
- 5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
- 6. Order post-operative medication, including contraceptives.
- 7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
- 8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
- 9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

### EDUCATION AND EXPERIENCE

- 1. Doctor of Medicine.
- 2. Licensed to practice medicine in each state privileged to provide services.

- 3. Board eligible or Board certified physician preferred.
- 4. Minimum 3 years' experience performing surgical and medication abortions.
- 5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

#### PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

#### KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

#### COMPETENCIES

- Planned Parenthood Mission Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- Customer Service Orientation Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- Judgment Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- Attention to Detail Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- Interpersonal Sensitivity Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

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- Teamwork Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties. Technical Expertise - Possessas spacialized knowledge or skills to accomplish a result.
- . Picks up on technical things quickly; is good at learning new skills.

### WORKING CONDITIONS

- .
- .
- Environment: Work in a clinical environment. May encounter protestor activity. OSHA: Exposure to blood bome pathogens and other potentially infectious materials. Work Waek: Schedules vary between Mondays through Saturdays, including evenings. Driving Responsibilities: None. .

Extra Time: May be required to work over-time or attend staff meetings outside the . regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signaturei Print Namei			Datei	9-16-2018
Copies to:	00	Employee Human Resources File		



# AGREEMENT OF CONFIDENTIALITY

<u>Client information</u>: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

<u>Release of Information to the Public</u>: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

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N. / /			
		9-17-19	
Signature	)	Date	



## HIPAA PRIVACY TRAINING DOCUMENTATION

Title:

Employee Name

Date of Training	Subject	Facilitator/Verified by Signature
9-17-15	HIPAA 101 - Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.



-17-19



## INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

**Employee Name** 

110 Title: Nedital Disator

Date of Training	Subject	Facilitator/Verified by Signature
9-18-15	infection Prevention (OSHA)	

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

18 Septs Signature



# INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

**Employee Name:** 

\_Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	Infection Prevention (OSHA)	

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the Importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if i observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to infection Prevention may oluding termination of employment.

<u>9-17-19</u> Date



# SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Title:\_MD

Employee Name: \_

Date of TrainingSubjectFacilitator/Verified by<br/>Signature9-16-15SC ABORTION REGULATIONS

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know
   Act may lead to corrective action, up to and including termination of employment.



9-16-19



# SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: PHYSICIAN PROVIDER	-		Title:
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Date of Training	Subject	Facilitator/Verified by Signature	
	SC ABORTION REGULATIONS		

By my signature below, I affirm that:

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- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

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Signature		
	-	

9-15-2015



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Planned Parenthood South Atlantic

# AGREEMENT OF CONFIDENTIALITY

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Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action,

I have read this statement and commit myself to its provisions.

Name (please print)	 	1	
			9-15-15
Signature		Date	



# HIPAA SECURITY TRAINING DOCUMENTATION

	_	
Employee Name: _	Title:	Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	HIPAA 102- Security Tips and Best Practices	

By my signature below, I affirm that:

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- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.



7\_15-14

Date



## HIPAA PRIVACY TRAINING DOCUMENTATION

**Employee Name:** 

Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
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- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature

7\_15-15

Date

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# Pee Dee Regional Community Training Center Registration Receipt

Thank you for your registration. Please print this receipt for your reference.

### Order Information

Order Date: 9/15/2015 Payment Method: Paypel

# **Training Center Contact**

Pee Dee Regional Community Training Center P.O. Box 608 Florence, SC 29503 carolinacenter@batiscuth.net 643-665-4671

### Customer



1			
	item	Cost	
	BLS for Healthcare Providers Sat 9/19/2015 at 9:00 AM	\$60.00	
	Total	\$60.00	

# **Class** Location

Pee Dee Regional Community Training Center, Florence, SC

Directions: 1209 West Evans Street Florence, SC 29501

### Notes

This class is for first time participants as well as renewing students.

# Fire Drill Report

Planned Parenthood of South Carolina 2712 Middleburg Dr. Suite 107 Columbia SC 29204

Reported by:

Date: 9-14-15

Communications:

Was discovery of fire reported appropriately to available persor	mel?@N
Was called?	(Y)N
Was "all clear" called following the drill?	ŴN
How much time elapsed between notification and evacuation ?	Imin 32 Sec

Response:

Did personnel evacuate all patients?	C⊈ N
Was fire department called ?	ØN
Was fire department met?	(X) N

Containment:

Were all windows and doors closed? Were the proper extinguishers brought to scene to contain fire?



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Evacuation:

Were proper evacuation methods used? Were bathrooms checked for patients? Were exits and corridors kept clear and free of obstruction? Were patients escorted to a safe area? Are all evacuation routes clearly posted?

Recommendations:

# Planned Parenthood South Atlantic Fire Drill Report

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Date: 09/14/2015

called at : 4:50pm

Location of supposed fire: Pharmacy

All accounted for at : End of driveway at 2712 Middleburg Dr

Participants

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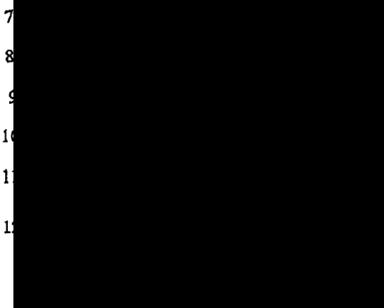
Planned Parenthood South Atlantic Fire Extinguisher and Safety Report

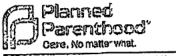
Date: 9/20/15 Facilitator: Benii Leverette

**Participants:** 

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# SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name:

MOMPHATINO: Medical Divector SUPP

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	

By my signature below, I affirm that:

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- I understand that I am responsible for adhering to these regulations and laws.
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- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.





# HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name

MD MPH Time: Medical Direton PPSC

Date of Training	Subject	Facilitator/Verified by Signature
17.50 15	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patlent Privacy, on the CAL.
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- I have read the HIPAA Guidelines pertaining to ePHI and agree to ablde by them.
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- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.



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# HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name

MD MPH THE: Meding Diverte

Date of Training	Subject	Facilitator/Verified by Signature
	HIPAA 101 - Protecting Patient Privacy	

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- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.



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## AGREEMENT OF CONFIDENTIALITY

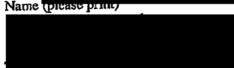
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Release of Information to the Public; Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

MDMPK 17Sep 15





Planned Parenthood South Atlantic

Job Title:Abortion PhysicianReports To:Medical Director and VP for Patient ServicesDepartment:Patient ServicesFLSA Status:Non-exemptAccess to ePHI:FullRevision Date:06/08/2015

#### **JOB PURPOSE**

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

#### **ESSENTIAL FUNCTIONS**

Abortion Physicians perform a wide range of duties including, but not limited to the following:

- 1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
- 2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
- 3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
- 4. Perform surgical and medication abortion procedures.
- 5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
- 6. Order post-operative medication, including contraceptives.
- 7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
- 8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
- 9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

### **EDUCATION AND EXPERIENCE**

- 1. Doctor of Medicine.
- 2. Licensed to practice medicine in each state privileged to provide services.

- 3. Board eligible or Board certified physician preferred.
- 4. Minimum 3 years' experience performing surgical and medication abortions.
- 5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

#### PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

## KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

### COMPETENCIES

- Planned Parenthood Mission Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with Internal and external customers.
- Customer Service Orientation Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- Judgment Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- Attention to Detail Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- Interpersonal Sensitivity Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- Teamwork Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- Technical Expertise Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

### WORKING CONDITIONS

- Environment: Work in a clinical environment. May encounter protestor activity.
- OSHA: Exposure to blood borne pathogens and other potentially infectious materials.
- Work Week: Schedules vary between Mondays through Saturdays, including evenings.
- Driving Responsibilities: None.
- Extra Time: May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature:			Date:
Print Name:		MD MPH	·
Copies to:		Employee Human Resources File	



Planned Parenthood South Atlantic

Job Title:Lab Director (addendum to Abortion Physician)Reports To:Medical Director and VP for Patient ServicesDepartment:Patient ServicesFLSA Status:Non-exemptAccess to ePHI:FullRevision Date:06/08/2015

#### **JOB PURPOSE**

The Lab Director is responsible for the overall operation and administration of the laboratory. While some responsibilities may be delegated, she/he is ultimately responsible and must ensure that all the functions are properly performed and applicable CLIA regulations are met. She/he is responsible to ensure that the laboratory develops and uses a quality system approach to laboratory testing that provides accurate and reliable patient test results. The Risk Quality Management Director and Nursing Director are available to assist the Lab Director with any questions or concerns.

#### **ESSENTIAL FUNCTIONS**

The Lab Director performs a wide range of functions including, but not limited to the following:

- Conduct annual review of the Laboratory Manual.
- Conduct quality assessments includes review of proficiency testing and corrective actions.
- Serve as Clinical Consultant. Provide consultation regarding test result interpretation related to specific patient conditions (only applies to tests performed on site – ie Rh, Hg, wet prep, etc.)
- Serve as Technical Consultant. Provide oversight of Proficiency Testing program including review
  of corrective action plans for unacceptable or unsatisfactory results.
- Oversee employee training and proficiency testing.
- Ensure the testing systems in the laboratory provide quality services in all aspects of test performance, i.e., the preanalytic, analytic, and postanalytic phases of testing and are appropriate for PPSAT's patient population.
- Ensure the physical and environmental conditions of the laboratory are adequate and appropriate for the testing performed.
- Ensure the environment for employees is safe from physical, chemical, and biological hazards and safety and biohazard requirements are followed.
- Ensure a general supervisor (high complexity testing) is available to provide day-to-day supervision of all testing personnel and reporting of test results as well as provide on-site supervision for specific minimally qualified testing personnel when they are performing high complexity testing.
- Ensure a sufficient numbers of appropriately educated, experienced, and/or trained employees who provide appropriate consultation, properly supervise, and accurately perform tests and report test results in accordance with the written duties and responsibilities specified by you, are employed by the laboratory.
- Ensure new test procedures are reviewed, included in the procedure manual and followed by employees.
- Ensure each employee's responsibilities and duties are specified in writing.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

.....

Signature:		Date: 17 Jun 15
Print Name:		

Copies to:

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Employee Human Resources File



Planned Parenthood South Atlantic

Job Title:Supervising PhysicianReports To:Medical Director and VP for Patient ServicesDepartment:Patient ServicesFLSA Status:Non-exemptAccess to ePHI:FullRevision Date:06/08/2015

#### **JOB PURPOSE**

The Supervising Physician is responsible for providing support and guidance to Advanced Practice Clinicians according to the Collaborative Practice Agreement.

### **ESSENTIAL FUNCTIONS**

The Supervising Physician performs a wide range of functions including, but not limited to the following:

- Sign Collaborative Practice Agreement (CPA) with Advanced Practice Clinicians (covering scope of
  practice and prescriptive authority) at onset of supervisory relationship and review annually
  thereafter.
- Conduct periodic meetings with supervisees as outlined in CPAs (varies by state and specialty).
  - Annually to review CPA.
    - At least one additional time per year to review clinical issues (VA must document specific chart/case review).
- Complete form QM 80 to document all meetings.
- Conduct annual review of 10 Family Planning charts. Supervising Physician will be provided with the chart audit form to facilitate this review.
- Details for state specific requirements attached (APC Supervision Requirements). Where state
  requirements require more frequent meetings than outlined above, the stricter requirement must
  be met.

#### QUALIFICATION REQUIREMENTS

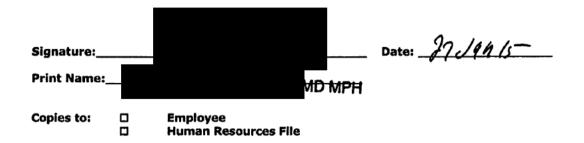
### Education:

Medical degree with training and experience in reproductive health, family planning and abortion services preferred.

#### Experience:

Minimum three years' experience in gynecologic care, full range of contraception provision and colposcopy, and management of gynecologic emergencies preferred.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.



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September 25, 2015

I, the second fixed the ultrasound machine's time around the end of August. I do not remember the exact date it was done. I also did not realize the time was off until pointed it out to me. I did not call GE for help. I figured it out on my own. Since I have fixed the time, the times have been correct. I make sure the time is correct when I first turn the machine on and between each pt.

If you have any questions please let me know.

Thanks,



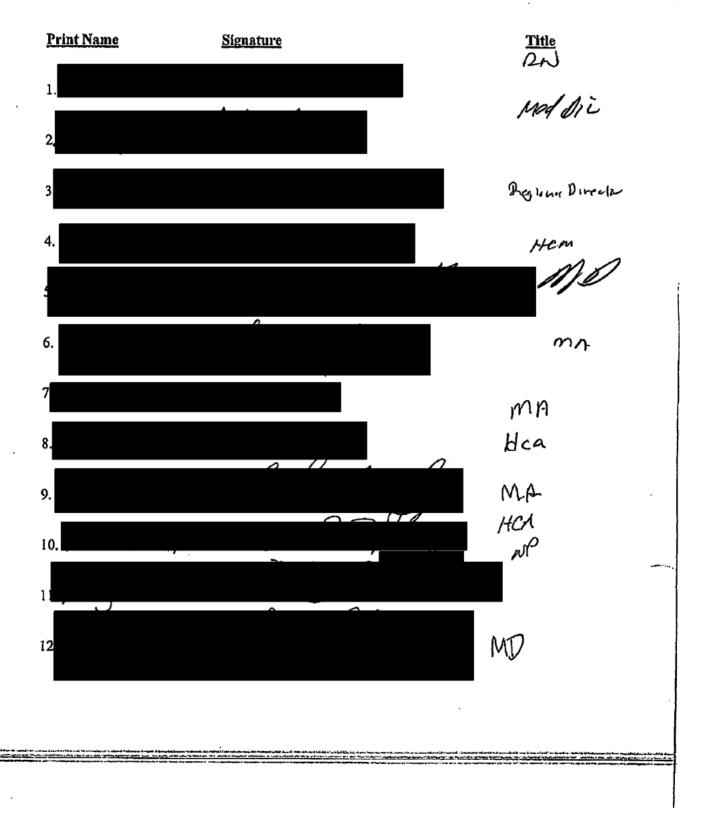
## **Clinical Staff Orientation**

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Date: 1-11-14

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# M C NAIR

M. Elizabeth Crum

Icrum@mcnair.net T (803) 753-3240

F (803) 933-1484

October 12, 2015

Via E-mail and Hand Delivery

RECEIVED

HEALTH LIC.

OCT 1 2 2015

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais St., Columbia,, SC 29201

Re: Amended Plans of Correction—Planned Parenthood South Atlantic Columbia Facility

Dear Ms. Thompson:

Enclosed please find an amended Plan of Correction ("POC") for the Routine Inspection for Planned Parenthood South Atlantic Columbia Facility ("PPSAT") for Reg. 61-12 §§ 204.C, 204.E, 208, 401.A.1, 304.H and 605.D and an amended POC for the Investigation for PPSAT for Reg. 61-12 §§ 401.A.1, 204.H, 304.H and 605.D. For each of the amended sections, where there is a notation that there are attachments, the attachments are the same as those added to the POCs previously filed with the Bureau of Health Facilities Licensing.

Please do not hesitate to contact me with any questions. Thank you for your attention this matter.

Sincerely,

Elizabeth erun

MEC:df

cc: Shelly B. Kelly, Esq. Ashley C. Biggers, Esq. Eva C. Johnson Emily Adams

McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > mcnair.net

COLUMBIA 1227742v1

GREENVILLE HILTON HEAD

	BECEIVED			
DHEC	PLAN OF CORRECTION			
	BUREAU OF HEALTH FACILITIES LICENSING OCT 1 2 2015			
PROMOTE PROTECT PROSPER South Carolina Department of Health and Environmental Control	2600 BULL STREET, COLUMBIA, SC, 29201 OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov			
	he audit inspection form will be needed to assist you in completing this form.			
Inspection Date: 9/1/2015	Today's Date: 10/12//2015 License Prefix: AB Suffix #: 2			
Type of Inspection: L07 IN				
Name of Facility/Activity:	Planned Parenthood South Atlantic			
deficiency, the actions taken	e. Additionally, I certify that the plan of correction describes the actions taken to correct each cited to prevent similar recurrences and the actual or expected completion date.			
Administrator Name: EMI	ly Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233			
	RESPONSE TO CITATIONS			
10/12//2015 Completion Section: 401.A.1	n Date (Actual or Expected)			
Corrective Action: In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record. PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures.				
Preventive Action: The Health Center Manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.				
10/12//2015 Completion Section: 204.H	n Date (Actual or Expected)			
Corrective Action: Staff member A signed job description on 6/25/15, a copy of which was available at PPSAT's central office in Raleigh, NC. Furthermore, as a point of clarification, the referenced document that was provided to inspectors for review was not the job description but was in fact the general PPSAT contract. PPSAT operates health centers across four states and uses a standard contract and fee schedule for all providers. The excerpt referenced in the report was from the fee schedule, including those who work at health centers outside of South Carolina, and does not specify just South Carolina job duties.				
will be providing in the member A on 9/29/15	ned is the revised Appendix A that enumerates the only procedures that Staff A ne PPSAT Columbia facility. This Appendix was reviewed and signed by Staff and a copy is attached. Additionally, attached are the Staff member A Redacted ent, Redacted Job Description, and Physician On-site Orientation Check List.			
10/12/2015 Completion	Date (Actual or Expected)			
manifests. Stericycle Therefore, waste wa attached. In addition,	T contacted Stericycle, the waste management vendor, to review the identified e provided updated manifests that demonstrate the waste was incinerated. is actually treated in accordance with the requirements. These manifests are prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with inced and reputable waste management company. A copy of this contract is			

attached. In addition, prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

10/12/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was actually treated in accordance with the requirements. These manifests are attached. In addition, prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes 🔀 No

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

## INSTRUCTIONS: DHEC FORM 0275 PLAN OF CORRECTION BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

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- 5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

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OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

## MCNAIR

ATTORNEYS

October 1, 2015

Via Hand Delivery

## RECEIVED

OCT 0 1 2015

HEALTH LIC.

Icrum@mcnair.net T (803) 753-3240 F (803) 933-1484

M. Elizabeth Crum

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais Street Columbia, SC 29201

Re: Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

Dear Ms. Thompson:

Per our conversation with Ms. Eva Johnson and Ms. Michelle Hatcher, RN, yesterday afternoon, please find attached additional information provided as part of the supplemental POC and related attachments. Per the Department's request, we have provided unredacted information containing personal health information ("PHI"), as the same is defined by HIPAA. We understand that the Department has access to this information pursuant to HIPAA and South Carolina statutes and regulations. We further understand that the Department, pursuant to the HIPAA requirements, will not release the PHI, but will redact the PHI from any document prior to its release.

Additionally, as to certain citations, addition information was requested that did not result in a change in the POC. However, PPSAT is providing addition documentation, as listed below.

For the Routine POC:

204.G.1-the unredacted job descriptions are attached for

204.H-Exhibit 43, unredacted Appendix A for

208-the unredacted training forms for staff

208-Exhibit 38, revised Abortion Monthly Chart Completion Audit Form

303.A.1-Exhibit 33, RQM-82, Infection Prevention Rounds Check List

303.C- Exhibit 33A, RQM-82, Infection Prevention Rounds Check List

McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

and

Mailing Address Post Office Box 11390 Columbia, SC 29211

mcnair.net

Gwen C. Thompson October 1, 2015 Page 2



401.A.1—Exhibit 49, unredacted information showing names of minor parents, when available

401.A.12- Exhibit 38A, RQM-82, Infection Prevention Rounds Check List

602.B-Exhibit 38B, RQM-82, Infection Prevention Rounds Check List

808.A—Exhibit 40A—Paperwork from Cook Plumbing Company evidencing plumbing work on setting the water temperature.

808.A—Exhibit 40B—Log regarding checking water temperature monthly.

For Investigation POC:

401.A.12- Exhibit 50A, RQM-82, Infection Prevention Rounds Check List

403.A.1-Exhibit 51 South Carolina Reports of Induced Termination and Fetal Death Reports

We appreciate the Department's professionalism in this matter. With best wishes.

Sincerely,

Ljøleeth hu

M. Elizabeth Crum

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq. Ashley C. Biggers, Esq. Eva C. Johnson Emily Adams

RECEIVED

OCT 0 1 2015

HEALTH LIC.

MCNAIR

ATTORNEYS

M. Elizabeth Crum

Icrum@mcnair.net T (803) 753-3240 F (803) 933-1484

October 1, 2015

Via Hand Delivery and E-Mail

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais Street Columbia, SC 29201

Re: Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

Dear Ms. Thompson:

Enclosed please find materials which should be substituted for the existing exhibit 808.A – Exhibit 40B, which was submitted via hand delivery this morning. We would appreciate your substituting the attached PPSAT SC – Water Temperature Log for Exhibit 40B that was submitted this morning.

Further, although my cover letter this morning stated "please find attached additional information provided as part of the supplemental POC and related attachments", we inadvertently did not enclose the supplemental Routing and the Investigation POCs.

We appreciate the Department's professionalism in this matter. With best wishes.

Sincerely,

yoluthe Cr

M. Elizabeth Crum

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq. Ashley C. Biggers, Esq. Eva C. Johnson Emily Adams McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > mcnair.net

COLUMBIA 1226800v1

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## PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING HEALTH LIC. 2600 Bull Street, Columbia, SC, 29201

OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015

needed to assist you in completing the

Today's Date: 9/18/2015 License Prefix: AB Suffix #: 2

Type of Inspection: L07 Investigation

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: M By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

## **RESPONSE TO CITATIONS**

10/1/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: PPSAT submits a report of induced termination of pregnancy through an online portal system managed by DHEC. Staff have experienced times when this system is down causing delays in abortion reporting. All abortions will be reported to the DHEC Bureau of Vital Records within 7 days. In the event the online system is unavailable, staff will contact DHEC to report the issue and develop an alternate plan for reporting. Any delays will be documented on the form.

Preventive Action: Staff will receive training from the Health Center Manager at the monthly staff meetings as to the requirement that all abortions be reported to the DHEC Bureau of Vital Records within 7 days. Based upon conversations with the DHEC Bureau of Vital Records PPSAT has been instructed to use an alternate plan for reporting when the DHEC online portal system is down, to mail in a paper copy of the form and to notify DHEC that its system is down. PPSAT will maintain a folder of e-mails sent to the Bureau of Vital Records every time the system is down, thus preventing timely reporting. Attached is SC Report of Inducted Termination and Fetal Death Report which will be effective October 8, 2015. Health center staff will receive training from the health center manager on this new reporting policy on or before October 8, 2015.

10/1/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The Health Center Manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

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OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

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PROMOTE P	ROTECT PR	OSPER
South Carolina and Envir	Department o	f Health trol

## **PLAN OF CORRECTION**

## BUREAU OF HEALTH FACILITIES LICENSING

2600 BULL STREET, COLUMBIA, SC, 29201

OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 9/18/2015	License Prefix: AB	Suffix #: 2

Type of Inspection: L07 Investigation

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: If By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

## **RESPONSE TO CITATIONS**

10/1/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: PPSAT submits a report of induced termination of pregnancy through an online portal system managed by DHEC. Staff have experienced times when this system is down causing delays in abortion reporting. All abortions will be reported to the DHEC Bureau of Vital Records within 7 days. In the event the online system is unavailable, staff will contact DHEC to report the issue and develop an alternate plan for reporting. Any delays will be documented on the form.

Preventive Action: Staff will receive training from the Health Center Manager at the monthly staff meetings as to the requirement that all abortions be reported to the DHEC Bureau of Vital Records within 7 days. Based upon conversations with the DHEC Bureau of Vital Records PPSAT has been instructed to use an alternate plan for reporting when the DHEC online portal system is down, to mail in a paper copy of the form and to notify DHEC that its system is down. PPSAT will maintain a folder of e-mails sent to the Bureau of Vital Records every time the system is down, thus preventing timely reporting. Attached is SC Report of Inducted Termination and Fetal Death Report which will be effective October 8, 2015. Health center staff will receive training from the health center manager on this new reporting policy on or before October 8, 2015.

10/1/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The Health Center Manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

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E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

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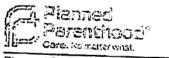
OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

RECEIVED OCT 0 1 2015 HEALTH LIC.

S.C. Code Regs. 204.H

Unredacted Appendix A for

Exhibit 43



Planned Parenthood South Atlantic

## Appendix A -- Compensation

Planned Parenthood South Atlantic ("PPSAT") will pay Employee a professional fee of:

per surgical abortion procedure up to 13.6 weeks per medication abortion procedure per LARC insertion or removal per hour training rate

\* Except when LARC is covered by the Ryan Fund

Such consideration will be payable bi-weekly. The per-procedure fee will include all phone and in-office consultation with patients presenting with post-surgical complications. In the event of a failed abortion, the contractor will provide a second abortion. No additional fees are paid to the contractor in the event of a failed procedure

Emproyce Sygnature

28 Septs

RECEIVED OCT 0 1 2015 HEALTH LIC.

Corrected to 401.A.12

## S.C. Code Regs. 303.A.1 RQM-82 Infection Prevention Rounds Checklist Exhibit 50(A)

## PPSAT

Infection-Free Environmental Rounds Che	cklist: perforn Binder	ned mo	onthly by HCM, filed in RQM
Topic	Compliant	N/A	Comments
Clean and dirty utility separated	Section Section	de la como	
No dirty items stored in clean utility	YN		
No clean items stored in dirty utility Items not stored under sink	Y N Y N		
Items off floor	Y N	1	
Trash Containment	17 1 1 1 1 1	17.90	
Govered and appropriately placed sharps containers easily accessible sharps containers not overfilled No white bag trash in biohazard No biohazard in white bag trash Trash removed at least daily	Y N Y N Y N Y N Y N Y N Y N		
Refrigerators		1-1-	
Patient and employee food separated and labeled food, med, and biologicals separated and labeled Temps checked daily; 2x for vaccine(s) No outdated items Generally clean Locked if storing medications	Y N Y N Y N Y N Y N Y N Y N		
Handwashing facilities	and the second	1	
Easily accessible Soap dispensers filled Antimicrobial hand rinse available	Y N Y N Y N		
Meds			
Multi-dose vials dated when opened (28 day limit) Water and saline one time use only No outdated items	Y N Y N Y N		
Items checked for outdates		有一些	
Lab collection tubes Sutures Sterile supplies that are dated, 1st in, 1st out-observed	Y N Y N Y N		
Steam Sterilizers			
Log maintained Biologicals run weekly (daily in SC if autoclave used) Verbalizes actions taken if problems Repeat run If still problem Inform IC?	Y N Y N Y N Y N Y N Y N		
Recall instruments and rerun PPE's available Infection prevention policies available Written Electronic Safety needles available, used consistently, correctly Facility cleaned as per ARMS' Infection Prevention Facility free of dirt, dust, debris	Y N Y N Y N Y N Y N Y N Y N Y N		
Name:	Title:		
Center:	Date:		
Signature of reviewer:	7. C. M.		

RQM-82 Infection Prevention Rounds Check April 2015 page 1

PPSAT

RQM-82 Infection Prevention Rounds Check April 2015 page 2

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## S.C. Code Regs. 403.A.1 SC Reports of Induced Termination and Fetal Death Reports Exhibit 51

within five (5) days after the procedure.

## **Death Reports**

In the event of death of an adult patient at PPSAT, PPSAT will coordinate with the funeral director or 1. other person who assumes the body to ensure that a Death Report is timely filed with the State Registrar.

**References:** 

S.C. Code Regs. 61-19, §§ 18, 21, and 22. S.C. Code Regs. 61-12 § 301.K.

Planned Parenthood South Atlantic Policy	TYPE: Policy / SOP*	APPROVAL: Name and Date
<u>Title:</u> SC Reports of Induced Termination and Fetal	Board Policy	<u>Dale oniv:</u>
Death Reports <u>Intended Audience</u> : South Carolina Health Center Staff	<u>X</u> Staff Policy	<u>CEO name / date:</u> Jenny Black, CEO October 8, 2015
Responsible Staff: Health Center Manager	<u>X</u> Medical Policy	Medical Director name / date: Katherine Farris, MD, October 8, 2015
Date/Frequency of Review: at hire; annually thereafter		LT member name / date: Emily Adams, VP PS October 8, 2015

## **PPSAT Policy:**

PPSAT will comply with applicable South Carolina law regarding filing of Reports of Induced Termination of Pregnancy and Fetal Death Certificates.

## Effective Date: 10/8/2015

## **Procedure:**

## **Reports of Induced Termination of Pregnancy**

- PPSAT will complete a Report of Induced Termination of Pregnancy within seven days of each 1. procedure and submit the report online using the DHEC portal.
- In the event the portal is offline, staff will notify the DHEC staff via email and submit a paper ITOP form 2. to:

SC DHEC C/o - Registration Attn. Kozy Tennant 2600 Bull Street Columbia, S.C. 29201

- Staff should keep a copy of the email sent to the state in a folder to document attempts to submit 3. online.
- A copy of the submitted report will be scanned to the EHR. 4.

## **Reports of Fetal Death**

For abortion procedures performed before 20 completed weeks of gestation and where the fetus is 1 weighs less than 350 grams, no Report of Fetal Death is required.

For any fetus that weighs 350 grams or more, a Report of Fetal Death will be filed with State Registrar 2. within five (5) days after the procedure.

## **Death Reports**

In the event of death of an adult patient at PPSAT, PPSAT will coordinate with the funeral director or 1. other person who assumes the body to ensure that a Death Report is timely filed with the State Registrar.

## **References:**

S.C. Code Regs. 61-19, §§ 18, 21, and 22. S.C. Code Regs. 61-12 § 301.K.

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	DHEC	PLAN OF CORRECTION				
SEP 28 2015 BUREAU OF HEALTH FACILITIES LICENSING						
۲	PROMOTE PROTECT PROSPER South Carolina Department of Health	2600 BULL STREET, COLUMBIA, SC, 29201				
	and Environmental Control	HEALTHOLIGE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov				
		he audit inspection form will be needed to assist you in completing this form.				
	Inspection Date: 9/1/2015	Today's Date: 9/18/2015License Prefix: ABSuffix #: 2				
	Type of Inspection: L07 INVESTIGATION					
	Name of Facility/Activity:	Planned Parenthood South Atlantic				
	plan of correction is accurat deficiency, the actions taker	on: Dy checking this box, I attest that I am the administrator of the facility/activity and that this e. Additionally, I certify that the plan of correction describes the actions taken to correct each cited to prevent similar recurrences and the actual or expected completion date.				
	Administrator Name: Emi	ly Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233				
		RESPONSE TO CITATIONS				
	6/25/2015 Completion Section: 204.H	Date (Actual or Expected)				
~	Corrective Action PPSAT was, in fact, in compliance with § 204.H. Staff member A signed <b>Constant</b> ob description on 6/25/15, a copy of which was available at PPSAT's central office in Raleigh. Furthermore, as a point of clarification, the referenced document that was reviewed by inspectors was not the job description but was in fact the general PPSAT contract. PPSAT operates health centers across four states and uses a standard contract and fee schedule for all providers. The excerpt referenced in the report was from the fee schedule, including those who work at health centers outside of South Carolina, and does not specify job duties. Preventive Action: Attached is the revised Appendix A that enumerates the only procedures that Staff A will be providing in the PPSAT Columbia facility. This Appendix will be reviewed and signed by Staff member A by 9/29/15. Additionally, attached are the Staff member A Redacted Employment Agreement, Redacted Job Description, and Physician On-site Orientation Check List.					
	9/18/2015 Completion I Section: 301.D.4	Date (Actual or Expected)				
	Corrective Action: As described by staff, PPSAT procedure is that infectious waste is weighed by the certified infectious waste transport vendor and not weighed on site, which is in compliance with S Infectious Waste Regulation 61-105.F.6.J. The written policy reviewed during the investigation was legacy policy that had not been updated to match PPSAT's current procedure. The policy was updated to reflect practice. A copy of the revised policy is attached. Preventive Action: The revised infectious waste policy requires certified waste transport vendors to weige infectious waste in accordance with the requirements of S.C. Code Ann. Reg. 61-105.T.9. The Heal Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-10 Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review are correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.					
	8/27/2015 Completion D Section: 304.H	ate (Actual or Expected)				
	Corrective Action: PPS/ manifests. PPSAT of manifests. Stericycle	AT was in fact in compliance with Section 304.H regarding the cited Stericycle contacted Stericycle, the waste management vendor, to review the identified e provided updated manifests that demonstrate the waste was incinerated. Is treated in accordance with the requirements. These manifests are attached. In				

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addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

9/25/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. PPSAT maintained documentation that included the names of minor's parents, where known. In response to the inspection, PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

9/1/2015 Completion Date (Actual or Expected)

Section: 401.A.12

Corrective Action: A new Electronic Health Record system was implemented in October 2014. Staff immediately revised the electronic documentation to add the field for persons in attendance, if any, during the procedure. Inspectors reported that this solution met requirements.

Preventive Action: Health Center Manager will audit electronic health records to ensure that staff are documenting clinical assistants present, if any, during the abortion procedure. This field will be reviewed as part of the monthly Abortion Chart Completion Audit, a copy of which is attached. The health center manager will complete and document on the Health Center Manager RQM-82 the Infection-Free Environmental Rounds Checklist, a copy of which is attached, that is reviewed by the Regional Director.

9/19/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: PPSAT submits a report of induced termination of pregnancy through an online portal system managed by DHEC. Staff have experienced times when this system is down causing delays in abortion reporting. All abortions will be reported to the DHEC Bureau of Vital Records within 7 days. In the event the online system is unavailable, staff will contact DHEC to report the issue and develop an alternate plan for reporting. Any delays will be documented on the form.

Preventive Action: Staff will receive training at the monthly staff meetings as to the requirement that all abortions be reported to the DHEC Bureau of Vital Records within 7 days. PPSAT has asked for assistance from the DHEC Bureau of Vital Records as to an alternate plan for reporting. PPSAT will maintain a folder of e-mails sent to the Bureau of Vital Records every time the system is down, thus preventing timely reporting.

8/27/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: PPSAT was in fact in compliance with Section 605.D regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced the reputable waste management company. A copy of the contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that it is in compliance with R.61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be returned to the waste management vendor for correction and/or supplementation. This monthly review will be documented on the Infectious Waste Manifest Checklist.

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes 🗌 No 🔀

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

## INSTRUCTIONS: DHEC FORM 0275 PLAN OF CORRECTION BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at <u>BHFL@dhec.sc.gov</u> or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

## PLAN OF CORRECTION

204.H • 301.D.4 • 304.H • 401.A.1 • 401.A.12 • 403.A.1 • 605.D

# EXHIBITS FOR 204.H

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EXHIBIT	DESCRIPTION
NO	
41	Redacted Staff A Employment Agreement
42	Redacted Staff A Job Description
43	Revised Appendix A to Staff A Job Description
44	Physician On-Site Orientation Checklist

### EXHIBITS FOR 301.D.4

EXHIBIT	DESCRIPTION
NO	
45	SC Definition of Infectious Waste

### EXHIBITS FOR 304.H

EXHIBIT	DESCRIPTION
NO	
46	Revised Manifests
	<ul> <li>Manifest MDAU0085W3 dated 10/17/14</li> </ul>
	• Manifest MDAU00870V dated 10/31/2014
	<ul> <li>Manifest MDAU0089T5 dated 12/5/2014</li> </ul>
	• Manifest MDAU008ADF dated 10/12/2014
47	8/27/2015 Advanced Environmental Options, Inc.
	Agreement

## EXHIBITS FOR 401.A.1

EXHIBIT	DESCRIPTION
NO	
48	South Carolina Minor Demographic Face Sheet
49	Series of redacted Birth Certificates

## EXHIBITS FOR 401.A.12

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EXHIBIT	DESCRIPTION
NO	
50	EHR SC Abortion Chart Completeness Audit
	Tool

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### EXHIBITS FOR 403.A.1

EXHIBIT	DESCRIPTION
NO	
51	Fetal Death Policy

### EXHIBITS FOR 605.D

EXHIBIT	DESCRIPTION
NO	
52	Revised Manifests
	<ul> <li>Manifest MDAU0085W3 dated 10/17/14</li> </ul>
	<ul> <li>Manifest MDAU00870V dated 10/31/2014</li> </ul>
	<ul> <li>Manifest MDAU0089T5 dated 12/5/2014</li> </ul>
	<ul> <li>Manifest MDAU008ADF dated 10/12/2014</li> </ul>
53	8/27/2015 Advanced Environmental Options, Inc.
	Agreement

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#### Redacted Staff A Employment Agreement



1765 Dobbins E Chapel Hill, NC 27 p: 866.942.7762 f: 919.933.5 www.ppsat

Planned Parenthood South Atlantic

#### EMPLOYMENT AGREEMENT

This agreement is made and entered into by and between Planned Parenthood South Atlantic, Inc. ("PPSAT") and M.D. ("Employee").

1. <u>Employment</u>. Employee hereby accepts employment as a physician with PPSAT, with the commencement date of July 01, 2015. Employee's employment will run from that date until the time it is terminated as provided herein (the entire duration of employment is referred to as the "Term").

2. <u>Duties</u>. During the Term, Employee shall serve PPSAT in any manner requested by PPSAT so long as it is consistent with Employee's training and experience and in conformity with PPSAT's Medical Standards and consistent with the Abortion Provider job description. In addition, Employee will work with trainees as directed by PPSAT.

DDSAT will Compensation -

4. <u>Expense Reimbursement</u>. PPSAT will reimburse Employee expenses in accordance with the agreement as outlined in Appendix B.

5. <u>Termination Without Cause</u>. Either party may terminate Employee's employment for any reason upon thirty (30) days written notice to the other of such intention.

6. <u>Termination for Cause</u>. PPSAT may immediately terminate Employee's employment for cause for any of the following reasons:

- a) Employee's failing or refusing to faithfully and diligently perform the usual customary duties of Employee's employment.
- b) Employee's failing or refusing to comply with the terms and provisions of this Agreement.
- c) Employee's failing or refusing to comply with the reasonable policies, rules, and regulations of PPSAT, which PPSAT may from time to time establish.
- d) Employee's engaging in negligent, unprofessional, unethical, or fraudulent conduct.

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Planned Parenthood South Atlantic

- e) Employee's acting in a manner that discredits PPSAT or is detrimental to the reputation, character, and standing of PPSAT and its other employees.
- f) Employee's failure to remain insurable for medical malpractice at rates equivalent to those paid for other physicians in positions similar to Employee's.

If PPSAT terminates Employee's employment for cause, PPSAT will pay Employee for work performed through the effective date of termination. This payment will be subject to normal withholdings. PPSAT will not be required to pay Employee any other amounts unless Employee is entitled to be paid for unused vacation days under PPSAT's policies.

Termination for Employee's Death or Disability. Employee's employment will 7. terminate in the event of Employee's death or total disability. The term "total disability" as used in this Agreement shall mean a physical or mental disability that, despite reasonable accommodation, prevents Employee from performing the essential functions of Employee's position for a period of one hundred (100) consecutive calendar days. This Agreement will not modify PPSAT's obligations under any applicable laws related to disability.

If this Agreement is terminated for Employee's death or disability, PPSAT will pay Employee (or Employee's estate) any compensation that Employee earned up to the effective date of termination. This payment will be subject to normal withholdings. PPSAT will not be required to pay Employee any other amounts unless Employee is entitled to be paid for unused vacation days under PPSAT's policies.

- 8. Obligations of Employee.
  - a) Employee warrants that Employee is currently licensed in the State of South Carolina by the South Carolina Medical Board, and Employee will maintain such licensure at Employee's expense. If PPSAT requires licensing in an additional state or any additional permits specific to Planned Parenthood practices, PPSAT will reimburse Employee for the expenses associated with obtaining such license or permits.
  - b) Employee warrants that Employee currently holds a DEA registration allowing Employee to dispense or prescribe narcotic drugs, and Employee will maintain such registration at Employee's expense. If PPSAT requires additional registrations or permits, PPSAT will reimburse Employee for the expenses associated with obtaining such additional registrations or permits.
  - c) Employee will remain current in CME requirements for state licensure (at Employee's expense), and maintain CPR proficiency by annually participating



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Planned Parenthood South Atlantic

in programs provided either by PPSAT or hospitals where Employee maintains staff membership.

- d) Physician will provide all necessary documents and information for credentialing in a timely manner.
- e) Employee agrees to be thoroughly familiar with the contents of the Planned Parenthood South Atlantic Medical Standards and Guidelines (herinafter referred to as "Standards") as they pertain to his/her activities as an agent of PPSAT. Employee agrees to adhere to the Standards unless in his/her clinical judgment it is in the best interest of the patient to deviate. Employee will inform PPSAT of Employee's preferences regarding clinic hours to permit clinic staff scheduling, and further agrees to contact the medical staff of PPSAT if such schedule would conflict with Employee's other commitments. Due consideration will be given to Employee's preference with regard to scheduled times, but preferred scheduling cannot be guaranteed.
- f) In event of an illness or emergency that prevents Employee from fulfilling Employee's scheduled clinical shift, Employee will contact the Health Center Manager and endeavor to arrange a substitute unless circumstances make such actions impossible or impractical.
- g) Employee will endeavor, within reason, to support the needs of the medical staff to meet any clinic staffing deficiencies caused by the inability of scheduled staff members to meet their commitments for whatever reasons.
- h) Employee will notify the Vice President for Patient Services or the PPSAT Medical Director of any change in Employee's professional status which may affect his/her ability to perform services Employee has been hired to perform, including revocation of license or privileges, and agrees to supply the Patient Services Department on an annual basis with an updated copy of his/her current state medical license(s) and other pertinent licenses and/or permits.
- i) Employee will provide Human Resources with Employee's home and work phone numbers and addresses and Employee's mobile phone number.

Employee will participate in all briefings or meetings called by the PPSAT 9. Medical Director. Employee will be compensated for time spent on such activities at the current hourly training rate.

No Assignment. Employee's rights under this Agreement may not be assigned 10. without the prior written consent of PPSAT.



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Planned Parenthood South Atlantic

11. Entire Agreement of the Parties. This Agreement supersedes any and all agreements, oral or written, between the parties with respect to the subject matter of this Agreement. Each party acknowledges that the party has had the opportunity to consult with legal counsel concerning this Agreement and that the party understands this Agreement and has entered into it freely and voluntarily. Each party acknowledges that no representations, inducements, promises, or agreements, orally or otherwise, have been made by any party, or anyone acting on behalf of any party, that are not contained in this Agreement, and that no other agreement, statement, or promise not contained in this Agreement shall be valid or binding. Any modification of this Agreement will be effective only if it is in writing signed by the party to be bound.

12. <u>Counterparts</u>. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument. A photocopied, scanned, or faxed version of the signed Agreement shall have the same force and effect as an original.

Employee	Planned Pa	renthood South Atlantic, Inc.
Signature	Signature	Jenny Black
Printed Name	MDPrinted Nam	e Jenny Black
Date 6-25-2015	Title	CEO
	Date	Le.15.2015



Planned Parenthood South Atlantic

#### Appendix A -- Compensation

Planned Parenthood South Atlantic ("PPSAT") will pay Employee a professional fee of:



\* Except when LARC is covered by the Ryan Fund

Such consideration will be payable bi-weekly.

Employee Signature

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5-25-30/5 Date

**Print Name** 



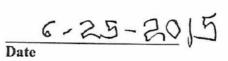
Planned Parenthood South Atlantic

#### Appendix B - Reimbursement

Planned Parenthood South Atlantic ("PPSAT") will reimburse mileage at the IRS rate for Employee travel that is more than 60 miles each way from Employee's home, and PPSAT will pay for mileage at the IRS rate or for a rental car and for hotels and meals (within policy guidelines) for Employee travel that is more than 120 miles each way from Employee's home.

Employee Signature





#### Redacted Staff A Job Description



Planned Parenthood South Atlantic

Job Title: Reports To: Department: FLSA Status: Access to ePHI: Revision Date: Abortion Physician Medical Director and VP for Patient Services Patient Services Non-exempt Full 06/08/2015

#### **JOB PURPOSE**

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

#### **ESSENTIAL FUNCTIONS**

Abortion Physicians perform a wide range of duties including, but not limited to the following:

- 1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
- 2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
- 3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
- 4. Perform surgical and medication abortion procedures.
- 5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
- 6. Order post-operative medication, including contraceptives.
- 7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
- 8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
- 9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

#### **EDUCATION AND EXPERIENCE**

- 1. Doctor of Medicine.
- 2. Licensed to practice medicine in each state privileged to provide services.

	EXHIBIT	
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- 3. Board eligible or Board certified physician preferred.
- 4. Minimum 3 years' experience performing surgical and medication abortions.
- 5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

#### PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

#### KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified In ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

#### COMPETENCIES

- Planned Parenthood Mission Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- Customer Service Orientation Demonstrates concern for meeting Internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- Judgment Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- Attention to Detail Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- Interpersonal Sensitivity Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- Teamwork Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- Technical Expertise Possesses specialized knowledge or skills to accomplish a result.
   Picks up on technical things quickly; is good at learning new skills.

#### WORKING CONDITIONS

- Environment: Work in a clinical environment. May encounter protestor activity.
- OSHA: Exposure to blood borne pathogens and other potentially infectious materials.
- Work Week: Schedules vary between Mondays through Saturdays, including evenings.
- Driving Responsibilities: None.

D

 Extra Time: May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature:_			Date: 6-25-20	5
Print Name:	-		CT (M	
Copies to:	a	Employee		

Human Resources File



#### Appendix A -- Compensation

Planned Parenthood South Atlantic ("PPSAT") will pay Employee a professional fee of:



\* Except when LARC is covered by the Ryan Fund

Such consideration will be payable bi-weekly.

**Employee Signature** 

Date

Print Name

EXHIBIT Isangar 43



Physician On-Site Intation

**AB Services Only** 

Health Center:

Physician Name: \_

New Physician Medical Services On-site orientation/training topics To be completed within 30 days of hire Retain copy in HC and HR files	Date of Medical Services Orientation	If applicable, use scale below to evaluate training/review: 1=needs improvement (action plan & date for re-evaluation) 2=satisfactory 3=exceeds requirement	Initials of medical services orientation provider	Medical Services Orientation Time=
Provision of Medical Services – General				
Responsibilities of clinic personnel				
PPFA Medical Standards & Guidelines, Loop				
Client confidentiality				
Taking, review of medical history for AB services	-			_
Infection Prevention Manual, Sharps, PPE, waste disposal				
Informed Consent (review of pertinent CI and CIICs)				
Customer Service Practices and Goals (PPFA required)	-			
Productivity Practices and Goals (PPFA required)				
Bilingual certification, if applicable*				
EHR				
Login				
5 Point Check				
Documenting MAB				
Documenting SAB				
Resulting Ultrasound				
Bundled Consents				
Documenting Atypical AB visits (see cheat-sheet)				
Clinical Systems – Laboratory		and the second	Sector services and the	
Lab Manual				
Documentation of lab tests on charts				
Clinical Systems – Pharmacy				
Pharmaceuticals, Preparation and provision of medications (PPFA required).	-			
Review PPSAT Pharmacy manual				
Prescription writing policies				2
Formulary				
Clinical Systems – Family Planning				
Contraception – review of options available, prescribing, dispensing				
IUC Insertion (Cu IUD/LNG IUS)				
IUC Removal				
Nexplanon Insertion (documentation of manufacturer training)				
Implant Removal				
Medical Emergencies				
Personnel responsibilities				
Review of Emergency Care Manual				
Location/use of emergency equipment and supplies				
6	EXHIB	IT		

AB Physician On-Site Orientation PPSAT



Planned Parenthood	Physician Or	-Site	Phys	ician Name:		
Care. No matter what.		ervices Only		th Center:		
New Physician Medical Services On-site orien To be completed within 30 days of hire. Retain	ntation/training topic	Date of Medical Services Orientation	If applicable, use scale below to evaluate training/review: 1=needs improvement (action plan & date for re-evaluation) 2=satisfactory 3=exceeds requirement	Initials of medical services orientation provider	Medical Service: Time	
Clinical Systems - Abortion Services		SAST NO.		a fail survey of the		
Day 1 Abortion evaluation (VA only)						
Ultrasound (see Clinical Privileges to Interpret Ultraso	und)					
Pregnancy of Unknown Location/Early Pregnancy Com	plications					
Miscarriage Management (undesired pregnancy)						
POC evaluation						
Recovery Room						
Post-abortion visit						
Management and documentation of complications						
High Alert Follow-up						
Referral protocols and documentation						
Medication Abortion (See AB Physician Procedure Priv	vileging Tools)					
Suction Abortion 1 <sup>st</sup> Trimester (See AB Physician Proce						
Suction Abortion 2 <sup>nd</sup> Trimester (See AB Physician Proc	edure Privileging Tools)		-			
Sedation Oversight	edule ( fillebilig ( bolis)					
Safety/Security		Contraction of the second		Service and the service of		in a set
Fire procedures						
Evacuation procedures						
Physician Safety and Security						
Risk/Quality Management Program – Audit Program	and Incident Reporting					
Types of reportable incidents	and melacite heppitting	1				
RQM audit program						
Responsibilities of personnel						
Physician needs additional training/supervision in the following area(s):	Plan for additional traini	ng/supervisior	:		Re-e Date	evaluation e:
Recommendation: Appropriately trained in and/or a	pproved to provide initialed ision as noted above	items above e	xcept those with designation 1 (ne	eds improvement)		
hysician Signature:	Date:	Physic	ian Trainer Signature:		Date:	
ICM Signature:	Date:	AMD	Signature:		_ Date:	
B Physician On-Site Orientation PSAT						Page 2 o Rev 09

Rev 09-15

#### SOUTH CAROLINA

#### **Definition of Infectious Waste**

An infectious waste is any used material which is: generated in the health care community in the diagnosis, treatment, immunization, or care of human beings; generated in autopsy or necropsy; generated in research pertaining to the production of biologicals which have been exposed to human pathogens; generated in research using human pathogens. Examples include: sharps; specimens, cultures, and stocks of human pathogenic agents; blood and blood products; pathological waste; contaminated animal waste; and isolation waste. Also, any material designated by written generator policy as infectious, or any other material designated by a generator as infectious by placing the material into a container labeled infectious is an infectious waste. In addition, any solid waste which is mixed with infectious waste becomes designated as infectious and must be managed unless expressly excluded,

Certain wastes are excluded from the definition of infectious waste such as infectious waste residues resulting from discharges, hazardous waste which is to be managed pursuant to the hazardous waste management regulations, radioactive material which is managed pursuant to the department regulation, infectious wastes generated in a private residence except when determined by the commissioner to be an imminent or substantial hazard to public health or the environment.

#### **Managing Infectious Waste**

The Department will determine how individual waste fits into the definitions and/or categories.

#### Generator Requirements.

- All in-state generators of infectious waste must register with the Department of Health and Environmental Control. Information to be given should include the name of the business, name of the owner and responsible party if different, physical location of the site of waste generated, mailing address of the site of generation, telephone number of the site, a contact name of the infectious waste coordinator, and the categories and amount of infectious waste generated annually (estimated within + or -20%).
- When any changes occur in the information required the Department must be notified in writing of such changes within thirty (30) days.
- Renewal of registration will be every three (3) years for all generators. Registered generators will be notified of renewal requirements by the Department.
- Fees for registration are due at the time of registration and renewal.
- Each generator must have a designated infection control committee with the authority and responsibility for infectious waste management. This committee must develop or adopt a written protocol to manage the infectious waste stream from generation to disposal. The written protocol must include contingency plans and a Quality Assurance program to

	EXHIBIT
tabbles"	45
<b>-</b>	

monitor their own onsite treatment procedures. Small quantity generators are not required to have an infection control committee or a written protocol.

- Each generator must:
- segregate infectious waste from other waste at the point of generation;
- ensure infectious waste to be transported offsite for treatment and disposal is placed, stored, maintained before transport in rigid or semi rigid, leak resistant containers impervious to moisture initiate the manifest, SC DHEC Form 2116 or another Department approved form, if waste is to be transported offsite;
- prevent infectious waste containing radioactive material;
- maintain records;
- store waste properly;
- manage infectious waste in a manner which prevents exposure to the public or release to the environment;
- treat infectious waste onsite or offer infectious waste for offsite transport only to a transporter who maintains a current registration with the Department;
- obtain manifest from transporter that documents approximate weight and volume of waste being removed (accurate to within ten (10) percent) M(1)(f); and
- ensure manifest includes generator's registration number and transporter's registration number; and
- within 50 days of shipment, obtain completed manifest from treatment facility which records the accurate weight of waste (F)(6)(j); and
- Ensure completed manifest from treatment facility documents approved method of waste treatment and disposal F(1)(h);
  - a. products of conception are to be incinerated, cremated, interred, or donated for medical research
- maintains monthly generation rates in the facility operating record.

#### **Small Quantity Generators**

All in-state generators that produce less than fifty (50) pounds of infectious waste per calendar month are small quantity generators and are exempt from some of the provisions of this regulation. Planned Parenthood health center in Charleston, South Carolina is a small quantity generator, generating less than fifty (50) pounds of infectious waste per calendar month. Generators who qualify as small quantity generators, as defined above, may transport their own waste provided they never transport more than fifty pounds at a time, the

waste is packaged and labeled as required and the waste is not transported in the passenger compartment of the vehicle and is in an enclosed compartment to protect the container from inclement weather.

• If a small quantity generator offers infectious waste for transport offsite for treatment at a destination facility, the waste must be appropriately managed (e.g., segregated, packaged, labeled, etc.).

#### **Segregation Requirements**

Generators must segregate infectious waste from solid waste as close to the point of generation as practical to avoid commingling of the waste. If infectious waste is put in the same container as other waste, or if solid waste is put into a container labeled as infectious waste, the entire contents of the container must be managed as infectious waste unless hazardous and/or radioactive materials regulations apply, then the most stringent regulations apply.

#### **Packaging Requirements**

- Generators must assure that infectious waste is properly packaged before transporting or
  offering for transport offsite; must place and maintain all sharps in rigid, leak resistant, and
  puncture resistant containers which ate secured tightly to preclude loss of the contents and
  which are designed for the safe containment of sharps; all other types of infectious waste
  must be placed, stored, and maintained before and during transport in a rigid or semi-rigid,
  leak proof container which is impervious to moisture.
- Containers must have sufficient strength to prevent bursting and tearing during handling, storage, or transportation. They must be sealed to prevent any discharge of the contents at any time until the container enters the treatment system.
- Plastic bags used inside of containers must be a red or orange color and have sufficient strength to prevent tearing.
- Dumpsters, trailer bodies or other vehicle containment areas do not constitute a rigid containment system but are only a transport mechanism.
- Infectious waste must be contained in disposable or reusable containers that are appropriate for the type and quantity of waste, must withstand handling, transfer, and transportation without impairing the integrity of the container, must be closed tightly and securely, and must be compatible with selected storage, transportation, and treatment processes.
- Reusable containers are acceptable, These containers must be properly disinfected after each use.
- Infectious waste must not be compacted by any means prior to entering the containment of the treatment process.
- Exempt or excluded waste must not be packaged as infectious waste. Waste packaged as infectious waste must be managed as infectious waste.

 When infectious waste is treated by a technology which does not change the appearance of the bag or outer container, it must be clearly labeled with the word "Treated" and the date of treatment on the outside of the container to indicate that the waste was properly treated. This labeling method may be hand written, an indicator tape or chemical reaction. The labeling process must be water-resistant and indelible.

#### Labeling of Containers

- Generators and transporters must assure that containers of infectious waste are properly labeled in English.
- Containers of infectious waste offered for transport offsite must be labeled on outside surfaces so that it is readily visible with
  - a. Universal biohazard symbol sign;
  - b. Department issued number of the in-state generator;
  - c. Water-resistant and indelible labeling process; and
  - d. Date the container was placed in storage or sent offsite, if not stored.
- Each bag used to line inside of an outer container shall be labeled with indelible ink or imprinted as outlined in a-d immediately above.
- Transporters are required to label each outer container at the time it is accepted P(2).
- Transporters are required to affix required labels so that no other required markings or labels are obscured.
- No abbreviations may be used in required labeling except for common dictionary standard abbreviations.

Staff Responsibility:

- Staff will ensure that waste is handled in the manner that is listed above.
- Staff will ensure that all waste is labeled and packaged appropriatelys
- Staff will use the waste manifest checklist to ensure that manifests are completely and correctly documenting waste generation, transport and disposal.
- Staff will inform management if there are any irregularities in waste handling or manifests.
- Management will contact the waste management company to resolve any irregularities in a timely manner.pp

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		1, Generator's Name, Addres ATTN :				The second secon	And	
		2712 MIDDLEBURG COLUMBIA, SC 2	DR SUITE 107					
				(803) 255-26			10/17/2014	
		GUSTOMER NUMBER 80270	17-002	Generator's Redistrat	ION II SC40	-03386	2D. VOLUME	
1			28.	CONTAINER TYPE		2C. NO. OF CONTAINERS	2D. Volume	
		tiN9201, Regulated Medical Wasto, n.o.s., 8.2, PGI UN3291, Reputated Medical Wasto, n.o s.,						Cu Ft
	н	6.2, FGII UN3291, Reputated Medical Waste, n.o.s.,		Reusable Tub (3.7 cm				Cu FL
	GENERATOR	6.2, PGI		ed Cart (12.8 cu ft)				Cu FL
	Ë	Harden Browlated Medical Wasin Co.c.	<u> BX55 - Medium Corrugate</u> SS19 - Small Corrugated					Cu FL
	10	HN9201 "Postidated Modeal Warte n.o.c.	8844 ~ Medium Corrugate			4	11.5	Cu FL
- 11		11N3201, Regulated Mertical Waste, n.o.s.	RRBX - Corrugated Box					Cu FL
		UN3201, Regulated Medical Wasto, a.o.s., 6.2, Fell	SG91 - Sharps Containe					Cu Fl.
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		3. Generator's Certification: "I her	oby declare that the contents of the c ping name, and are classified, packag	onsignment are fully and accurate and, marked and labelled/placende		1 9	16.5	Cu Fl
	•	are in all respects in proper condition	ping name, and are classified, packag on for transport according to opplicable	a International and national gover	nmental reculations."	/	intral	315
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		INTERMEDIATE HANDLER /	TRANSPORTER CERTIFICAT	ION: Receipt of medical waste a	s describer of NCINERAT	27258		
		6. INTERMEDIATE HANDLER 2/TR INTERMEDIATE HANDLER / Print/Typo Namo 6. INTERMEDIATE HANDLER 3/TR	Signature ANGROGIER 3 ADDRESS	<u>`</u>	- NOV 1 20	Phone #:		
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	IREATMENT FACILITY	EP.4#: 1905	EPA#: 0102-		PDOH # 7217	l'madi		
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(*		Staricycle R	SUTIC # WEASE OF EMERGENOY	CONTACT: CHEMTREC 1-800-424-9300 CUSTOMER NO. 21132		EST 001-10-08-STD
		1. Generator's Name, Address ATTN : PLANNED PARENTHO 2712 MIDDLEBURG	DR SUITE 107			
		Columbia, SC 29	1204- 2478	(803) 286-2600		10/91/2014
		CUSTOMOR NUMBER 802701	17-002	Generator's Registriation #	8C40-08336	
				CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
			BOL - 30 Gallon Reusable			Cu Fl
		UN3201, Regulatod Medical Wasla, n.o.s., 0.2, PGI	B04/TB28 - 28 Gallon Re	usable Tub (3.7 cu ft)		Cu Ft.
	GENERATOR		1897 - 97 Gallon Wheeled	Cart (12.8 qu ft)		Cu Ft.
	BAI		855 - Medium Corrugated	Box (5.5 au ft)		Cu Fl
	EN EN		1819 - Small Corrugated E	lox (2.0 cu 25)		Cuft
	0		1944 - Medium Corrugated	Box (4.12 au ft)		16-5 OUF1
			RBX - Corrugated Box (4.	3 cu ft)		Cu FL
		UN3201, Regulated Medical Wasle, n.o.a., f 9.2, Poll UN391 Regulated Medical Wasle work,	1691 - Sharps Containers	(2.4 au ft)		OuFi
1		SZ FOII	1895 - 20 Gal Corrugated			<u>Gu Fi</u>
		3. Ganerator's Certification: "I hard	eby doclare that the contents of this cons ling name, and are classified, packaged, n for transport according to applicable in	ignment are fully and accurately merked and inheliatival accurately	TOTALS	(6.5 CUFL
		are in all respects in proper condition	i for transport according to applicable in	ternational and national governmental n	amilations"	- intertau
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` I	L E	4. TRANSPORTER 1 ADDRESS: Sterigycl	z, Inc.	This is a Through Shipment	Applicable Per	
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	E.	Concord,NC 28027	Haw River, NC 27258	Lakeland, FL. 8 (868) 763 - 742		1012014
	TREATMENT FACILITY	(800) 838 - 9278 EE&#: 1305</td><td>(666) 763 - 7422 EFA#: 01-02-1</td><td>EPA#= FDOH #</td><td># 7217</td><td></td></tr><tr><td></td><td>E</td><td>TREATMENT FACILITY: I certil</td><td>fy that I have been authorized by t astes in accordance with the regul</td><td>he applicable state agency to acc rement outlined in that authorizati</td><td>ept untreated me</td><td></td></tr><tr><td>THE R</td><td>[ 8</td><td>Prin/Typo Namo</td><td>Signaluza</td><td>•</td><td>Bc</td><td></td></tr><tr><td>( •</td><td>10400</td><td>Cortify that the waste y S.C. Hanardous Waste (6) (d) of the S.C. Infe</td><td>: provided does not cont. Management Regulations ( ectious Waste Management</td><td>ain regulated quantitues or radioactive materials Regulations.</td><td>s of hazardous wash above lavels debas</td><td>as defined mined in</td></tr><tr><td>99</td><td>ļ</td><td></td><td></td><td>ORIGINAL</td><td></td><td>RieMan225051d 9/11/2</td></tr><tr><td>. •</td><td></td><td></td><td></td><td><u>                                     </u></td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td></tr><tr><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				

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1 2	8007017	04- 2478					ŗ
1 2	CUOTOMEN NUMBER 8027017		(803) 256-4906	l		12/5/2014	l
1 2	CUSTONER NUMBER OV27017	2_002		8040	-03836		
	2A, DEBCRIPTION OF WASTE 28.		GENERATOR'S REGISTRATION			2D. VOLUME	
	UN3281, Regulated Modical Wasta, n.o.s., PBO 3.2, PGI		Tub (4.0 mt ft)		CONTAINERS		Cu Fi
	IN9001 Repulsted Medical Waste D.D.S.		usable Tub (3.7 cu	54)			Gu F
1	INGON Rentriated Madlest Waste no.E.						
D	6,2, PGII [PB:						Ou F
	Illegal Droubled Medical Water on a	55 - Medium Corrugated					CuF
		19 - Small Corrugated I	30x (2.0 ou žt)		<u>├-</u>	0/1-7	Cuf
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	UN3291, Regulated Medical Wasto, n.o.s., 8.2, P611 KRL	BX - Corrugated Box (4.	.8 cu ft)				Cu I
11 16		91 - Sharps Containers	(2.4 cu ft)				Cul
1) P	I CAST REQUIRED MEDICAL TRADATLOAN	36 - 20 Gal Corrugated	Bose (2.9 cu ft)				Cu
í F				TOTALS >	6	24-7	Ou
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	X Printed/Typed Name		Signature _		1	Date 12-5-1	4_
	4. TRANSPORTER 1 ADDRESS:				Phone #: (86	6) 951353 Numbers	7
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PRIMARY TRANSPORTER	Lexington,		-				
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臣勖	Concord,NC 28027	Haw River, NC 27258	Lakeland, I	,		$X \in \mathcal{I}$	CHI.
TREATMENT FACILITY	! (800) 833 - 8278 EEA#: 1305	(888) 788 - 7422 EPA#: 01-02-1	(868) 789 - BPA#: FI	0H # 7217	呼	9 2014	
E B	TREATMENT FACILITY: I carlify the above indicated waste	hat I have been authorized by ti	ne applicable state agency to	accept untreased			
8			oment outlined in that autho	rization.		,	
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F		staricycla fratuska krajka. Keleska This:	Route # Togase of Emergency Contai	DT: CHEMTREC 1-800-424-930 CUSTOMER NO. 2113	0 51 2	ANDARD MANIF	est 001-10-08-STD BADE	
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	ŀ	COLUMBIA, SC	29204- 2478	(803) 256-4908			12/12/2014	
iller of	.	OUBTOMER NUMARIA 8027	-	ICNERATOR'S REGISTRATION &		-03336		
ţ.	8	2A, DEBCRIPTION OF WASTE		NERTYPE	ſ	CONTAINERS	2D. VOLUME	
ţ.	11		TBOL - 30 Gallon Reusable Tob	(4.0 cu ft)			1	Cu'Fl.
ļ,		UN3201, Regulated Medical Waste, n o.s. 0.2, PGI	TB04/TB28 - 28 Gallon Reusahl	le Fub (3.7 cu ft)			<u> </u>	Cu Fl
ź	GENERATOR	UN3291, Regulated Modical Wasta, n.o.s. 8.2, FOI)					<u> </u>	CU FI
f	H H	UN3291, Reputated Medical Wasto, n.o.s. 0.2, PGII	10403 - Meatum Corrugated tox	(5.5 cu ft)				Cu FL
f		UN3291, Regulated Medical Waste, n.o.s. 0.2, PG1	BS19 - Small Corrugated Box (2	2.0 au ft)				Cu Fi
	1 5	UN3291, Regulated Medical Wasta, n.o.s. 0.2, Pall	"SS44 ~ Medium Corrugated Box	(4.12 cu fb)		2	8.2	Cu Fl.
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#### Advanced Environmental Options, Inc. 25 Stan Perkins Road Spartanburg, SC 29307 864-488-9111

Thursday, August 27, 2016

Emily Adams Planned Parenthood South Atlantic 1765 Dobbins Drive Chapel Hill, NC 27514 919-929-5402 Phone

Quote Number: <u>PPSA082715-01</u> Dear Emily:

Advanced Environmental Options, inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies, material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (incineration) Dis Transportation to disposal facility in Atlanta

Disposal

pound (\$100.00 min/stop) / drum

EXHIBIT

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Healh Center Blacksburg Healh Center Chapel Hill Healh Center Charleston Healh Center Charlotte Healh Center Charlottesville Healh Center Columbia Healh Center Durham Healh Center Fayetteville Healh Center Greensboro Healh Center Raleigh Healh Center Roanoke Healh Center Vienna Healh Center Wilmington Healh Center Winston-Salem Healh Center



For multiple facility pickups the price will be based on actual mileage to the multiple facilities & back then multiplied by \$1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be awars that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

\*\* AEO's Energy and insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track e national average price for diesel fuel as reported by the U.S. Department of Energy each month. <u>This charge is applied to the</u> <u>inter involce, less taxes and fees</u>. The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available et (<u>http://ionto.eta.doe.gov/cog/info/wohdp/diesel.asp</u>).

Page 1 of 3

### (Additional Costs and Assumptions That May Apply)

#### General:

- Per Diem for All Workers will be charged at a rate of \$ 120.00 per man per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a \$75.00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

#### **Transportation Section**

- A \$95.00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of \$ 250.00 par vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, involces will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

#### REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services

- A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
- B. In a workmanlike and professional manner;
- C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, gligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or rection of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the Portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liablilles, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:

- A. Changes in applicable laws or regulations after the services are completed:
  - B. Acts or occurrences outside the scope of the services:
  - C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
- D. Failure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the sile on which the services are to be performed (SITE):

A. Its physical characteristics:

- B, Soli reports and subsurface investigations:
- C. Legal limitations and restrictions;
- D. Utility locations; E. Other reports or documents which may be reasonably by the contractor.

Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

#### INDEMNIFICATION

A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:

- 1. The performance of these services in compliance with client's instructions or specifications:
- 2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
- 3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
- 4. Failure of the client to obtain required permits, licenses or approvals:

Page 2 of 3

- B. The contractor shall indemnify and hold client harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
  - 1. The price of the services or products which give rise to the claim for indemnification, or
  - 2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

#### CHANGE ORDER.

- A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the olient and shall be only on a mutually agreeable time and financial basis.
- B. In any omorgency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

<u>Planned Parenthood South Atlantic</u> shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by <u>Planned Parenthood South Atlantic</u> to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. <u>Planned Parenthood South Atlantic</u> shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued related to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on <u>Planned Parenthood South Atlantic</u> and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after <u>Planned Parenthood</u>. South Atlantic executes this agreement.

Advanced Environmental Oplions, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our oplinon, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

Planned Parenthood South Atlantic

Accepted By: Authorized Signature _	_
Printed Name	
Date 8/27/15	1

David W. Hitchens

David W. Hitchens CEO / President

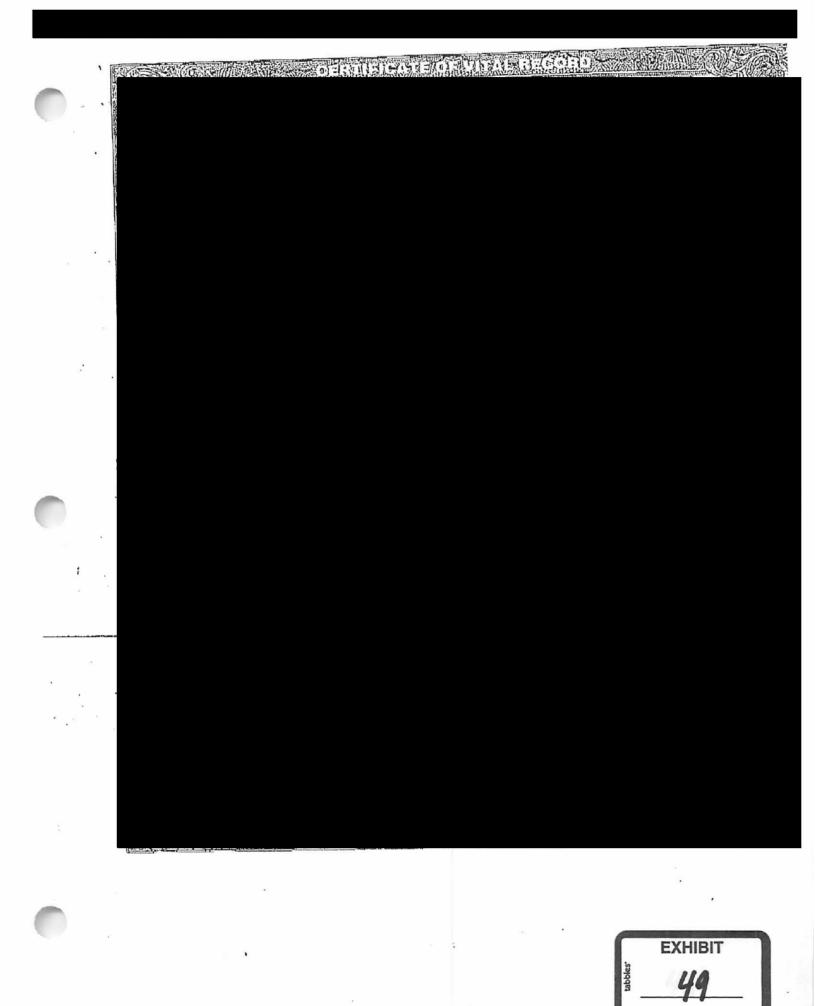
Page 3 of 3



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### South Carolina Minor Demographic Face Sheet

City Mailing Address if different from physical address Stree City Patient phone number	, Apt.#, RR# et, Apt.#, RR#	State	Last Zip code Zip code	
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Name of patient's				
mother				Unknown or decline to provide patient initials
Firs	st	Middle	Last	patient initials
Name, address,				
phone # of person to be contacted in				
case of emergency				
Nan	ne		Address	Phone#
MR 47				EXHIBIT
9/2015				<b>4</b>



#### . . . CERTIFICATE OF LIVE BIRTH

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### PATIENT REGISTRATION FORM

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# Department of Health Vital Records: ۰. CERTIFICATE OF BIRTH REGISTRATION ADIAC MARCO A DE MINICE MARCO · • • • ERTIFICATE OF BIRTH DATE FILED A Blah No. .:

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Criteria											# charts in comp- liance	# charts in comp- liance
1. SC Women's F	Right to know Completed and Scanned to encounter (CO-14)							-		<u> </u>		
2. Minor Face Sh	eet completed and scanned to encounter (if applicable)											
3. SC Report of I	nduced Termination of Pregnancy completed and scanned to encounted	r										
4. Clinical Assista	ants for procedures recorded on visit document											
	ture scanned to encounter											
6. US completed time on visit document matches US time on picture												
7. US is completed at least 60 minutes prior to the procedure												
8. All required ser patient & witne	rvice- specific consent forms and CIICs are signed electronically by ss											
9. Patient Educa	tion is documented											
10. Hemoglobin a	nd Rh ordered and completed											
11. Rh negative p	ots Rhogam ordered and completed (if applicable)											
12. BCM at end of	f visit is completed											
13. Encounter is r												
14. CT/GC ordere visit document	d for all pts. Pap/RPR offered to pt. (pt declines RPR/Pap recorded on if not ordered)											
	e is documented for all patients											
	e recorded for all medications dispensed											
17. Allergies note	17. Allergies noted with reactions or NKA checked							_				
18. Vitals docume	ented for all pts											
19. IPV screening	done on all pts (AB specific questions answered)								<u> </u>			
20. Decision Asse												
21. Visit Summary	is generated, accurate, complete and signed off by clinician								ļ			
	# of criteria items noted in compliance for this chart									1		
Results												

Summary of Findings: \_\_\_\_

Plan for Correction: (if indicated, include actions taken and date for follow up)\_\_\_\_\_

Health Center Manager/ Date

Lead Clinician / Date

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EXHIBIT

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		UN3201, Regulated Madical Wasto, n.o. 6.2, PGII 21N3201, Regulated Madical Wasto, n.o.		28 Gallon Reusal	ble Tub (3.7 cu ft)				Cu Ft
	10I	UN3291, Regulated Mudical Waslo, n.o. 8.2, PGII 11019291, Remulated Madical Wasto, n.o.		allon Wheeled Ca	rt (12.8 au ft)				Cu FL
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		Concord,NC 28027 (800) 038 - 9278	,	River, NC 27258 783 - 7422	Lakeland, FL (888) 783 - 743			ahr NCDENR semilar	
		EP.&#: 1305</td><td>EP</td><td>A#: 01-02-1</td><td>EEA#: PDOH</td><td># 7217</td><td></td><td></td><td></td></tr><tr><td>1</td><td>TREATMENT FACILITY</td><td>TREATMENT FACILITY: I or received the above indicated</td><td>wasies in accordan</td><td>n authorized by the ap lee with the requiremen</td><td>ni outlined in that authorization</td><td>cept unireated : flon.</td><td>me</td><td></td><td></td></tr><tr><td></td><td></td><td>Ріпитуро Namo</td><td></td><td>Signaturo</td><td></td><td></td><td>De</td><td></td><td>_</td></tr><tr><td>( •</td><td>DD398</td><td>certify that the war y S.C. Hasardous Wast (6)(d) of the S.C. Ir</td><td>ste provided do se Management i rfectious Wagts</td><td>es not contain : Regulations or :: Management Rog</td><td>regulated quantitus adioactive material ulations.</td><td>s of havard s above lev</td><td>lons waste vele determ</td><td>as defined uned in</td><td></td></tr><tr><td>00144</td><td></td><td>······································</td><td>·K</td><td></td><td></td><td>EXHIBIT</td><td></td><td>tleMan22505td 9/1</td><td>1/5</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>tubbles.</td><td>52</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>30</td><td>-</td><td></td><td></td></tr></tbody></table>							

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	CUBTOMOR NUMDER 8027017-	-002 Gener	NTOR'S REGISTRATION #	8640-08886	
~	2A, DESCRIPTION OF WASTE 2B.	CONTAINER		2C. NO. OF CONTAINERS	D. VOLUME
		- 30 Gallon Reusable Tub (4.	0 cu ft)		Cu Ft
	UN3201 Regulated Medical Waste, n.o.s., TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)				Cu Ft.
OR	N3201, Regulated Modical Wasto, no.s., 1997 - 97 Gallon Wheeled Cart (12.8 cu ft)				Cu Ft.
GENERATOR		- Medium Corrugated Box (5.5	cu ft)		Cu Fi
INE		) - Small Corrugated Box (2.0	cu 25)		Cu Ft
5	UN3291, Regulated Medical Waste, n.o.s., 0.2, PGI	+ - Medium Corrugated Box (4.1	2 cu ft)	4	16-5 CUFL
		- Corrugated Box (4.3 cu ft)			Cu Ft.
	UN3201-Regulated Medical Wasto, n.o.s., 8693 8.2, Poll UN3201-Regulated Atedical Wasterness,	L - Sharps Containers (2.4 cu	ft)		Cu Ft
	SZ FOII	5 - 20 Gal Corrugated Box (2.5	au ft)		Cu.Et
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	PrintType Name	T Receipt of medical waste as described above.	4	DatoO	132/14
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EN	Concord,NC 28027	Haw River, NC 27258	Lakeland, FL 93801 (808) 783 - 7422	in Record and white	VILLEY
INT	(800) 098 - 0278 EEA#: 1305	(666) 783 - 7422 EEA#: 01-02-1	EEA#: FDOH # 72	1.7	
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00400	Gertify that the waste pr by S.C. Hanardous Waste Max (6) (d) of the S.C. Infecti	- covided does not contain regul aggement Regulations or radio; ous Waste Management Regulation	lated quantities of active materials abo	hamardous waste ove levels determ	as defined ined in
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0	Storicyclo' Itsticte Kopie Kelece Itic R	oute # Nonse of Emergency col	NTAGT: CHEMTREC 1-800-424-9300 CUSTOMER NO, 21132		CKING FORM NUMBER PEST 001-10-06-STD D89T5
	1. Generator's Name, Addres ATTN : PLAMED PARENTH	000			
	27.12 MIDDLEBURG COLUMEIA, SC 2	DR 30142 107 9204- 2476	(803) 256-4908		12/5/2014
	80270	17-002	Generator's Registration #	8040-03836	
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	UN3201, Rogulated Medical Wasto, n.o.s., 6.2, Poli	BOL - 30 Gallon Reusable T	ub (4.0 cu ft)	COMIANNER	Cu F
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Ŭ		5844 - Nadium Corrugated Bo	x (4.12 CU TC)		
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	UN3291, Regulated Medical Waste, n o.s., 6,2, PGII UN325 CREGULATED MEDICAL WASA, N.O.S.,	5691 - Sharps Containers (2	.4 ou ft)		Cul
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	8. Generator's Certification: "I her	oby deciaro that the centents of this consigni ling name, and are classified, packaged, ma n for transport according to applicable inform	nent are fully and accurately	DTALS > 6	29.7 out
	are in all respects in proper condition	n for transport according to applicable Intern	ational and national governmental regu	ilations."	
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i Ling	Concord,NG 28027	Haw River, NC 27258	Lakeland, FL 3380	This certifies trea	iment by Steam Sterilization With NEDHAR regulations
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		1. Generator's Name, Addre ATTN : PLANNED PARENT	HOOD			
	•	2712 MIDDLEBOR COLUMBIA, SC		(803) 256-4908	~	12/12/2014
		CUSTOMER NUMBER 80270	017-002	Generator's Registration #	9040-03336	
		2A, DESCRIPTION OF WASTE	1	ITAINERTYPE	20. NO. OF CONTAINERS	2D. VOLUME
		6,2, PGI	TBOL - 30 Gallon Reusable Tr	ub (4.0 cu it)		Cu'Fi
		UN9201, Regulated Medical Waste, n o.s., C.P. PGIL	TB04/TB28 - 28 Gallon Reuse	able Tub (3.7 cu ft)		Ou Fi
Ĩ	GENERATOR	UN32B1, Regulated Medical Waste, n.o 8. 8.2, POI				Cu A
	B	UN3291, Repulsion Medical Waste, n.o.s., 0.2, PGI	BX55 - Medium Corrugated Box	x (5.5 au ft)		Ou Pt
		0.2, PGI UNS201, Regulated Modical Waste, n.o.s. 0.2, PGU	8819 - Small Corrugated Box	(2.0 au fb)		CuF
	ច	UNS201, Regulated Medical Waste, n.o.s. 0.2, PBI	8844 - Hedium Corrugated Bo	x (4.12 cu ft)	2	S.Z OUR
		UN3291, Regulated Medical Waste, n.o.s. 6.2, Poll	KRBX - Corrugated Box (4.8	au ft)		CuA
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	5 <b>H</b>	E BA. Designated Facility: Sterioyole, Inc.	Sterioyole, Inc.	Steric		Facility:
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Į	L, I M	certify that the waste	provided does not contain r Janagement Regulations os ra Tious Waste Management Requ	egulated quantit		
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#### Advanced Environmental Options, Inc. 25 Stan Perkins Road Spartanburg, SC 29307 864-488-9111

Thursday, August 27, 2015

Emily Adams Planned Parenthood South Atlantic 1765 Dobbins Drive Chapel Hill, NC 27514 919-929-5402 Phone

Quote Number: <u>PPSA082716-01</u> Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies, material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (incineration) Dis Transportation to disposal facility in Atlanta

Disposal

pound (\$100.00 min/stop) / drum

EXHIBIT

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Healh Center Blacksburg Healh Center Chapel Hill Healh Center Charleston Healh Center Charlotte Healh Center Charlottesville Healh Center Columbia Healh Center Durham Healh Center Fayetteville Healh Center Greensboro Healh Center Raleigh Healh Center Roanoke Healh Center Vienna Healh Center Wilmington Healh Center Winston-Salem Healh Center



For multiple facility pickups the price will be based on actual mileage to the multiple facilities & back then multiplied by \$1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 65 gallon. Please let us know.

\*\* AEO's Energy and insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track a national average price for diesel fuel as reported by the U.S. Department of Energy each month. <u>This charge is applied to the</u> <u>iter involce, less taxes and fees</u>. The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available et (<u>http://tonto.eta.doe.gov/oog/info/wohdp/diesel.asp</u>).

Page 1 of 3

# (Additional Costs and Assumptions That May Apply)

#### **General**:

- Per Diem for All Workers will be charged at a rate of \$ 120.00 per man per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a \$75.00 overpack surcharge per drum. - Any additional material or services required above & beyond the information included in this quotation will require a change
- order. Change Orders must be executed before any additional services will be provided.

#### **Transportation Section**

- A \$95.00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of \$ 250.00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, invoices will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

#### REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services

- A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
- B. in a workmanlike and professional manner;
- C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, gligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or rection of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:

- A. Changes in applicable laws or regulations after the services are completed:
  - B. Acts or occurrences outside the scope of the services:
  - C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
  - D. Failure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvats, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Cilent shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):

A. Its physical characteristics:

- B. Soil reports and subsurface investigations:
- C. Legal limitations and restrictions;
  - D. Utility locations;

E. Other reports or documents which may be reasonably by the contractor. Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

#### INDEMNIFICATION

- A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
  - 1. The performance of these services in compliance with client's instructions or specifications:
  - 2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
  - 3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
  - 4. Failure of the client to obtain required permits, licenses or approvals:

Page 2 of 3

- B. The contractor shall indemnify and hold olient harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
  - 1. The price of the services or products which give rise to the claim for indemnification, or
  - 2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

#### CHANGE ORDER.

- A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the olient and shall be only on a mutually agreeable time and financial basis.
- B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

<u>Planned Parenthood South Atlantic</u> shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by <u>Planned Parenthood South Atlantic</u> to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days from the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by taw, whichever is less. <u>Planned Parenthood South Atlantic</u> shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued suant to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on <u>Planned Parenthood South Atlantic</u> and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after <u>Planned Parenthood</u>. South Atlantic executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our opinion, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional guotations please contact us.

Advanced Environmental Options, Inc.

**Planned Parenthood South Atlantic** 

Accepted By: Authorized Signature _	
Printed Name	
Date 8/27/15	1

David W. Hitchens

David W. Hitchens CEO / President

Page 3 of 3

# MCNAIR

ATTORNEYS

October 20, 2015

Via Hand Delivery and e-mail

DCT 20 2000 HEALTH LIC.

Icrum@mcnair.net T 803.753.3240 F 803.933.1484

M. Elizabeth Crum

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais Street Columbia, SC 29201

Re: Training information for Planned Parenthood South Atlantic Columbia Facility

Dear Ms. Thompson:

Per my conversation with Ms. Eva Johnson, enclosed please find a full set of all training documents requested by the Department pursuant to paragraph 3.c of the Administrative Order. The paragraph provides: "Planned Parenthood providing to the Department evident of Planned Parenthood's training of all employees and volunteers in the Facilities' policies and procedures, the requirements of the Women's Right To Know Act, S.C. Code Ann. 44-41-310, et seq., and all in-service/training requirements set forth in Section 204.F of Regulation 61-12."

Additionally, we note that the following training information, most of which is duplicated in the training documents attached hereto, was provided as part of the Plans of Correction ("POC") delivered earlier to the Department.

- Training for Reg. 61-12, infectious waste, and HIPAA (patient confidentiality—Exhibits 12-18
- Training for fire—Exhibit 19
- Training for "Women's Right to Know Act"—Ex. 30 ("CO-14")

I trust that the attached information satisfies the requirements of paragraph 3.c of the Administrative Order. Please do not hesitate to call me with any additional questions that you might have. With best wishes.

McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > mcnair.net

Gwen C. Thompson October 20, 2015 Page 2

MCNAIR ATTORNEYS

Sincerely,

abell M. Elizabeth Crum

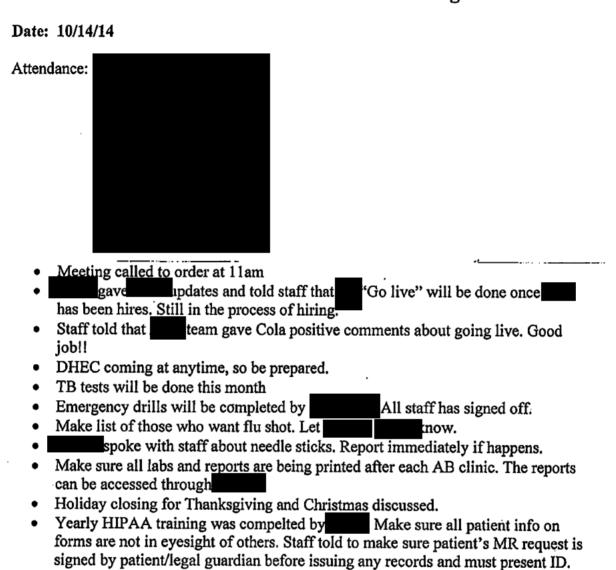
MEC:df Enclosures

Shelly B. Kelly, Esq.—Via e-mail only cc: Ashley C. Biggers, Esq. -Via e-mail only Eva C. Johnson-Via e-mail only Emily Adams—Via e-mail only

HIPAA

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## Minutes from Staff Meeting



• Staff told to read the Notice of Health Information Privacy Practices located on each clip board and HIPAA binder.

Meeting was adjourned at 12:05pm



Administrative Services 100 South Boylan Aveni Raleigh, NC 27603 Phone: 919.833.7534 Fax: 919.833.0730

#### HIPAA

Employee Name	
Employee Signature	
<u>1.0/14/14</u> Date	·····
Witness	J





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Health care that respects and protects your personal choices

Administrative Services 100 South Boylan Avenu Raleigh, NC 27603 Phone: 919.833.7534 Fax: 919.833.0730

#### <u>HIPAA</u>

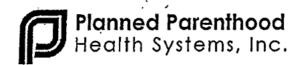
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Employee Name	RN
Employee Signature	1+ ° e , '
Witness	C



Administrative Services 100 South Boylan Avenı Raleigh, NC 27603 Phone: 919.833.7534 Fax: 919.833.0730

#### HIPAA

Employee Signature	3	· .	
Date	<u></u>	_	
Witness	•••••	-	:
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Administrative Services 100 South Boylan Aveni Raleigh, NC 27603 Phone: 919.833.7534 Fax: 919.833.0730

#### <u>HIPAA</u>

I have had the opportunity to review the Planned Parenthood Health Systems' HIPAA Policies and Procedures. I agree to protect all patient health information in accordance with these guidelines. I realize failure to do so may result in termination.

Employee Name				
Employee Name		0		
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Date				

Witness

HIPAA 11/04

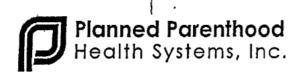


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Administrative Services 100 South Boylan Avenı Raleigh, NC 27603 Phone: 919.833.7534 Fax: 919.833.0730

#### <u>HIPAA</u>

Employee Name	$\sim$
Employee Signature	
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Dete	
Witness	0.



Administrative Services 100 South Boylan Aven Raleigh, NC 27603 Phone: 919.833.7534 Fax: 919.833.0730

## <u>HIPAA</u>

Employee Signature	
10/14/14	1+
Data	
Witness	σι



Administrative Services 100 South Boylan Aveni Raleigh, NC 27603 Phone: 919.833.7534 Fax: 919.833.0730

#### <u>HIPAA</u>

I have had the opportunity to review the Planned Parenthood Health Systems' HIPAA Policies and Procedures. I agree to protect all patient health information in accordance with these guidelines. I realize failure to do so may result in termination.

Employee Name	
_	
Employee Signature	
10/14/14	s. *c. *
Date	
Witness	

HIPAA 11/04



Administrative Services 100 South Boylan Aveni Raleigh, NC 27603 Phone: 919.833.7534 Fax: 919.833.0730

#### <u>HIPAA</u>

Employee Name	
Employee Signature	
10-14-14	t• * e . *
Date	
Witness	



Administrative Services 100 South Boylan Aven Raleigh, NC 27603 Phone: 919.833.7534 Fax: 919.833.0730

#### <u>HIPAA</u>

Employee Name	- 	
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Employee Signature		
10-14-14	-	
Date		
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## HIPAA SECURITY TRAINING DOCUMENTATION

**Employee Name:** 

Titie:	Phy	sician

1/51

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	HIPAA 102- Security Tips and Best Practices	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.

	1
Signature	Date



## HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name:

\_Title: Physician

ţ

Date of Training Subject		Facilitator/Verified by Signature
9-15-15	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action,-up-to-and-including termination of employment.

	9-15-15
Signature	Date



## INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name:		Title:	Clinician	
			-	

Date of Training	Subject	Facilitator/Verified by Signature	
 	Infection Prevention (OSHA)		

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum. ٠
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT. ٠
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by ٠ them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the ٠ importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

Τ Signature

8/17/15 Date



## HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name:

Title:	W	$\leftarrow$	N	ρ

Date of Training	Subject	Facilitator/Verified by Signature
10-8-15	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.

----

 I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.





#### HIPAA SECURITY TRAINING DOCUMENTATION

Title: WHNP

. \_\_\_\_\_

Employee Name:

Date of Training	Subject	Facilitator/Verified by Signature
10-8-15	HIPAA 102- Security Tips and Best Practices	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature	1		

10-8.15



#### HIPAA PRIVACY TRAINING DOCUMENTATION

Title:

Employee Nar

Date of Training	Subject	Facilitator/Verified by Signature
9-17-15	HIPAA 101 – Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective option, up to and including termination of employment.

Signature



#### HIPAA PRIVACY TRAINING DOCUMENTATION

**Employee Name** 

\_Title: <u>MD</u>

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	HIPAA 101 - Protecting Patient Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official If I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.



9-17-19

Date

Signature



#### HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name:

Tille: Medial Diverte

Date of Training	Subject	Facilitator/Verified by Signature
	HIPAA 101 - Protecting Patlent Privacy	

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to ablde by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

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PIST

Signature



#### HIPAA PRIVACY TRAINING DOCUMENTATION

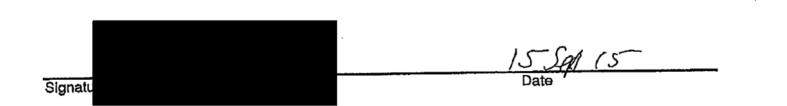
**Employee Nam** 

\_Title: Medical Divetor PPSC

Date of Training	Subject	Facilitator/Verified by Signature	
17.50 15	HIPAA 101 - Protecting Patient Privacy		

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to ablde by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.



# Fire Drill Report

Planned Parenthood of South Carolina 2712 Middleburg Dr. Suite 107 Columbia SC 29204

(

Reported by:

Date: 9-14-15

Communications:

Was discovery of fire reported appropriately to available personnel? N Was called ? N Was "all clear" called following the drill ? N How much time elapsed between notification and evacuation ? /min 32scc

Response:

Did personnel evacuate all patients?	CP N
Was fire department called ?	Øn
Was fire department met?	(C) N

Containment:

Were all windows and doors closed? Were the proper extinguishers brought to scene to contain fire? (NN (NN)

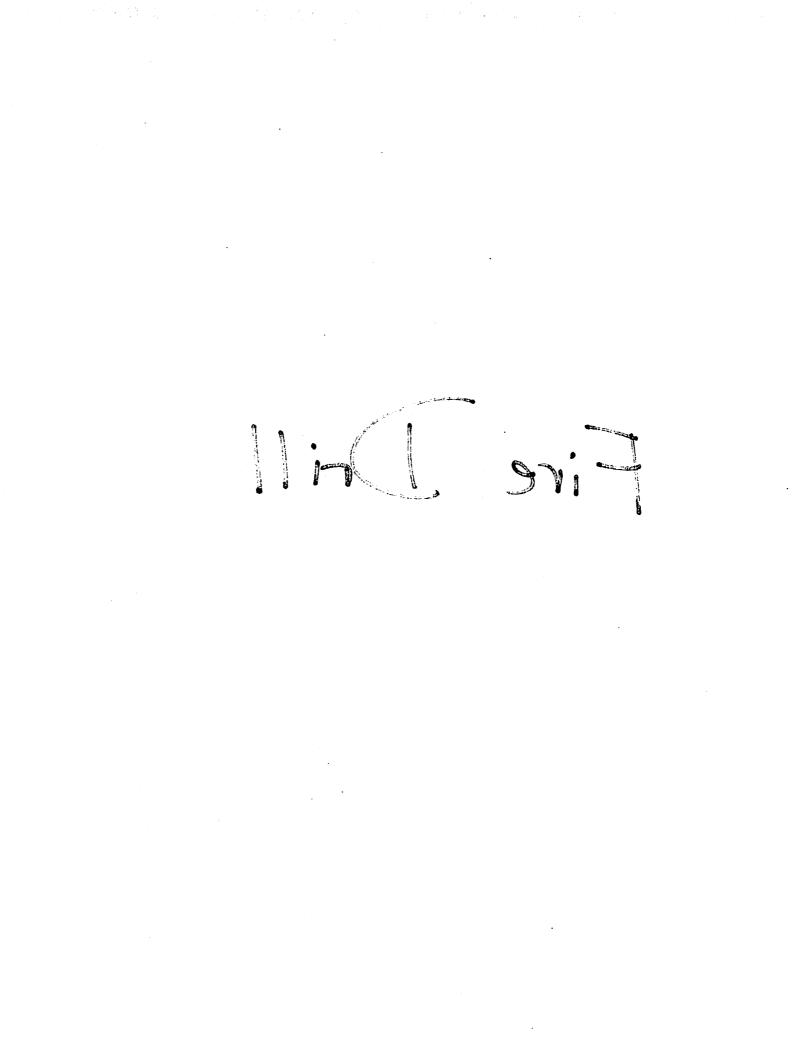
Evacuation:

Were proper evacuation methods used? Were bathrooms checked for patients? Were exits and corridors kept clear and free of obstruction? Were patients escorted to a safe area? Are all evacuation routes clearly posted?



Recommendations:

Fire Drill



# Fire Drill Report

Planned Parenthood of South Carolina 2712 Middleburg Dr. Suite 107 Columbia SC 29204

(

Reported by:

Date: 9-14-15

Communications:

Was discovery of fire reported appropriately to available personnel? N Was called ? N Was "all clear" called following the drill ? N How much time elapsed between notification and evacuation ? <u>Imin 39 sec</u>

Response:

Did personnel evacuate all patients?	C\$2 N
Was fire department called?	Øn
Was fire department met?	() N

Containment:

Were all windows and doors closed? Were the proper extinguishers brought to scene to contain fire? (N)N

Evacuation:

Were proper evacuation methods used? Were bathrooms checked for patients? Were exits and corridors kept clear and free of obstruction? Were patients escorted to a safe area? Are all evacuation routes clearly posted?



Recommendations:

# Planned Parenthood South Atlantic Fire Drill Report

Date : 09/14/2015

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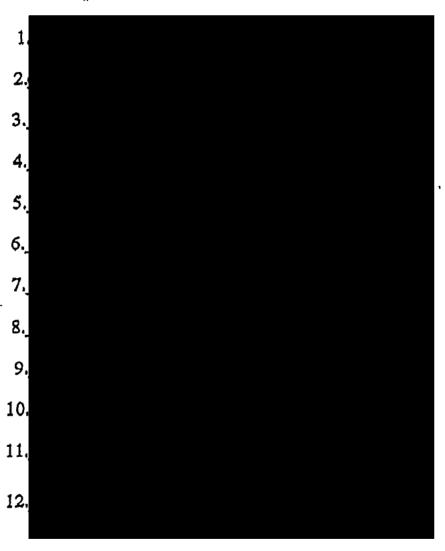
called at : 4:50pm

Location of supposed fire: Pharmacy

All accounted for at : End of driveway at 2712 Middleburg Dr

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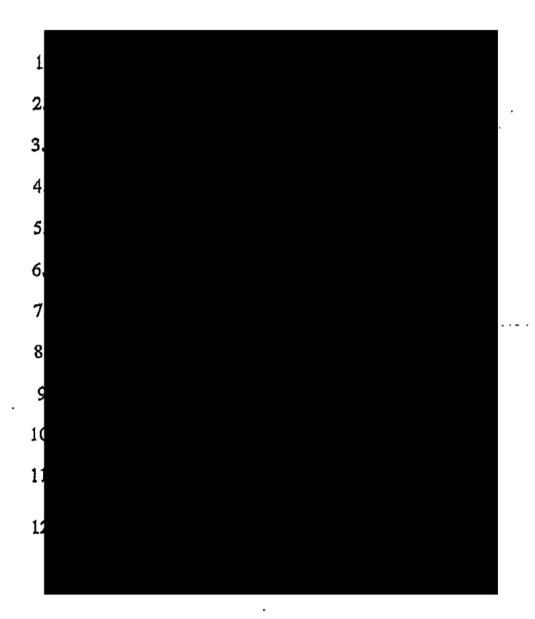
Participants



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Planned Parenthood South Atlantic Fire Extinguisher and Safety Report

Date: 9/20/15 Facilitator: Benii Leverette Participants:





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#### INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

**Employee Name:** 

MD Title: Medioal Divator

Date of Training	Subject	Facilitator/Verified by Signature	
9-18-15	Infection Prevention (OSHA)		

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to infection Prevention may lead to corrective action, up to and including termination of employment.

Signature			
Signature			
	Signature		

> Septs



**Employee Name:** 

Title: MD

Date of Training	Subject	Facilitator/Verified by Signature	
9-17-19	Infection Prevention (OSHA)		

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to ablde by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when
  I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may
  load to corrective action, up to and including termination of employment.

9-17-19



#### INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

fitle: \_///

**Employee Name** 

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	Infection Prevention (OSHA)	

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to ablde by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
  - I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
  - I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

Signature

9-15-15



#### INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

**Employee Name:** 

	Date of Training	Subject	Facilitator/Verified by Signature	
	8/21/15-	Infection Prevention (OSHA)		

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to infection Prevention may lead to corrective action, up to and including termination of employment.

Signature U

8/27/2015



**Employee Name** 

Title: 14CA

Date of Training	Subject	Facilitator/Verified by Signature
8/21/15	infection Prevention (OSHA)	

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.



8-27-15



**Employee Name** 

Title: Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature	
8 24 15	Infection Prevention (OSHA)		

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the Importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being
   followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to infection Prevention may lead to corrective action, up to and including termination of employment.

	8/24/15
Signature	Date



Employee Name:

Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature	
8/24/15	Infection Prevention (OSHA)		

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
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- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

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Signature				
-				

8-27-15 Date



## INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

**Employee Name:** 

Title: \_/ACA

Date of Training	Subject	Facilitator/Verified by Signature	
\$1-26/15	Infection Prevention (OSHA)		

By my signature below, I affirm that:

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- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being
   followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

8/26/15



#### INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

**Employee Name** 

Title: <u>HEA</u>

Date of Training	Subject	Facilitator/Verified by Signature	
8/21/15	Infection Prevention (OSHA)		

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
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- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

	8/21/15
Signature	Date



#### INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

**Employee Nan** 

Title: 14Cm

Date of Training	Subject	Facilitator/Verified by Signature
8/27/15	Infection Prevention (OSHA)	

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.



8/27/15



Employee Name:

Title: RN

Date of Training	Subject	Facilitator/Verified by Signature	
 8/27/15	Infection Prevention (OSHA)		- ·

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when
  I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

Т Signature



Employee Name:

\_\_\_\_\_Title: \_\_\_\_\_\_

8/27/15 Infection Prevention (OSHA)	

- I successfully completed the Infection Prevention CAL Curriculum.
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- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when
  I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.



September 25, 2015

I, fixed the ultrasound machine's time around the end of August. I do not remember the exact date it was done. I also did not realize the time was off until pointed it out to me. I did not call GE for help. I figured it out on my own. Since I have fixed the time, the times have been correct. I make sure the time is correct when I first turn the machine on and between each pt.

If you have any questions please let me know.

Thanks,





## TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title: JC'A

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

must scan into EHR by close of business.

- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each • use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations • where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature

9/24/15



## TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title:

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

must scan into EHR by close of business.

- Lunderstand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title: RN

Date of Training	Subject	Facilitator/Verified by Signature	
	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

must scan into EHR by close of business.

- Lunderstand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

9-24-15



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

**Employee Name** 

Title: Mursing Director

Date of Training	Subject	Facilitator/Verified by Signature	
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- Lunderstand that all abortions must be reported to DHEC within 7 days.
  - I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
  - I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
  - I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

4/25/15



#### TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

**Employee Name:** 

Title: ACA

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
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must scan into EHR by close of business.

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9-24-15



### TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: \_

\_Title: \_\_\_\_*HCA* 

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

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- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
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•	
	9-24-18
HCQ	
	Date



#### TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

**Employee Name:** 

Physician \_Title: \_\_\_

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	Abortion Regulations, Infectious Waste, Updated Forms	

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
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- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
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Signature

9-15-19



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

**Employee Name:** 

Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature	
9/25/15	Abortion Regulations, Infectious Waste, Updated Forms		-

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of
- the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
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  - I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
  - I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
  - I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.



25-15

Date



## TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Nam

Title: Nem

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
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- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.



9-24-15



#### TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

**Employee Name** 

_Title: _	WHNP	

Date of Training	Subject	Facilitator/Verified by Signature	
9.24-15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
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- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
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9.24-15

Signature



#### TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title:	HCA	•

Date of Training	Subject	Facilitator/Verified by Signature	
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
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Signature

-24-15



#### TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title: <u>10</u>

Date of Training	Subject	Facilitator/Verified by Signature	
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms		

By my signature below, I affirm that:

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9/24/15

Women's Right to Know training



Employee Name:

Title: Hcm

Date of Training	Subject	Facilitator/Verified by Signature
9-21-15	SC ABORTION REGULATIONS	

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature		

9-21-15



Employee Name

Title: Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature	
9/14/15	SC ABORTION REGULATIONS		

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
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	a 14/15
Signature	Date



Employee Name		MD	)	Title:
PHYSICIAN	FROUDER			

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	SC ABORTION REGULATIONS	

By my signature below, I affirm that:

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Signature		Date	



# SC ABORTION REGULATIONS TRAINING DOCUMENTATION

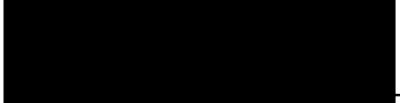
Employee Name:

Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-16-15	SC ABORTION REGULATIONS	

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
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9-16-19

Date



**Employee Name:** 

ritio: Medical Divector SUPP

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	

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**Employee Name:** 

\_Title: \_\_\_\_\_\_\_\_

Date of Training	Subject	Facilitator/Verified by Signature
9-22-15	SC ABORTION REGULATIONS	

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22 Sept 15

Date



P	lanned	Parenthood	South At	lantic
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Employee Name:

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	Title:	WH	NP
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Date of Training	Subject	Facilitator/Verified by Signature
9-21-15	SC ABORTION REGULATIONS	

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		1.01.6
Signature	1	Date



### SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name:

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Title: HeA

Date of Training	Subject	Facilitator/Verified by Signature
9-22-15	SC ABORTION REGULATIONS	

- I received a copy of the SC Abortion Regulations 61-12.
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- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.



9-22-15



Employee Name:

Title: MCA

Date of Training	Subject	Facilitator/Verified by Signature
9-21-15	SC ABORTION REGULATIONS	

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9/21/15



#### SC ABORTION REGULATIONS TRAINING DOCUMENTATION

**Employee Name:** 

Title: HARA

Date of Training	Subject	Facilitator/Verified by Signature
9-22-15	SC ABORTION REGULATIONS	

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9/22/15



#### SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name

Title: 14CA

Date of Training	Subject	Facilitator/Verified by Signature
9-21-15 SC ABORTION REGULATIONS		

By my signature below, I affirm that:

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9-21-15

Date



#### SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name

NCA Title:

Date of Training	Subject	Facilitator/Verified by Signature
9-22-15	SC ABORTION REGULATIONS	

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9/22/15

# MC NAIR ATTORNEYS

M. Elizabeth Crum

Icrum@mcnair.net T (803) 753-3240 F (803) 933-1484

October 21, 2015

#### Hand delivery and e-mail

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais St., Columbia, SC 29201

Re: Training information for Planned Parenthood South Atlantic Columbia Facility

RECEIVED

OCT 21 2015

HEALTH LIC

Dear Ms. Thompson:

By way of follow-up to my e-mail exchange with Ms. Johnson yesterday afternoon, enclosed please find the training documentation for inadvertently left out of the materials sent to you yesterday. There

was no training material included for **example and since and** last day with the facility was 5/30/2015. Also enclosed is the information regarding how the training was conducted, length of training, and trainer information.

Finally, per my email yesterday afternoon, the 2015 HIPAA training for the Columbia facility had previously been scheduled for this week. It will be completed by the end of the week and we will provide the 2015 training documentation by Friday. Please do not hesitate to contact me if there is any additional information the Department requires. With best wishes.

Sincerely, 2 golable Cr

M. Elizabeth Cru

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq.—Via e-mail only Ashley C. Biggers, Esq. —Via e-mail only Eva C. Johnson—Via e-mail only Emily Adams—Via e-mail only McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > mcnair.net

COLUMBIA 1228553v1



### SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	SC ABORTION REGULATIONS	

- I received a copy of the SC Abortion Regulations 61-12.
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- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.



#### HIPAA Training 10/14/14

Facilitator: HCM

Length: 1 hour

Description: Lecture and handout review of HIPAA

- Review HIPAA Privacy Act and documentation handed to patients.
- Process for patient signing HIPAA.
- Review of HIPAA privacy manual
- Review process and patient authorization of for Medical Release
  - o Requires patient identification for release of records
- Reviewed steps of reporting incidents of privacy breach

### Infection Control/OSHA September 2015

Length: Two 30 minute electronic training modules

Facilitator: Center for Affiliated Learning (CAL) modules

- Review difference between clean and sterile
- Outline sterile technique
- Infection prevention strategies including hand hygiene, using PPE and managing exposures

#### Fire Prevention September 14 and 22, 2015

Length: 1 hour

Facilitator: Director of Facilities and Security (9/14/2015) Benji Leverett, Fire Captain (9/22/2015)

Description: Fire drill (9/14/2015) and Didactic training and demonstration of fire extinguisher use (9/22/2015)

- Conducted fire drill
- Reviewed steps for evacuation and notification of authorities
- How to use fire extinguisher
- Reviewed steps for extinguishing fires
- Reviewed different types of fire extinguishers.

### Licensing Regulations and Review of Women's Right to Know &/21/2015

Length: 45 minutes

Facilitator:

Description: Discussion and didactic training to review applicable laws and regulation with regard to providing abortion care in a clinic setting.

- Reviewed and discussed 60 minute waiting period between ultrasound and procedure as required by Women's Right to Know
- Reviewed procedure for confirming 24 hour consent documentation
- Reviewed location and content of the "Standards for Licensing Abortion Clinics"

# MCNAIR ATTORNEYS

October 22, 2015

#### Via Hand Delivery and E-mail

RECEIVED

HEALTH LIC.

OCT 222015

lcrum@mcnair.net T (803) 753-3240 F (803) 933-1484

M. Elizabeth Crum

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais Street Columbia, SC 29201

HIPAA Training information for Planned Parenthood South Atlantic Re: **Columbia Facility** 

Dear Ms. Thompson:

Per my letter of yesterday afternoon, the 2015 HIPAA training for the Columbia facility had previously been scheduled. The last HIPAA training was completed vesterday. Attached are the HIPAA Privacy Training Documentation and the information regarding how the training was conducted, length of training, and trainer information.

Please do not hesitate to contact me if there is any additional information the Department requires. With best wishes.

Sincerely,

M. Elizabeth Cri

MEC:df

Enclosures

Shelly B. Kelly, Esq.—Via e-mail only cc: Ashley C. Biggers, Esq. – Via e-mail only Eva C. Johnson-Via e-mail only Emily Adams—Via e-mail only

McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > mcnair.net

COLUMBIA 1228692v1

#### HIPAA 101 and 102 Training October 2015

Facilitator: Center for Affiliate Learning

Length: Two 30 minute modules

Description: Online course

- Identify and respond to potential privacy and security enforcement issues.
- How to comply with a state's healthcare information privacy laws and adhere to the Planned Parenthood policies and standards with respect to patient privacy.
- Identify common HIPAA security risk areas.
- Define security measures for appropriately managing and working with PHI.
- Utilize tips and best practices for protecting PHI.



### HIPAA PRIVACY TRAINING DOCUMENTATION

**Employee Name** 

Title: Hem

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	HIPAA 101 – Protecting Patient Privacy	

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

	10-20-15
Signature	Date



### HIPAA SECURITY TRAINING DOCUMENTATION

**Employee Name** 

Title:	HEM
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.

Date of Training	Subject	Facilitator/Verified by Signature	
10/20/15	HIPAA 102- Security Tips and Best Practices		

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.





#### HIPAA PRIVACY TRAINING DOCUMENTATION

**Employee Name:** 

Title: Medics Assistant /HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	HIPAA 101 – Protecting Patient Privacy	

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.





#### HIPAA SECURITY TRAINING DOCUMENTATION

**Employee Name:** 

Title: Medics 1 Assistant/HCA

Date of Training	Subject	FacIlitator/Verified by Signature	
10120/15	HIPAA 102- Security Tips and Best Practices		

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL. •
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT. .
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them. ٠
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them. .
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.



Signature



### HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name:		Title:	Medical	Assistant_
	· · · · · · · · · · · · · · · · · · ·			

Date of Training	Subject	Facilitator/Verified by Signature
10/21/15	HIPAA 101 – Protecting Patient Privacy	

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

	/		
		10/0	Jane
			1/2115
Signature	1	Date	,
	1		



#### HIPAA SECURITY TRAINING DOCUMENTATION

**Employee Name** 

Title: Medical Assistant

Date of Training	Subject	Facilitator/Verified by Signature	
10/21/15	HIPAA 102- Security Tips and Best Practices		

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

		,
		10/21/2015
Signature	, <u> </u>	Date



#### HIPAA PRIVACY TRAINING DOCUMENTATION

\_Title: <u>HC.A</u>

Employee Name

Date of Training	Subject	Facilitator/Verified by Signature	
10/20/15	HIPAA 101 – Protecting Patient Privacy		
 		· ·	<u> </u>

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

		0/20/15
Signature	0	Daté



#### HIPAA SECURITY TRAINING DOCUMENTATION

**Employee Name** 

Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/00/15	HIPAA 102- Security Tips and Best Practices	

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

		10/20/15
Signature	U	Date'



# HIPAA PRIVACY TRAINING DOCUMENTATION

**Employee Name** 

Title:

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	HIPAA 101 – Protecting Patient Privacy	
	····	

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

		_
		10/00/15
Signature		Daté



## HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name:

Title:

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	HIPAA 102- Security Tips and Best Practices	

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

120/15
Date



#### HIPAA PRIVACY TRAINING DOCUMENTATION

**Employee Nam** 

HCA Title:

ſ	Date of Training	Subject	Facilitator/Verified by Signature
	10 20 15	HIPAA 101 – Protecting Patient Privacy	
-	k		

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature			

10/20/15 Date



#### HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name

HCA Title:

Date of Training	Subject	Facilitator/Verified by Signature	
 10/20/15	HIPAA 102- Security Tips and Best Practices		

- I successfully completed the course, HiPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

		10-20-15
Signature	)	Date



#### HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name	Titie:	 RN	
	_		

Date of Training	Subject	Facilitator/Verified by Signature
w/20/15	HIPAA 101 – Protecting Patient Privacy	

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature		

20 Oct 15

Date



#### HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name	Title:	RN	

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	HIPAA 102- Security Tips and Best Practices	

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL. ٠
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them. ٠
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them. ٠
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe . situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective ٠ action, up to and including termination of employment.

Signature		
Signature		

20 Oct 15



#### HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name:

Title: Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature	
10 13 15	HIPAA 101 – Protecting Patient Privacy		

By my signature below, I affirm that:

\_ -- -- -

\_\_\_\_

ţ

- I successfully completed the course, HIPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to ablde by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

	10/13/15
Signature	Date



# HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name:

Title: Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature
10/13/15	HIPAA 102- Security Tips and Best Practices	

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to ablde by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

	10 13 15
Signature	Date



### HIPAA PRIVACY TRAINING DOCUMENTATION

**Employee Nat** 

\_Title: HCF

Date of Training	Subject	Facilitator/Verified by Signature	
10/20/15	HIPAA 101 – Protecting Patient Privacy		
		· • • • • • • • • • • • • • • • • • • •	

- I successfully completed the course, HiPAA 101 Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
  - I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
  - I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
  - I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.





#### HIPAA SECURITY TRAINING DOCUMENTATION

**Employee Name:** 

Title: HCA

Date of Training	Subject		Facilitator/Verified by Signature
10/20/15	HIPAA 102- Security Tips and Best Practices	·	

- I successfully completed the course, HIPAA 102 Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.



Date



M. Elizabeth Crum

Icrum@mcnair.net T (803) 753-3240 F (803) 933-1484

September 28, 2015

#### Via Hand Delivery

RECEIVED SEP 28 2015 HEALTH LIC.

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais Street Columbia, SC 29201

#### Re: Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

Dear Ms. Thompson:

Attached please find the original and 1 copy of the Planned Parenthood South Atlantic's ("PPSAT") Plan of Correction ("POC") for POCs beginning with 204.A (LO1 Routine), POC 208 (LO1 Routine) and 204.H (LO7 Investigation) with supporting documentation attached to each POC. We would appreciate the copy being stamped received and returned to us. Additionally, PPSAT is requesting consideration for the cited violations for Reg. 61-12 §§ 204.A, 208, 304.H, and 605. Copies of the Requests for Consideration of Cited Violation for the enumerated citations are enclosed.

Contemporaneously PPSAT is filing a Request for Final Review ("RFR"), pursuant to S.C. Code Ann. § 44-7-60. A copy is attached for your information.

Finally, enclosed is McNair Law Firm, PA's check number 65745 in the amount of \$7,5000, made payable to DHEC. A portion of the \$7,500 is attributable to citations for which PPSAT has filed its Requests for Consideration of Cited Violation and for which PPSAT has sought an RFR before the Board of the Department of Health and Environmental Control. Per my conversation with Ashley C. Biggers, Esq., PPSAT is submitting this check to comply with paragraph 3 of the Administrative Order regarding the conditions of lifting the suspension and in no way is waiving its statutory right to an RFR.

We appreciate your consideration of the attached information and are available to answer any questions you might have. With best wishes. McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > mcnair, net

COLUMBIA 1226412v1

Gwen C. Thompson September 28, 2015 Page 2

# M C NAIR ATTORNEYS

Sincerely,

indette Cr.

M. Elizabeth Crum

MEC:df Enclosures

cc: Shelly B. Kelly, Esq. Ashley C. Biggers, Esq. Eva C. Johnson Emily Adams

1. 1.		
DHEC FROMOTE PAOTECT FROMOTE PAOTECT FROSPER South Carolina Department of Health and Environmental Control	REQUEST FOR CONSIDERATION OF CITED VIOLATION Division of Health Licensing 2600 Bull Street Columbia South Carolina 29201 (803) 545-4370	
1. FACILITY INFORMA	TION:	RECEIVED
Planned Parenthood Sou	th Atlantic Columbia,	RECEIVED SEP 28 2015 HEALTH LIC.
(Name of Facility) 2712 Middleburg Dr. St	e 107	HEALTH LIC.
(Street Address or Location)		A series
Columbia, S. C. 29204-2 (City, State, & Zip Code)	2478	
PO Box 3528		
(Mailing Address, if different	from above)	
Chapel Hill, NC 27515-	-3258	
(City, State, & (Zip Code)		
2. ADMINISTRATOR, LI Prefix: Mr. □ Mrs. ▷		ITY REPRESENTATIVE): Other:
First Name: Emily		MI: Last Name: Adams
Title: Vice President of		
The vice <u>resident or</u>		
3. STANDARD TO WHIC	H CONSIDERATIO	N FOR REVIEW IS REQUESTED: REGULATION # 61- <u>12</u>
	on the application as t	Il obtain written applications for employment from all employees. The licensee shall to education, training, experience, appropriate licensure, if applicable, and health and
		RECONSIDERATION IS BEING REQUESTED:
SECTION <u>204.A</u> FOR HEA	ALTH LICENSING R	REPORT OF VISIT, DATED <u>8/31/2015</u>
5. RECONSIDERATION	OF THE CITED VIO	DLATION IS BEING REQUESTED BECAUSE:
credentialing applications that documentation required by the Unfortunately, health center a	at constitute the applica le law. Attached are the administrative staff fail vely, which were in the	A. During the on-site inspection, PPSAT staff provided copies of the completed ation of employment for Staff A and B. These applications contain all of the necessary ne redacted credentialing applications and the ARMS Practitioner Applications. Ided to point out or provide copies of the Staff A and B Employee Health Forms, dated e Staff A and B files while DHEC was on site. Copies of the 2009 redacted Employee ached hereto.

1

# 6. WHAT ITEMS OF DOCUMENTATION AND/OR INFORMATION IS BEING PROVIDED WITH YOUR REQUEST FOR REVIEW AND CONIDERATION:

We are providing the redacted Employee Health Forms dated 11/7/09 and 3/16/09 for Staff members A and B respectively.

#### Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

#### Instructions for Completing DHEC Form 283 Request For Consideration Of Cited Violation

**PURPOSE:** To improve compliance with licensing standards enforced by the Division of Health Licensing, the Division will implement a consistent process by which facilities may request a review of cited violations. The following criteria outline the procedures used by the Division in review of cited violations:

1. Requests for Division review of a citation(s) issued during a compliance inspection or a complaint investigation may be made by the facility licensee, administrator or the staff member designated to act in the absence of the administrator.

2. Requests must be received by the Department's Division of Health Licensing within 15 calendar days following the date of the inspection/investigation when the violation was cited in order to be considered for review. Request received after 15 days will be evaluated by the section manager to determine if they will be reviewed. The Division Director will make the final determination to deny a request.

3. The requests shall include supporting documentation explaining the rationale for the request(s).

4. Requests should be submitted on DHEC Form 0283. Forms and supporting documentation maybe submitted by mail, fax or by e-mail.

5. A committee will review the request and the supporting documentation provided by the facility. The reviewers will make a final determination regarding the cited violation(s) with 15 workdays.

6. Facilities will not be required to provide a response to citations under review while the Division is considering a properly submitted and timely request.

7. Reports containing cited violations for which a request has been made for review will not be posted to the Department's website until the Division has reviewed the citation, rendered a decision, and advised the facility of the Division's decision regarding the cited violation(s).

8. Should the Division determine that a citation will not be rescinded, the facility will be required to provide an acceptable plan of corrections to the cited violation(s) within 15 days.

FORM INSTRUCTIONS:

- Line 1 Self-explanatory.
- Line 2 Enter the name of the facility licensee, administrator or staff member designated to act ion the absence of the administrator requesting the review.
- Line 3 Enter the regulation number, the section of the regulation, and then quote that section of the regulation in the spaces provided.
- Line 4 Enter the section of the regulation that was cited by the inspector and the date of the report in the spaces provided.
- Line 5 Enter the reason as to why you are requesting our office to reconsider the cited violation.

#### Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

**OFFICE MECHANICS AND FILING:** The original shall be placed in the Master File of the activity in the Division of Health Licensing and kept there in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in our Master Files is SBH-F&S-17, which requires documents to be kept for 6 years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than twenty-four years before destroying.

DHEC Form 283 (062010)

Redacted Staff A Employee Health Form' **Planned Parenthood** Administrative Services Health care that 100 South Boylan Aven Health Systems, Inc. respects and protects Raleigh, NC 27603 Phone: 919.833.7534 your personal choices Fax: 919.833.0730 **EMPLOYEE HEALTH FORM** DATE NAME GENERAL MEDICAL/SURGICAL HISTORY SIGNIFICANT FAMILY HISTORY CURRENT MEDICATIONS ALLERGIES SOURCE OF MEDICAL CARE DATE OF LAST PHYSICAL EXAM IMMUNIZATIONS/VACCINATIONS DATE or PPD TB: TINE CHEST X-RAY RESULT RUBELLA IMMUNITY STATUS TETANUS TOXOID-YEAR RECEIVED HEPATITIS VACCINE\_ EMERGENCY CONTACT Name Address Phone Numbers . PPHS 11/04

**EXHIBIT** 

Redacted Staff B Employee Health Form	
Planned Parenthood Health Systems, Inc. Health care that respects and protects your personal choices	
EMPLOYEE HEALTH FORM	Fax: 919.833.0730
NAMEDATE_3-16	-09
GENERAL MEDICAL/SURGICAL HISTORY UNVEMANKAb	e
and a second	
SIGNIFICANT FAMILY HISTORY NON - CONTRIbutory	
1	
CURRENT MEDICATIONS NOVE	
	*
Allergies PCN, latex	
source of medical care <u>Center</u> For Family Med Spartanburg	icine,
DATE OF LAST PHYSICAL EXAM 1/09	A
IMMUNIZATIONS/VACCINATIONS TB: TINE or PPD ////0 5/00 DATE RESULT CHEST X-RAY	•
RUBELLA IMMUNITY STATUS (MMUNE	
TETANUS TOXOID—YEAR RECEIVED 2007 boost	ev
HEPATITIS VACCINE <u>veceived</u> - immune	an adam ga ayaa a maa ayaa ahaa ahaa
EMERGENCY CONTACT + / Name Address Phone Numbers	<u></u>

PPHS 11/04



DHE C DATE FACTER FOR THE CONTROL OF	REQUES	Division of 2600 Bull Street Co	RATION OF CITED VIOLATION F Health Licensing lumbia South Carolina 29201 03) 545-4370
1. FACILITY INFORMA	TION:		SEP 28 2015 HEALTH LIC.
Planned Parenthood Sou	uth Atlantic Columbia.		SEP 28 2015
(Name of Facility)			LEALTH LIC.
2712 Middleburg Dr. St	e 107.		
(Street Address or Location)			
Columbia, S. C. 29204-2 (City, State, & Zip Code)	2478		
PO Box 3528 (Mailing Address, if different	from above)		
Chapel Hill, NC 27515-			
(City, State, & (Zip Code)			
2. ADMINISTRATOR, LI Prefix: Mr. □ Mrs. D			£):
		Other:	
First Name: <u>Emily</u>		MI: Last Name	Adams
Title: Vice President of	Patient Services		
3. STANDARD TO WHIC	H CONSIDERATION	FOR REVIEW IS REQ	UESTED: REGULATION # 61-12
			to Know Act, Section 44 41 310 et seq., of the S.C. Code of naterial from the Department which has not been altered in
4. THE SPECIFIC CITAT SECTION <u>208</u> FOR HEAL			
5. RECONSIDERATION			
that following the completion record also reflects the start 56 minutes. Furthermore, the at both the ultrasound and pr until the results were scanne ultrasound image which are	on of the ultrasound, the of the Miso time. For Pa ese times are conservati rocedure ends. Specific d into the EHR. Follow then scanned into the E	ultrasound image was sca atient A, the time differen- ve because they do not ref ally, these times do not in ing the completion of the HR. (Attachment hereto d	3, and E. The time recorded in the patient records reflects nned into the Electronic Health Record ("EHR"). The ce was 62 minutes Patient B – 62 minutes and Patient 3 – lect the additional time that inherently exists in the process clude the time required for completion of the ultrasound ultrasound, the technician assists the patient and prints the lescribes these steps which takes a minimum of 5 minutes tart of the Miso administration until the procedure actually
DHEC Form 283 (062010)		1	[Records Retention Schedule #SBH-F&S 17]

DHEC Form 283 (062010)

0

As to Patients C and D, the records evidence a minimum of 42 and 44 minutes wait time, but neither reflects the inherent additional time within the process that is described above.

See attached separate page to complete paragraph 5.

# 6. WHAT ITEMS OF DOCUMENTATION AND/OR INFORMATION IS BEING PROVIDED WITH YOUR REQUEST FOR REVIEW AND CONIDERATION:

Attachments include September 25, 2015 Attestation of employee and executed Training of Form Updates of Employees, Photograph of calibration and Training of Form Updates, Abortion Reulations and Infectious Waste with Attached Form CO-14.

Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

## Instructions for Completing DHEC Form 283 Request For Consideration Of Cited Violation

**PURPOSE:** To improve compliance with licensing standards enforced by the Division of Health Licensing, the Division will implement a consistent process by which facilities may request a review of cited violations. The following criteria outline the procedures used by the Division in review of cited violations:

1. Requests for Division review of a citation(s) issued during a compliance inspection or a complaint investigation may be made by the facility licensee, administrator or the staff member designated to act in the absence of the administrator.

2. Requests must be received by the Department's Division of Health Licensing within 15 calendar days following the date of the inspection/investigation when the violation was cited in order to be considered for review. Request received after 15 days will be evaluated by the section manager to determine if they will be reviewed. The Division Director will make the final determination to deny a request.

3. The requests shall include supporting documentation explaining the rationale for the request(s).

4. Requests should be submitted on DHEC Form 0283. Forms and supporting documentation maybe submitted by mail, fax or by e-mail.

5. A committee will review the request and the supporting documentation provided by the facility. The reviewers will make a final determination regarding the cited violation(s) with 15 workdays.

6. Facilities will not be required to provide a response to citations under review while the Division is considering a properly submitted and timely request.

7. Reports containing cited violations for which a request has been made for review will not be posted to the Department's website until the Division has reviewed the citation, rendered a decision, and advised the facility of the Division's decision regarding the cited violation(s).

8. Should the Division determine that a citation will not be rescinded, the facility will be required to provide an acceptable plan of corrections to the cited violation(s) within 15 days.

## FORM INSTRUCTIONS:

Line 1 Self-explanatory.

- Line 2 Enter the name of the facility licensee, administrator or staff member designated to act ion the absence of the administrator requesting the review.
- Line 3 Enter the regulation number, the section of the regulation, and then quote that section of the regulation in the spaces provided.

Line 4 Enter the section of the regulation that was cited by the inspector and the date of the report in the spaces provided.

Line 5 Enter the reason as to why you are requesting our office to reconsider the cited violation.

DHEC Form 283 (062010)

September 25, 2015

I, fixed the ultrasound machine's time around the end of August. I do not remember the exact date it was done. I also did not realize the time was off until Stephanie pointed it out to me. I did not call GE for help. I figured it out on my own. Since I have fixed the time, the times have been correct. I make sure the time is correct when I first turn the machine on and between each pt.

If you have any questions please let me know.

Thanks,



EXHIBIT 28



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title: HCA

	Date of Training	Subject	Facilitator/Verified by Signature	
-	9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	Aro	

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

- Lunderstand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature

9/24/15 Date



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title: 14CA

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	27	

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of
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- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff

- Lunderstand that all abortions must be reported to DHEC within 7 days.
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25/15



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title: RN

Date of Training	Subject .	Facilitator/Verified by Signature	1
9-24-15	Abortion Regulations, infectious Waste, Updated Forms	25	

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
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Signature

9-24-15 Date



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title: Mussing Director

Date of Training	Subject	Facilitator/Verified by Signature	
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	sir	

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	4125/15
Signature	Date



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

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	Date of Training	Subject	Facilitator/Verified by Signature	
4	9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	Ar	

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Signa	11100		
Oldina	1416		

24-15



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: \_

Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	A.º ~	

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Signature

24.10



## TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Title:	Physician	

Date of Training	Subject	Facilitator/Verified by Signature	
9/25/15	Abortion Regulations, Infectious Waste, Updated Forms	Am	

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9-25-15 Date Signature



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	Abortion Regulations, Infectious Waste, Updated Forms	03

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Signature

Date



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name:

Titie: Hem

Date of Training	Subject	Facilitator/Verified by Signature	
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	207	

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9-24-15



# TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Title: WHNP

Employee Names

Date of Training	Subject	Facilitator/Verified by Signature	
9.24-15	Abortion Regulations, Infectious Waste, Updated Forms	· · · · · · · · · · · · · · · · · · ·	

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9.24.15



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**Employee Name:** 

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Date of Training	Subject	Facilitator/Verified by Signature	
9/24/15	Abortion Regulations, infectious Waste, Updated Forms	A10	. 9

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9-24-15



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Employee Name:

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Date of Training	Subject	Facilitator/Verified by Signature	
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	ANJ	

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Signature

9/24/15 Date





## TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

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Date of Training	Subject	Facilitator/Verified by Signature
	Abortion Regulations, Infectious Waste, Updated Forms	

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EXHIBIT
30

Date

Signature



2712 Middleburg Drive Suite 107 Columbia, South Carolina 29204 (803) 256-4908

## South Carolina Right to Know

Pursuant of South Carolina law, you have the right to view printed materials prepared by the State of South Carolina describing fetal development, list of agencies offering alternatives to abortion, and medical assistance benefits which may be available for prenatal care, childbirth and neonatal care. You also have the right to your ultrasound image. An abortion may not be performed sooner than sixty minutes following completion of the ultrasound.

The above referenced materials are contained in two booklets prepared by the South Carolina Department of Health and Environmental Control:

"The Development of the Embryo and Fetus by Two Week Intervals"

"The South Carolina Directory of Services for Women, Children & Families"

Signatures below certify the following:

- 1. I have been informed of my opportunity to review the information described above.
- 2. I have been provided this opportunity more than 24 hours before the abortion is to be performed.

Patient
Parent/Guardian of Minor Patient (if applicable)

Date

Date

I certify the patient has been offered the above information and the opportunity to review it more than 24 hours before the abortion is to be performed and that the required 60 minutes between completion of the ultrasound and starting the procedure has elapsed.

Hour, minute ultrasound completed	
Hour, minute procedure started	
Minutes between ultrasound and procedure	

Health Center Staff

Date

Attending Physician

Date

CO-14 9/2015

DHEC FROMOTE PROTECT PROSPER South Carolina Department of Health and Environmental Control	REQUES	D	vivision of ull Street Colu	Health L	OF CITED VIOLATION icensing Carolina 29201	
1. FACILITY INFORMAT	TION:				nIED	
Planned Parenthood Sou	th Atlantic Columbia,				DECEIVE	
(Name of Facility)					RECEIVED SEP 28 2015 HEALTHLIC.	
2712 Middleburg Dr. Ste	e 107.				SEP 20	
(Street Address or Location)					HEALTH LIG.	
Columbia, S. C. 29204-2	2478				n-	
(City, State, & Zip Code)	.470				<u>.</u>	j.
PO Box 3528 (Mailing Address, if different f	from chouch					
(Maning Address, if different i	from above)					
Chapel Hill, NC 27515-	3258					
(City, State, & (Zip Code)						
2. ADMINISTRATOR, LI	CENSEE OR FACILI	TY REPRE	SENTATIVE)	):		
Prefix: Mr. 🗖 Mrs. 🛛	Ms. 🗆 Dr. 🛄	Other:				
First Name: Emily		MI	Last Name: A	Adams		
			Luber (unite, )			
Title: Vice President of I	Patient Services					<del>.</del>
	<b>TED:</b> <u>Products of conc</u> waste pursuant to Dep	eption resulti artment R.61	ng from the about 105, Infectiou	ortion proced s Waste Man	EGULATION # 61- <u>12</u> ure must be managed in accordance with agement Regulations. All contaminated	
4. THE SPECIFIC CITAT SECTION <u>304.H</u> FOR HEA						
5. RECONSIDERATION	OF THE CITED VIO	LATION IS	BEING REQ	UESTED BI	ECAUSE:	
					s. PPSAT contacted Stericycle, the waste	
Therefore, waste was treated i initiated a contract with a lice	in accordance with the nsed, experienced and	requirements reputable was	. These manife ste managemen	sts are attach it company. A	ts that demonstrate the waste was incinerate ed. In addition, effective 8/27/15, PPSAT A copy of this contract is attached. This h South Carolina Infectious Waste	<u>ed.</u>
DHEC Form 283 (062010)		1			[Records Retention Schedule #SBH-F&S]	17]

[Records Retention Schedule #SBH-F&S 17]

# 6. WHAT ITEMS OF DOCUMENTATION AND/OR INFORMATION IS BEING PROVIDED WITH YOUR REQUEST FOR REVIEW AND CONIDERATION:

We are providing the manifests showing that the waste was, in fact, incenerated in accordance with the regulation and a copy of the contract with the new waste management company.

Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

## Instructions for Completing DHEC Form 283 Request For Consideration Of Cited Violation

**PURPOSE:** To improve compliance with licensing standards enforced by the Division of Health Licensing, the Division will implement a consistent process by which facilities may request a review of cited violations. The following criteria outline the procedures used by the Division in review of cited violations:

1. Requests for Division review of a citation(s) issued during a compliance inspection or a complaint investigation may be made by the facility licensee, administrator or the staff member designated to act in the absence of the administrator.

2. Requests must be received by the Department's Division of Health Licensing within 15 calendar days following the date of the inspection/investigation when the violation was cited in order to be considered for review. Request received after 15 days will be evaluated by the section manager to determine if they will be reviewed. The Division Director will make the final determination to deny a request.

3. The requests shall include supporting documentation explaining the rationale for the request(s).

4. Requests should be submitted on DHEC Form 0283. Forms and supporting documentation maybe submitted by mail, fax or by email.

5. A committee will review the request and the supporting documentation provided by the facility. The reviewers will make a final determination regarding the cited violation(s) with 15 workdays.

6. Facilities will not be required to provide a response to citations under review while the Division is considering a properly submitted and timely request.

7. Reports containing cited violations for which a request has been made for review will not be posted to the Department's website until the Division has reviewed the citation, rendered a decision, and advised the facility of the Division's decision regarding the cited violation(s).

8. Should the Division determine that a citation will not be rescinded, the facility will be required to provide an acceptable plan of corrections to the cited violation(s) within 15 days.

FORM INSTRUCTIONS:

- Line 1 Self-explanatory.
- Line 2 Enter the name of the facility licensee, administrator or staff member designated to act ion the absence of the administrator requesting the review.
- Line 3 Enter the regulation number, the section of the regulation, and then quote that section of the regulation in the spaces provided.
- Line 4 Enter the section of the regulation that was cited by the inspector and the date of the report in the spaces provided.
- Line 5 Enter the reason as to why you are requesting our office to reconsider the cited violation.

## Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

**OFFICE MECHANICS AND FILING:** The original shall be placed in the Master File of the activity in the Division of Health Licensing and kept there in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in our Master Files is SBH-F&S-17, which requires documents to be kept for

6	Storicyclo' roundes fund., trobules Bad: R	oute # 166ae of Emeric	ENCY OCNTACT: CHEMTREC 1-800-424-0300 CUSYOMER NO. 21133	STANDARD MAN	ACKING FORM NUMBER FEBT 001-10-08-87D 085V3
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. 0		1844 - Medium Corruga	ued Box (4.12 cm fb)	4	16.5 au
		RBX - Corrugated Box	(4:3 cu ft)		Guj
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T FA	4403 Republic Court Concord,NC 28027	1168 Porter Ave, Haw River, NC 27	4245 Maine Aver 258 Lakeland, FL 33	This confice tree	iment by Sie ani Stania tion hahr NeDENR regulations.
21	(800) 838 - 9278	(865) 783 - 7422	(886) 783 - 7422	1 A A A A A A A A A A A A A A A A A A A	
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	80270	17-002		8640-08886	
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	Pdn/Typo Namo	Signature	- America	Broton Dato	(
	T. DISOREPANCY INDICATION	-	area a	Broton Dato	
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	Sterioyale, inc. 4403 Republic Court	Stericycle, Inc. 1168 Porter Ave,	4246 Maine Aven	up concord.7	ICYCLE, INC. Republic Copri Ioris Corolla22002 meat by Start Stallgarton One NorthEND, remaindant.
日期	Concord,NC 28027	Haw River, NC 27258	Lakeland, FL 83		
REATMENT FACILITY	(800) 698 - 9278 EEL4: 1305	(666) 783 - 7422 E2A#: 01-02-1	(808) 783 - 7422 EFA#: FDOH #		1942014
-11	REATMENT FACILITY: I certify received the above indicated was	that I have been authorized by the les in accordance with the require	e applicable state agency to acce	pt untreated medica France	in the state
8.	certify that the waste	provided does not contai	in regulated quantities	of hazardous waste	as defined
¢₽ ₽₹	5) (d) of the S.C. Inter	anagement Regulations of tious Waste Management	and the second		
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Xi Printed Typed Name       Bin 12-5-14         A. TRANSPORTER 1 ADDRESS:       Store Large 14, Than 3         Bore Large 14, The Number 1 ADDRESS:       Count 1         Bore Large 14, The Number 1 ADDRESS:       Count 1         Bore Large 14, The Number 1 ADDRESS:       Count 1         Bore Large 14, The Number 1       Count 1         Large 14, The Number 1       Count 1         Large 14, The Number 1       Count 1         Large 14, The Number 1       Start 10 and 10 model waste as described above.         Hunt 1996 Name       Count 1         Internet 1       Start 10 model above.         Start 10 model 1       Start 10 model 1         Start 10 model 1       Start 10 model 1         Mandel 1       Start 10 model 1         Start 10 model 1		3. Ganerator's Cartilications " hos described above by the proper ship	toby declare that the contents of this consign plan name, and are classified, packaged, mu	ment are fully and acourately	TOTALS -	6	1 2 9-7	Qu
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Street aver La, Inc.       [] This is a Through Shipment       Appleable Average Aver				Signalure _	و بعد او بندینیا است.		Dale 12-5-1	4
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7. DISCRIEFANOY INDICATION       Of Y & UUC         If DA. Dealgneled Facility:       DB. Atternate Facility:       DD Atternate Facility:       DD Atternate Facility:       DD Atternate Facility:         Sterioyole; inc.       Sterioyole; inc.       Sterioyole; inc.       Sterioyole; inc.       Sterioyole; inc.         4409 Republic Court       1168 Porter Ave,       4246 Maine Avenue       Court Good Court       Sterioyole; inc.         Concord, NC 28027       Haw River, NC 27258       Lakeland, FL 33801       Courd in the certifies treatment by Stein Stelling to the polyocate         ! (800) 833 - 8278       (800) 783 - 7422       (800) 783 - 7422       Dec 09 2014         ITREATMENT FACILITY: I certify that I have been authorized by the applicable state: agenory to accept untreased medical wastes in accordance with the requirement outlined in that authorization.       DUIA (of MOOW)         PrinvTypo Name       Signature       Signature       Signature         Signature       Signature       Signature       Transaction waste as defined         PrinvTypo Name       Signature       Signature       Date of Management Regulations or radioactive materials above Levels determined in Prinvipe Levels determined in Prince Prince Advise Management Regulations.						Applicable Farm	I Numbera	
7. DISCRIFFANOY INDIGATION       CUTYLCLC       Standard Facility:       00 Altamate Facility:	글날	INTERMEDIATE HANDLER /1	TRANSPORTER CERTIFICATION: I	Receipt of medical waste as descripted	a Carden	-1	1	
Image: Starting of the start of the sta	3@2	Print/Type Name	Signatura			Date	1	
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ORIGINAL plRieMar22505id 9/12	ALL Control of the second seco	Sterioyole; inc. 4409 Republic Court Concord,NC 28027 (800) 833 - 9278 EEA#: 1305 TREATMENT FACILITY: 1 certify received the above indicated wat Print/Type Name	Li de, Audreto Facility: Starfoycle, Inc. 1168 Porter Ave, Haw River, NC 27258 (868) 783 - 7422 EFA4: 01-02-1. Y that I have been authorized by the a stas in accordance with the requirement Signature	DO Attamate Pacility: Sterioyole, Inc. 4245 Maine Avenu Lakeland, FL 338 (868) 783 - 7422 BPA#: FDOH # pplicable state agency to accept ont outlined in that authorization	le Of 7217 t untreated m	BD. Alternation STERIC 4403 Rc Concord, Nio Add certifies treaten accordance wide DEC DEC DEC SQUA SQUA Data	Processing Count public Count into Caroling Sector and the Sector Section of Sector Sterilland in MCDINR reposition (9) 2014 Sector Sector Sector (1) 2014 Sector Sector Sector (1) 2014	bri hL

		Route # USCASE OF EMERGENDY OF	ONTAOT: CHEMTREO 1-800-424-830 CUSTOMER NO. 2113	0 STANDARD MAI	ACKING FORM NUMBE NIFEST 001-10-08-STD DOBADE
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	2712 MIDDLEBURG COLUMBIA, SC		(808) 256-4908		12/12/2014
	CUBTOMEN NUMARA 80270	17-002	Generator's Registration #	2640-03334	6
l.	2A, DESCRIPTION OF WASTE		DNTAINERTYPE	20. NO. OF CONTAINER	2D. VOLUME
	UN\$291, Reputeled Medical Waste, n.o. s., 6.2, PGI	TBOL - 30 Gallon Reusable 5	Tub (4.0 cu fb)		0
1	UN3281, Regulated Medical Waste, n c.s.,	TB04/TB26 - 28 Gallon Retu	sable Tub (8.7 cu ft)		0
5		TB97 - 97 Gallon Wheeled (	Cart (12.8 ou ft)		a
IE	UN3291, Reputated Medical Wasto, n.o.s., 0.2, POI	BX55 - Medium Corrugated Be	ox (5.5 cu ft)		Ci
GENERATOR	Ull3291, Regulated Madical Wesle, n.o.s., 0.2, PGI	SS19 - Small Corrugated Box	x (2.0 gu ft)		C
上記	UN3201, Regulated Modical Waste, n.o.s., 6.2, Pall	3844 - Medium Corrugated B		2	8.20
	UN9291, Regulated Modical Waste, n.o.s.,				
	(C.2, PG)	KRBX - Corrugated Box (4.3			a
1	UN3281, Requiated Medical Waste, n.o.s., 62 PG1 UN3261 Regulated Medical Waste, n.o.s.,	5691 - Sharps Containers (	2.4 cu fb)		0
		RX35 - 20 Gal Corrorated B	Commences and the second se		9
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	are in all respecie in proper condition		ational and national governmental re	audations?	
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l e	A TOANODODTED & ADDDIES	a Trate		Phone #:	066) 951-3537 mi Numbera:
PRIMARY	200 Alta	Vista Court	is is a Through Shipment	SC14	
	Lexington	, SC 29079 TON: Rocolpl of medical waste as described	alaman d		
			and fare	Date	12-12-14
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HOLE I	INTERMEDIATE HANDLER	HANSPORTER CERTIFICATION: F	Receipt of medical waste as described	Ame	1
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	7. DISOREPANCY INDIGATION			STEPHCHCAR, IN STEPHCHCAR, IN 4403 Republic Qo Qoncord, North Carolin Spartifica yradiment by Star gardence with the NODEN	
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医胸	Sterioyole, Inc.	Sterioyole, Inc.	BC. Altorate Facility:	STEPHONCARAHN	er Facility:
ACI	4403 Republic Court	1188 Porter Ave,	4245 Maine Avenu	Concord, North Carolin	m Sterilization
5 H	Concord,NC 28027	Haw River, NC 27258	Lakeland, FL JUSH	cordance with the NODEN	Reagulations.
日期	(800) 893 - 8278	(886) 783 - 7422	(866) 783 - 7422	ner kut bou	
TREATMENT FACILITY	EEA#: 1305	524#: 01-02-1	EEA#: PLOH # 7	217	
F	received the above indicated wast	hat I have been suthonized by the ap as in accordance with the regularman	plicable state agency to accept at outlined in that authonization.	untreated sandlankanie	and that I have
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## Advanced Environmental Options, Inc. 25 Stan Perkins Road Spartanburg, SC 29307 864-488-9111

Thursday, August 27, 2015

Emily Adams Planned Parenthood South Atlantic 1765 Dobbins Drive Chapel Hill, NC 27514 919-929-5402 Phone

Quote Number: <u>PPSA082715-01</u> Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies, material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (incineration) Dis Transportation to disposal facility in Atlanta

Disposal

pound (\$100.00 min/stop) / drum

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Healh Center Blacksburg Healh Center Chapel Hill Healh Center Charleston Healh Center Charlotte Healh Center Charlottesville Healh Center Columbia Healh Center Durham Healh Center Fayetteville Healh Center Greensboro Healh Center Raleigh Healh Center Roanoke Healh Center Vienna Healh Center Wilmington Healh Center Winston-Salem Healh Center



For multiple facility pickups the price will be based on actual mileage to the multiple facilites & back then multiplied by \$1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

\*\* AEO's Energy and insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track the national average price for dissel fuel as reported by the U.S. Department of Energy each month. <u>This charge is applied to the entire involce, less taxes and fees</u>. The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available at (<u>http://ionto.ela.doe.gov/oog/info/wohdp/disel.asp</u>).

# (Additional Costs and Assumptions That May Apply)

#### General:

- Per Diem for All Workers will be charged at a rate of \$ 120,00 per man per night for any overnight stays.
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- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of \$ 250.00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, invoices will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

#### REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services

- A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
- B. In a workmanlike and professional manner;
- C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, negligence, strict liability or otherwise: Cilent's sole and exclusive remedy will be limited to, at the contractor's option, replacement or correction of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:

- A. Changes in applicable laws or regulations after the services are completed:
- B. Acts or occurrences outside the scope of the services:
- C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
- D. Failure of client to obtain required permits, licenses or approvals.

TAXES, Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):

A. Its physical characteristics:

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Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

#### INDEMNIFICATION

- A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
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Page 2 of 3

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#### CHANGE ORDER.

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RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall relain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any tiem(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the guoted costs.

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Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

#### **Planned Parenthood South Atlantic**

Accepted By:	
Authorized Signature _	
Printed Name	
the lit 1	

David W. Hitchens

David W. Hitchens CEO / President

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Advanced Environmental Options, Inc.

Planned Parenthood South Atlantic	
Accepted By:	
Authorized Signature	
Printed Name	
¢ /	
Date 0/2///D	

David W. Hitchens

David W. Hitchens CEO / President

Page 3 of 3

DHE C FROMOTE PACTECT FROSPER South Carolina Department of Health and Environmental Control	REQUES	Div	<b>DNSIDERATION C</b> vision of Health Lic l Street Columbia South C (803) 545-4370	Carolina 29201
1. FACILITY INFORMAT				RECEIVED SEP 28 2015 HEALTH LIC.
(Name of Facility) 2712 Middleburg Dr. Sto (Street Address or Location)	e 107.			HEALTH LIC.
Columbia, S. C. 29204-2 (City, State, & Zip Code)	2478			
PO Box 3528 (Mailing Address, if different i			a Second a second of second I	
Chapel Hill, NC 27515- (City, State, & (Zip Code)	2			
	Ms. 🗌 Dr. 🗌	Other:		
First Name: Emily Title: Vice President of 1		MI: I	Last Name: <u>Adams</u>	
3. STANDARD TO WHIC SECTION <u>605.D</u> , AS QUO' managed according to the req	TED: All waste meetir	ng the definition		GULATION # 61- <u>12</u> fined in Regulation 61 105 must be
4. THE SPECIFIC CITAT SECTION <u>605.D</u> FOR HEA				
5. RECONSIDERATION	OF THE CITED VIC	DLATION IS B	EING REQUESTED BEC	CAUSE:
management vendor, to revie Therefore, waste was treated initiated a contract with a lice	w the identified manife in accordance with the ensed, experienced and	ests. Stericycle j e requirements. I reputable waste	provided updated manifests These manifests are attached management company. A	PPSAT contacted Stericycle, the waste that demonstrate the waste was incinerated. d. In addition, effective 8/27/15, PPSAT copy of the contract is attached. This South Carolina Infectious Waste
6. WHAT ITEMS OF DOC REVIEW AND CONIDERA		D/OR INFORM	MATION IS BEING PRO	VIDED WITH YOUR REQUEST FOR

DHEC Form 283 (062010)

We are providing the manifests showing that the waste was, in fact, incenerated in accordance with the regulation and a copy of the contract with the new waste management company.

Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

## Instructions for Completing DHEC Form 283 Request For Consideration Of Cited Violation

**PURPOSE:** To improve compliance with licensing standards enforced by the Division of Health Licensing, the Division will implement a consistent process by which facilities may request a review of cited violations. The following criteria outline the procedures used by the Division in review of cited violations:

1. Requests for Division review of a citation(s) issued during a compliance inspection or a complaint investigation may be made by the facility licensee, administrator or the staff member designated to act in the absence of the administrator.

2. Requests must be received by the Department's Division of Health Licensing within 15 calendar days following the date of the inspection/investigation when the violation was cited in order to be considered for review. Request received after 15 days will be evaluated by the section manager to determine if they will be reviewed. The Division Director will make the final determination to deny a request.

3. The requests shall include supporting documentation explaining the rationale for the request(s).

4. Requests should be submitted on DHEC Form 0283. Forms and supporting documentation maybe submitted by mail, fax or by e-mail.

5. A committee will review the request and the supporting documentation provided by the facility. The reviewers will make a final determination regarding the cited violation(s) with 15 workdays.

6. Facilities will not be required to provide a response to citations under review while the Division is considering a properly submitted and timely request.

7. Reports containing cited violations for which a request has been made for review will not be posted to the Department's website until the Division has reviewed the citation, rendered a decision, and advised the facility of the Division's decision regarding the cited violation(s).

8. Should the Division determine that a citation will not be rescinded, the facility will be required to provide an acceptable plan of corrections to the cited violation(s) within 15 days.

## FORM INSTRUCTIONS:

Line 1 Self-explanatory.

Line 2 Enter the name of the facility licensee, administrator or staff member designated to act ion the absence of the administrator requesting the review.

Line 3 Enter the regulation number, the section of the regulation, and then quote that section of the regulation in the spaces provided.

Line 4 Enter the section of the regulation that was cited by the inspector and the date of the report in the spaces provided.

Line 5 Enter the reason as to why you are requesting our office to reconsider the cited violation.

Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

**OFFICE MECHANICS AND FILING:** The original shall be placed in the Master File of the activity in the Division of Health Licensing and kept there in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in our Master Files is SBH-F&S-17, which requires documents to be kept for 6 years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than twenty-four years before destroying.

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	Storicyclo' Rouse	te # 188 OF EMERGENCY CONTA	CUSTOMER NO. 21132	MDAU00	8975
	1. Generator's Name, Address a ATTN: MICHA				
	PLAMNED PARENTHOO			12   1   8 <u>556  681 668</u>   28	1888   AULI 185 813
	2712 MIDDLEBURG D				
	COLUMBIA, SC 292	1 16- 5818	(808) 256-4908		12/5/2014
	GUSTOMER NUMBER 8027017	-002	Generator's Hegistration #	8040-03830	
	2A, DESCRIPTION OF WASTE 28.	and the second se	INER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
	UNS201, Repulsied Medical Wasie, n.o.3. 6.2. PBU	L - 30 Gallon Reusable Tub	(4.0 ou ft)	CONTAINANS	
	UN 3291, Repulsied Medical Waste, n.o.s	4/TB28 - 28 Gallon Reusabl	Le Tub (3.7 cu ft)		
ĕ	UNS201, Reputated Maximal Wasto, n.g., TB9 6,2, PGI	7 - 97 Gallon Wheeled Cart	6 (12.8 au ft)		
Ĕ	TIN3281 Baculated Madlesi Wasta o.c.s.	5 - Medium Corrugated Box	and the second		
SENERATOR	UN32B1, Regulated Medical Wasto, n.o.s.	9 - Small Corrugated Box (			
IJ	11N3201 Reputated Medical World n.n.g.	4 - Medium Corrugated Box		6	24.7
	UNS291, Apost and Medical Wasto, n.o.s.	X - Corrugated Box (4.8 cu			
	UN3291, Ropulated Medical Waste, n o.e.				
	nkavar Hedniered viencel Alarie Lov A	1 - Sharps Containers (2.4	5. M.		· · · · · · · · · · · · · · · · · · ·
	Pres-	6 - 20 Gal Corrugated Box	1 THOMAS	ISP (	24.7
	3. Generator's Certilization: "I horoby a described above by the proper shipping r	lectoro that the contents of this consignment name, and are classified, packaged, marked inansport according to applicable internation	and labelled/placarded, and	LOF 6	1001-1
	Dra in all rospocia in propor condition for	transport according to applicable internation	ini tura usnousi Bokeunusikan teâmetroi		
	4. TRANSPORTER 1 ADDRESS:		Signature_	Phone #:	Date 12-5-14
Æ	Speriovala,	7-0	8726	Applicable Perm	5) 951-3587
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58	200 Alta Vis	ta Court	a Through Shipment	SC14-0	)2T
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		ess and Telephone Number ICHAEL WARD THOOD	A standards				
	2712 MIDDLEBUX COLUMBIA, SC	RG DR SUITE 107 29204- 2478	(802) 256-4908			12/12/2014	
	CUBTOMER NUMBER 8027	017-002	Generator's Registration #	5240-	09396		
	2A, DESCRIPTION OF WASTE	28.	CONTAINER TYPE		C. NO. OF	20. VOLUME	20
	UN3201, Regulated Medical Waste, n.o a 6.2, PGI	TBOL - 80 Gallon Reus	abla Tub (4.0 cu ft)		o officiality of		C
	UN3281, Regulated Medical Wasto, o q.s. 0.2, PGU		n Reusable Fub (8.7 du ft)				C
œ	UN3291, Reputated Medical Waste, n.o a	Ball TBS7 - 97 Gallon Mas	eled Carb (12.8 gu fb)				G
E	0.2, PON UN3281, Regulated Medical Waste, n.o.s 0.2, PGN		the second s				.0
Ē	UN9291, Repulated Modical Waste, n.o.s				1999		
GENERATOR	10.2. PRN	100TA = 3mstt collaborary	A DESCRIPTION OF A		0	8.2	0
9	UNS201, Regulated Modical Weste, n.o.s 6.2, PGI	" SS44 - Medium Corruga			2	0.0	0
	UN3291, Regulated Medical Wasio, n.o.s 6.2, PGN	"RRBX - Corrugated Box	(4.3 au fu)	1			4
	UN9291, Regulated Modical Waste, n.o.s 6.2, POI		ers (2.4 cm fb)	N 101 (2007) 004 1			0
	62 POIL	RX35 - 20 Gal Corruga	the second s	1			.0
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ł.	described above by the proper sh	lereby declare that the contents of this lipping name, and are classified, pack	consignment are fully and accurately aged, marked and labelled/placarded, and labelled/placarded, and the telemetional and national governmental re-	nudoll/cont		1	0
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G G	4. TRANSPORTER 1 ADDRESS:				hone #: (Bt	56) 951-3537	
Æ		le, Inc.	This is a Theouse Chinesent	A	pphoable Fern	ta Numbers:	
DATE	200 Alta	Vista Court	This is a Through Shipment	^	sc14-(	56) 951-3537 M Numbers: 027	
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## Advanced Environmental Options, Inc. 25 Stan Perkins Road Spartanburg, SC 29307 864-488-9111

Thursday, August 27, 2016

Emily Adams Planned Parenthood South Atlantic 1765 Dobbins Drive Chapel Hill, NC 27514 919-929-5402 Phone

Quote Number: <u>PPSA082715-01</u> Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies, material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (incineration) Disposal Transportation to disposal facility in Atlanta

pound (\$100.00 min/stop) / drum

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Healh Center Blacksburg Healh Center Chapel Hill Healh Center Charleston Healh Center Charlotte Healh Center Charlottesville Healh Center Columbia Healh Center Columbia Healh Center Durham Healh Center Fayetteville Healh Center Greensboro Healh Center Raleigh Healh Center Roanoke Healh Center Vienna Healh Center Wilmington Healh Center Winston-Salem Healh Center



For multiple facility pickups the price will be based on actual mileage to the multiple facilities & back then multiplied by \$1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

\*\* AEO's Energy and insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for Insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track the national average price for diesel fuel as reported by the U.S. Department of Energy each month. <u>This charge is applied to the</u> <u>entire involce, less taxes and fees</u>. The variable energy charge is established on the first Tuesday of the month based on the weekly prioing published by the Department of Energy and available et (<u>http://tonto.eta.doe.gov/oog/info/wohdp/diesel.asp</u>).

# (Additional Costs and Assumptions That May Apply)

#### General:

- Per Diem for All Workers will be charged at a rate of \$ 120.00 per man per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile epecifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a \$75,00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

# Transportation Section

- A \$95.00 per hour demuirage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of \$ 250.00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of tabor, material or energy, if equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, involces will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

#### REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services

- A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
- B. In a workmanlike and professional manner;
- C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, negligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or correction of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer altributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on;

- A. Changes in applicable laws or regulations after the services are completed:
- B. Acts or occurrences outside the scope of the services:
- C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
- D. Fallure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the ctient shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):

- A. its physical characteristics:
- B. Soli reports and subsurface investigations:
- C. Legal limitations and restrictions;
- D. Utility locations; E. Other reports or documents which may be reasonably by the contractor.

Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

#### INDEMNIFICATION

- A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
  - 1. The performance of these services in compliance with client's instructions or specifications:
  - 2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
  - 3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
  - 4. Failure of the client to obtain required permits, licenses or approvals;

#### Page 2 of 3

- B. The contractor shall indemnify and hold olient harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
  - 1. The price of the services or products which give rise to the claim for indemnification, or
  - 2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

#### CHANGE ORDER.

- A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the client and shall be only on a mutually agreeable time and financial basis.
- B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall involce the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall relain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any tiem(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

<u>Planned Parenthood South Atlantio</u> shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by <u>Planned Parenthood South Atlantio</u> to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. <u>Planned Parenthood South Atlantio</u> shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising cut of, or relating to, this Contract or any subcontract made or purchase order issued pursuant to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on <u>Planned Parenthood South Atlantic</u> and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after <u>Planned Parenthood</u>. <u>South Atlantic</u> executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our optinion, is the best and only way to gein our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

Planned Parenthood South Atlantic

Accepted By:	
Authorized Signature	
Printed Name	
Printed Name Date	A

David W. Hitchens

David W. Hitchens CEO / President

Page 3 of 3

# Advanced Environmental Options, Inc. 25 Stan Perkins Road Spartanburg, SC 29307 864-488-9111

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Quote Number: <u>PPSA082715-01</u> Dear Emily:

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Infectious waste (incineration) Disposal Transportation to disposal facility in Atlanta ound (\$100.00 min/stop) drum

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Asheville Healh Center Blackeburg Healh Center Chapel Hill Healh Center Charleston Healh Center Charlotte Healh Center Charlottesville Healh Center Columbia Healh Center Durham Healh Center Fayetteville Healh Center Greensboro Healh Center Raleigh Healh Center Raleigh Healh Center Vienna Healh Center Wilmington Healh Center Winston-Salem Healh Center



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Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

Accept	ed By:	
Author	ized Signature	
Printec	l Name	-
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David W. Hitchens

David W. Hitchens CEO / President

Page 3 of 3

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FROMOTE PROTECT PROSPER		REET, COLUMBIA, SC, 29201			
South Carolina Department of Health and Environmental Control		(803) 545-4212 E-MAIL <u>BHFL@dhec.sc.gov</u>			
NOTICE: Information on t	NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.				
Inspection Date: 9/1/2015	Today's Date: 9/18/2015	License Prefix: AB Suffix #: 2			
Type of Inspection: L07 IN	Type of Inspection: L07 INVESTIGATION				
Name of Facility/Activity:	Planned Parenthood South Atlantic				
Administrators Certification: D By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date. Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233					
	RESPONSE TO CITA	TIONS			
6/25/2015 Completion	Date (Actual or Expected)				
Section: 204.H					
Corrective Action PPSAT was, in fact, in compliance with § 204.H. Staff member A signed his job description on 6/25/15, a copy of which was available at PPSAT's central office in Raleigh. Furthermore, as a point of clarification, the referenced document that was reviewed by inspectors was not the job description but was in fact the general PPSAT contract. PPSAT operates health centers across four states and uses a standard contract and fee schedule for all providers. The excerpt referenced in the report was from the fee schedule, including those who work at health centers outside of South Carolina, and does not specify job duties. Preventive Action: Attached is the revised Appendix A that enumerates the only procedures that Staff A will be providing in the PPSAT Columbia facility. This Appendix will be reviewed and signed by Staff					
member A by 9/29/15. Additionally, attached are the Staff member A Redacted Employment Agreement, Redacted Job Description, and Physician On-site Orientation Check List.					
9/18/2015 Completion D Section: 301.D.4	9/18/2015 Completion Date (Actual or Expected)				
Corrective Action: As described by staff, PPSAT procedure is that infectious waste is weighed by the certified infectious waste transport vendor and not weighed on site, which is in compliance with SC Infectious Waste Regulation 61-105.F.6.J. The written policy reviewed during the investigation was a legacy policy that had not been updated to match PPSAT's current procedure. The policy was updated to reflect practice. A copy of the revised policy is attached. Preventive Action: The revised infectious waste policy requires certified waste transport vendors to weigh infectious waste in accordance with the requirements of S.C. Code Ann. Reg. 61-105.T.9. The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.					
8/27/2015 Completion D	ate (Actual or Expected)				
Section: 304.H					
Corrective Action: PPSAT was in fact in compliance with Section 304.H regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In					

. .

addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

9/25/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. PPSAT maintained documentation that included the names of minor's parents, where known. In response to the inspection, PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

9/1/2015 Completion Date (Actual or Expected)

Section: 401.A.12

Corrective Action: A new Electronic Health Record system was implemented in October 2014. Staff immediately revised the electronic documentation to add the field for persons in attendance, if any, during the procedure. Inspectors reported that this solution met requirements.

Preventive Action: Health Center Manager will audit electronic health records to ensure that staff are documenting clinical assistants present, if any, during the abortion procedure. This field will be reviewed as part of the monthly Abortion Chart Completion Audit, a copy of which is attached. The health center manager will complete and document on the Health Center Manager RQM-82 the Infection-Free Environmental Rounds Checklist, a copy of which is attached, that is reviewed by the Regional Director.

9/19/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: PPSAT submits a report of induced termination of pregnancy through an online portal system managed by DHEC. Staff have experienced times when this system is down causing delays in abortion reporting. All abortions will be reported to the DHEC Bureau of Vital Records within 7 days. In the event the online system is unavailable, staff will contact DHEC to report the issue and develop an alternate plan for reporting. Any delays will be documented on the form.

Preventive Action: Staff will receive training at the monthly staff meetings as to the requirement that all abortions be reported to the DHEC Bureau of Vital Records within 7 days. PPSAT has asked for assistance from the DHEC Bureau of Vital Records as to an alternate plan for reporting. PPSAT will maintain a folder of e-mails sent to the Bureau of Vital Records every time the system is down, thus preventing timely reporting.

8/27/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: PPSAT was in fact in compliance with Section 605.D regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced the reputable waste management company. A copy of the contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that it is in compliance with R.61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be returned to the waste management vendor for correction and/or supplementation. This monthly review will be documented on the Infectious Waste Manifest Checklist.

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes 🗌 No 🔀

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

### INSTRUCTIONS: DHEC FORM 0275 PLAN OF CORRECTION BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency. Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at <u>BHFL@dhec.sc.gov</u> or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

M C NAIR Attorneys

M. Elizabeth Crum

October 9, 2015

lcrum@mcnair.net T (803) 753-3240 F (803) 933-1484

# Via E-mail and Hand Delivery (October 12, 2015)

Gwen C. Thompson SC DHEC Bureau Chief, Health Facilities Licensing 301 Gervais St., Columbia,, SC 29201

Re: Requests for Consideration of Cited Violation

Dear Ms. Thompson:

On September 28, 2015 Planned Parenthood South Atlantic ("PPSAT") submitted to the Bureau of Health Facilities Licensing, Requests for Consideration of Citation Violation regarding the following citations: Reg. 61-12 § 204.A, Reg. 61-12 § 208, Reg. 61-12, § 304.H and Reg. 61-12 § 605.D. Pursuant to this letter, PPSAT hereby withdraws its Requests for Consideration of Citation.

If you have any questions regarding these withdrawals, please do not hesitate to contact me. With best regards,

Sincerely,

Elyoleth Cr

M. Elizabeth Crum

MEC:df

cc: Shelly B. Kelly, Esq. (via e-mail) Ashley C. Biggers, Esq. (via e-mail) Eva C. Johnson (via e-mail) Emily Adams (via e-mail)

McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > mcnair.net

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Clerk, Board of Health and Environmental Control 15-RFR-67

September 28, 2015

MCNAIR ATTORNEYS

M. Elizabeth Crum

Icrum@moneir.net T 803.753.3240 F 803,933,1484

# Via E-mail (lisa.longshore@dhec.sc.gov) Via Hand Delivery

Lisa L. Longshore, Clerk of the Board SC Department of Health and **Environmental Control** 2600 Bull Street Columbia, SC 29201

Re: Written Request for Final Review (RFR)

Dear Ms. Longshore:

RECEIVE] SEP 282015

SC Department of

Pursuant to §44-1-60, Planned Parenthood South Atlantic, 19912 Middlebuse Dr., Suite 109, Columbia, SC 29204-2478 ("PPS ATT?") Local Control of Request for Final Review (RFR) of the Department's Administrative Order executed September 11, 2015 and the required filing fee of One Hundred Dollars (\$100.00).

PPSAT seeks to amend, modify or rescind the staff Administrative Order with regard to the following citations: Reg. 61-12 § 204.A; Reg. 61-12 § 208; Reg. 61-12 § 304.H and Reg. 61-12 § 605.D. The grounds for this request are set forth as to each citation in the attached Requests for Consideration of Cited Violation, attached hereto and incorporated herein as if fully set forth herein.

The relief requested is the rescinding and dismissal of Findings of Fact contained in paragraphs 1, 10, 15, and 20 of the Administrative Order, and of Conclusions of Law contained in paragraphs 5, 14, 19, 24 and 26, subparagraphs a, j. o, and t. A copy of the Administrative Order is also attached.

The address of the Requestor is the undersigned counsel and:

Jenny Black, CEO Planned Parenthood South Atlantic PO Box 3528 Chapel Hill, NC 27515-3258

MCNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > monair.net

Please provide me with an Acknowledgment of RFR. We will continue to engage in mediation and settlement discussions during the final review process as encouraged by the Board.

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Lisa L. Longshore, Clerk of the Board September 28, 2015 Page 2

Thank you for your attention to this matter.

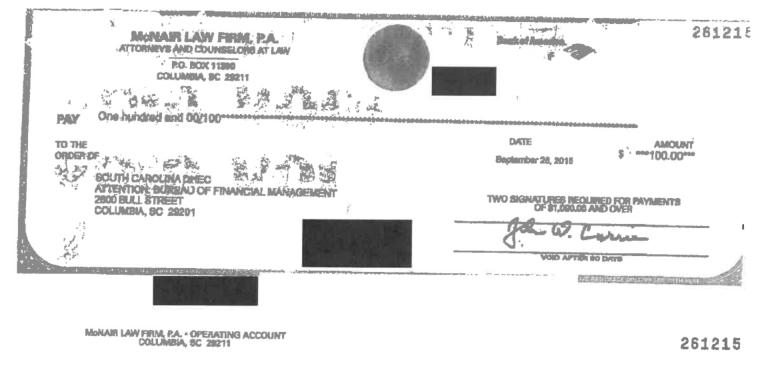
Very truly yours,

McNAIR LAW FIRM, P.A.

abith br

M. Elizabeth Crum Celeste T. Jones Pamela A. Baker Counsel for Planned Parenthood South Atlantic

MEC:sd



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Catherine E. Heigel, Director Promoting and protecting the health of the public and the environment

September 11, 2015

Jenny Black, CEO Planned Parenthood South Atlantic P.O. Box 3258 Chapel Hill, N.C. 27515-3258

# CERTIFIED MAIL ELECTRONIC RECEIPT REQUESTED 91 7199 9991 7033 6612 9698

Dear Ms. Black:

Please find enclosed the Department's Administrative Order, executed September 11, 2015. This Administrative Order represents a final staff determination regarding the Department's enforcement action against Planned Parenthood of South Atlantic.

Also, enclosed are instructions regarding the process should you elect to submit a Request for Final Review (RFR) by the S.C. Board of Health and Environmental Control.

Should you have questions, please contact me at (803) 545-4370.

Sincerely,

Burn C. Simpon

Gwen C. Thompson, Chief Bureau of Health Facilities Licensing

Enclosures: Administrative Order, executed September 11, 2015 Appeal Guidelines

CC: Shelly Bezanson Kelly, DHEC Eva C. Johnson, DHEC Ashley C. Biggers, DHEC Emily Adams, Administrator

### **CERTIFICATE OF SERVICE**

The undersigned for the South Carolina Department of Health and Environmental Control (DHEC) states that he/she has on September 11, 2015, served upon the necessary parties the Department's certified letter and contents (91 7199 9991 7033 6612 9698), dated September 11, 2015, to the facility listed below by depositing copies of same in the U.S. Mail, return address clearly stated with sufficient postage affixed thereto, addressed as follows:

Jenny Black, CEO Planned Parenthood South Atlantic P.O. Box 3258 Chapel Hill, N.C. 27515-3258

Additional copies were mailed to the following address:

Emily Adams, Administrator Planned Parenthood of South Atlantic 2712 Middleburg Drive, STE 107 Columbia, S.C. 29204-2478

(If applicable) Additional copies of this letter were sent to the facility's legal representative(s) at the following address:

Columbia, South Carolina

Ender 11, 2015

Sworn to before me this ( Day of September, 2015 Katana S Dans Actus S Dans NOTARY PUBLIC for S.C. My Commission Expires: 3 23 13

Emboared Horson in My Sinte of South Carolina Notary Public Sout My Communica Expires March 23, 2019 Katrina S Davis

# STATE OF SOUTH CAROLINA THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: Planned Parenthood South Atlantic, Licensee Planned Parenthood of South Atlantic 2712 Middleburg Drive, Suite 107 Columbia, S.C. 29204-4908

# ADMINISTRATIVE ORDER

Planned Parenthood of South Atlantic ("Planned Parenthood" or "the Facility") is an abortion clinic licensed by the South Carolina Department of Health and Environmental Control ("DHEC" or "the Department") pursuant to the *State Certification of Need and Health Facility Licensure Act* ("the Act"), S.C. Code Ann. §§ 44-7-110, et seq. (2002 and Supp. 2014), Abortions Generally, S.C. Code Ann. §§ 44-41-10, et seq., and Standards for Licensing Abortion Clinics, 3 S.C. Code Ann. Regs. 61-12 (2011). The Department visited Planned Parenthood of South Atlantic on August 31, 2015, to conduct a general inspection and complaint investigation. Based upon the violations cited and taking into consideration the severity of the violations, the Department has determined it appropriate to suspend the license of Planned Parenthood of South Atlantic and impose a civil monetary penalty.

#### FINDINGS OF FACT

1. Planned Parenthood South Atlantic is the licensee of Planned Parenthood of South Atlantic, an abortion clinic located in Columbia, South Carolina.

2. On August 31, 2015, Department representatives conducted a general inspection and a complaint investigation. As a result of the inspections, the Department representatives cited the following violations of Regulation 61-12:

	Section	Description of violation
1.	204.A	Documentation of personal background information for 2 staff members was not
		available for review.
2.	204.C	The Facility did not have documentation of training/certification in cardiopulmonary
		resuscitation (CPR) for 3 staff members.
3.	204.E	The Facility did not have documentation of orientation for 3 staff members.
4.	204.F.1	The Facility did not have documentation of training in infection control for 2 staff
		members.
5.	204.F.2	The Facility did not have documentation of training in fire protection for 3 staff
		members.
6.	204.F.3	The Facility did not have documentation of training in patient confidentiality for a staff
		member.
7.	204.F.4	The Facility did not have documentation of training in licensing regulations for a staff
		member.
8.	204.G.1	The Facility did not have a job description for 2 staff members.
9.	204.H	The job description documented in the personnel file of a Facility physician was not in
		accordance with the requirements of § 302.A, Regulation 61-12, Standards for Licensing
		Abortion Clinics, which states, in part, "Abortions performed in abortion clinics shall be

		performed only on patients who are within 18 weeks from the first day of their last
		menstrual period. Those beyond 18 weeks shall be performed in a hospital. Specifically, Appendix A of the job description documented, in part, "per surgical abortion procedure between 16.0 and 19.6 weeks."
10.		The Facility did not comply with a provision of the Woman's Right to Know Act, specifically S.C. Code Ann. § 44-41-330(A)(1). In 5 of 25 medical records reviewed, the record documented that an abortion procedure was performed sooner that 60 minutes following completion of the ultrasound.
11.	301.D.4	The Facility did not adhere to and follow the provisions for tissue examination and disposal in its Infection Prevention Manual, which in Chapter 3 included a policy specific to South Carolina generator requirements and which stated, in part, "weigh waste prior to sending off site for disposal." When asked if the Facility's infectious waste was weighed prior to it leaving the Facility, staff stated, "No. We do not weigh the waste at the Facility."
12.	301.K.	The Facility did not have a written policy and procedure regarding registration of fetal death or death certificates.
13.	303.A.1	The Facility's emergency drug cart did not have a listing of the contents on the cart.
14.	303.C	Expired medications were stored in the Facility's patient care areas and pharmacy., e.g., Methylergonovine 0.2 mg expired 6/15/15 (9 bottles with 12 tablets per bottle); RhoGam expired 8/8/15 (2 boxes with 5 syringes per box); Influenza Virus Vaccine expired 6/2015 (1 vial); Lactated Ringers IV fluid expired 10/2014 (2-1000 ml bags).
15.	304.H	Products of conception resulting from abortion procedures were not managed and properly disposed of by incineration in accordance with Regulation 61-105, South Carolina Infectious Waste Management. See 8 S.C. Code Ann. Regs. 61-105 § T.9 (2012)
16.	401.A.1	<ul> <li>A) For 25 records of clients reviewed during the general inspection, 8 of whom were minors, 8 of the minors' records either did not include the name of the minor's mother or did not include the name of the minor's father.</li> <li>B) For 25 records of clients reviewed during the investigation, 1 of whom was a minor, the minor's record did not include the name of the minor's father.</li> </ul>
17.	401.A.12.e	<ul> <li>A) In 25 of 25 client records review during the general inspection, the records did not document the names of clinical assistants in attendance during the abortion procedure.</li> <li>B) In 25 of 25 client records review during the investigation, the records did not document the names of clinical assistants in attendance during the abortion procedure.</li> </ul>
18.	403.A.1	<ul> <li>A) In 4 of 5 records reviewed, the record documented that the abortion procedures were reported to the Department's Office of Vital Records at time intervals ranging from 13 to 33 days after the abortion procedures were performed and not within 7 days of the procedure as required.</li> <li>B) In 1 of 5 records review, the record did not document that the abortion procedure was reported to the Department's Office of Vital Records.</li> </ul>
19.	602.B	Sterile gloves were stored and mixed with non-sterile supplies, including non-sterile examination gloves, in the work cabinet of the procedure room nearest to the waiting room.
20.	605.D	Waste meeting the definition of "infectious waste" as defined in Regulation 61-105, South Carolina Infectious Waste Management, was not managed and properly disposed of by incineration in accordance with the requirements of Regulation 61-105. Manifest dated 10/17/14, 10/31/14. 12/5/14 and 12/12/14 were stamped "steam sterilized."

**.** 

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21.	808.A	The water temperature measured in excess of 125 degrees Fahrenheit when tested at the
		following hand sink fixtures:
		A) At the staff hand washing sink in the procedure room nearest the waiting room (133.6
		degrees F).
		B) At the staff hand washing sink in the recovery room (133.4 degrees F).
		C) At the patient bathroom sink in the recovery area (131.3 degrees F).

3. As a result of the above, the Department determined that suspension of the license of Planned Parenthood of South Atlantic and the imposition of a civil monetary penalty is appropriate at this time.

## CONCLUSIONS OF LAW

1. The Department is the agency of the State of South Carolina responsible for licensing abortion facilities pursuant to the *State Certification of Need and Health Facility Licensure Act*, S.C. Code Ann. §§ 44-7-110, et seq. (2002 and Supp. 2014), *Abortions Generally*, S.C. Code Ann. §§ 44-41-10, et seq. (2002), and *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2012).

2. An abortion facility may not be operated in South Carolina without first obtaining a license from the Department. S.C. Code § 44-7-260(A)(4) (2002), S.C. Code Ann. § 44-41-75(A) (2002), and 3 S.C. Code Ann. Regs. 61-12 § 102.A (2012).

3. The Department is authorized to make inspections and investigations as considered necessary. S.C. Code Ann. § 44-7-150(1) (2002) and 3 S.C. Code Ann. Regs. 61-12 § 102.F.1 (2012).

4. The Department may deny, suspend, or revoke licenses or assess a monetary penalty, or both, against a person or facility for violation of the Act or departmental regulations. S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014); see also 3 S.C. Code Ann. Regs. 61-12 § 103 (2012).

5. Abortion clinics shall obtain and verify information on applications for employment from all employees as to the personal background of the employee. 3 S.C. Code Ann. Regs. 61-12 § 204.A.

6. Abortion clinics shall ensure that all staff members are currently certified in CPR by the American Red Cross or American Heart Association. *Id.* § 204.C.

7. Abortion clinics shall have and execute a written orientation program to familiarize each new staff member with the facility and its policies and procedures. *Id.* § 204.E.

 Abortion clinics shall plan and provide inservice training in infection control to all employees and volunteers. Id. § 204.F.1.

9. Abortion clinics shall plan and provide inservice training in fire protection to all employees and volunteers. *Id.* § 204.F.2.

10. Abortion clinics shall plan and provide inservice training in confidentiality of patient information and records, and protecting patient rights to all employees and volunteers. *Id.* § 204.F.3.

11. Abortion clinics shall plan and provide inservice training in licensing regulations to all employees and volunteers. Id. § 204.F.4.

12. Abortion clinics shall maintain written job descriptions that adequately describe the duties of every position. Id. § 204.G.1.

13. Abortion clinics shall maintain a personnel file for each employee and volunteer that accurately documents a current job description that reflects the individual's responsibilities and work assignments. *Id.* § 204.H.

14. Abortion clinics shall comply with the Woman's Right to Know Act, S.C. Code Ann. § 44-41-310, et seq. Id. § 208.

15. Abortion clinics shall formulate and adhere to written patient care policies and procedures to ensure professional and safe care for patients, to include tissue examination/disposal. *Id.* § 301.D.4.

16. Abortion clinics shall formulate and adhere to written patient care policies and procedures to ensure professional and safe care for patients, to include registration of fetal death or death certificates. *Id.* § 301.K.

17. Abortion clinics shall place a listing of contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. *Id.* § 303,A,1.

18. Abortion clinics shall ensure that medicines and drugs maintained and used in the Facility shall not be expired. *Id.* § 303.C.

19. Abortion clinics shall ensure that products of conception resulting from abortion procedures are managed in accordance with requirements for pathological waste pursuant to Regulation 61-105, South Carolina Infectious Waste Management. Id. § 304.H.

20. Abortion clinics shall ensure that patients' records include the father's and mother's names when the patient is a minor. Id. § 401.A.1.

21. Abortion clinics shall ensure that patients' records include the names of clinical assistants in attendance when abortion procedures are performed. Id. § 401.A.12.c.

22. Abortion clinics shall ensure that any abortion performed is reported to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure. Id. § 403.A.1.

23. Abortion clinics shall ensure that sterile equipment and supplies are not mixed with unsterile supplies. Id. § 602.B.

24. Abortion clinics shall ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, South Carolina Infectious Waste Management, is managed in accordance with Regulation 61-105. Id. § 605.D.

25. Abortion clinics shall ensure that patient and staff handwashing lavatories supplied with hot water are thermostatically controlled to a temperature between 100 and 125 degrees Fahrenheit. *Id.* § 808.

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26. Based upon the foregoing findings of fact, the Department finds that the Facility violated Regulation 61-12 as follows:

a. The Facility violated Section 204.A on August 31, 2015, by failing to have documentation of personal background information for 2 staff members. Violation of Section 204.A is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

b. The Facility violated Section 204.C on August 31, 2015, by failing to have documentation of training/certification in CPR for 3 staff members. Violation of Section 204.C is a Class I penalty and carries a penalty range of \$200-1,000 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

c. The Facility violated Section 204.E on August 31, 2015, by failing to have documentation of orientation for 3 staff members. Violation of Section 204.E is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

d. The Facility violated Section 204.F.1 on August 31, 2015, by failing to have documentation of training in infection control for 2 staff members. Violation of Section 204.F.1 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

e. The Facility violated Section 204.F.2 on August 31, 2015, by failing to have documentation of training in fire protection for 3 staff members. Violation of Section 204.F.2 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

f. The Facility violated Section 204.F.3 on August 31, 2015, by failing to have documentation of training in confidentiality of patient information and records, and protecting patient rights for a staff member. Violation of Section 204.F.3 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

g. The Facility violated Section 204.F.4 on August 31, 2015, by failing to have documentation of training in licensing regulations for a staff member. Violation of Section 204.F.4 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

h. The Facility violated Section 204.G.1 on August 31, 2015, by failing to have documentation of job descriptions for 2 staff members. Violation of Section 204.G.1 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

i. The Facility violated Section 204.H on August 31, 2015, by failing to have a current job description for a staff member that was in accordance with Section 302.A. Regulation 61-12, *Standurds for Licensing Abortion Clinics*. Violation of Section 204.H is a Class II penalty and carries a penalty range of

\$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

j. The Facility violated Section 208 on August 31, 2015, by failing on five occasions to comply with Section 44-41-330(A)(1) of the Woman's Right to Know Act. Violation of Section 208 is a Class I penalty and carries a penalty range of \$200-1,000 for a first occurrence. The Department has determined to impose a \$1,000 monetary penalty for this violation.

k. The Facility violated Section 301.D.4 on August 31, 2015, by failing to adhere to its written patient care policies and procedures with respect to tissue examination/disposal. Violation of Section 301.D.4 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

1. The Facility violated Section 301.K on August 31, 2015, by failing to have a written procedure and policy regarding registration of fetal death or death certificate. Violation of Section 301.K is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

m. The Facility violated Section 303.A.1 on August 31, 2015, by failing to have a listing of the of contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. Violation of Section 303.A.1 is a Class I penalty and carries a penalty range of \$200-1,000 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

n. The Facility violated Section 303.C on August 31, 2015, by failing to ensure that medications and drugs maintained in the Facility were not expired. Violation of Section 303.C is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

o. The Facility violated Section 304.H on August 31, 2015, by failing to ensure that products of conception resulting from abortion procedures were managed and properly disposed of by incineration in accordance with Section T.9 of Regulation 61-105, South Carolina Infectious Waste Management. Violation of Section 304.H is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

p. The Facility violated Section 401.A.1 on August 31, 2015, by failing to document the names of the father and/or mother in the medical record of minors. Violation of Section 401.A.1 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

q. The Facility violated Section 401.A.12.e on August 31, 2015, by failing to document in medical records the names of clinical assistants in attendance during abortion procedures. Violation of Section 401.A.12 is a Class III penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

r. The Facility violated Section 403.A.1 on August 31, 2015, by failing to report abortion procedures performed to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure being performed. Violation of Section 403.A.1 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

s. The Facility violated Section 602.B on August 31, 2015, by failing to ensure that sterile supplies and equipment were not mixed with unsterile supplies. Violation of Section 602.B is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

E.

t. The Facility violated Section 605.D on August 31, 2015, by failing to ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, South Carolina Infectious Waste Management, was managed in accordance with Regulation 61-105. Violation of Section 605.D is a Class III penalty.

u. The Facility violated Section 808.A on August 31, 2015, by failing to ensure that patient and staff handwashing lavatories supplied with hot water were maintained at a temperature between 100 and 125 degrees Fahrenheit. Violation of Section 808.A is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

27. In consideration of the above, the Department determined that the following discipline is warranted at this time.

NOW, THEREFORE IT IS ORDERED THAT, pursuant to S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014) and 3 S.C. Code Ann. Regs. 61-12 § 103 (2011):

1. The license of Planned Parenthood of South Atlantic is hereby suspended until further notice from the Department, which will be contingent upon the facility complying with the conditions set forth below.

2. The Department assesses a \$7,500 monetary penalty against Planned Parenthood of South Atlantic for the above noted violations. Payment of the \$7,500 assessed monetary penalty is due within 30 days of execution of this Administrative Order by certified check or money order payable to the S.C. Department of Health and Environmental Control. Payment shall be sent to the following address:

> Attention: Gwen C. Thompson, Chief Bureau of Health Facilities Licensing S.C. Department of Health and Environmental Control 2600 Bull Street Columbia, S.C. 29201

If payment is late for any reason not otherwise approved by the Department, the Department may assess additional monetary penalties and/or initiate additional enforcement action against Planned Parenthood of South Atlantic, up to and including revocation of the Facility's license to operate as an abortion clinic.

3. The Department will lift the suspension upon the following conditions:

a) Planned Parenthood's payment of the imposed monetary penalty.

b) Planned Parenthood's timely submission of a plan of correction ("POC") to the Department addressing the corrective actions taken, the preventive actions taken and the date of those action in

regard to the violations contained in the Department's reports of visits for the August 31, 2015 general inspection and August 31, 2015 investigation.

Planned Parenthood providing to the Department evidence of Planned Parenthood's c) training of all employees and volunteers in the Facility's policies and procedures, the requirements of the Women's Right To Know Act, S.C. Code Ann. §§ 44-41-310, et seq., and all inservice/training requirements set forth in Section 204.F of Regulation 61-12.

Planned Parenthood shall ensure that all files and records are maintained and preserved as 4. required by Regulation 61-12.

IT IS SO ORDERED.

THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Shelly Bezanson Kelly-

Director of Health Regulation

<u> P-11-15</u> Date

Sum C. Showpan

9/11/15 Date

Gwen C. Thompson Bureau Chief for Health Facilities Licensing

Reviewed by:

Ashley Biggers, Espire

Chief Counsel for Health Regulation

9 - 11 - 15 Date

# South Carolina Board of Health and Environmental Control

Guide to Board Review

#### Pursuant to S.C. Code Ann. § 44-1-60

The decision of the South Carolina Department of Health and Environmental Control (Department) becomes the final agency decision fifteen (15) calendar days after notice of the decision has been mailed to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing for in the amount of \$100 is filed with Department by the applicant, permittee, licensee or affected person.

Applicants, permittees, licensees, and affected parties are encouraged to engage in mediation or settlement discussions during the final review process.

If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within thirty (30) calendar days after notice is mailed that the Board declined to hold a final review conference. In matters pertaining to decisions under the South Carolina Mining Act, appeals should be made to the South Carolina Mining Council.

I. Filing of Request for Final Review

- 1. A written Request for Final Review (RFR) and the required filing fee of one hundred dollars (\$100) must be received by Clerk of the Board within fifteen (15) calendar days after notice of the staff decision has been mailed to the applicant, permittee, licensee, or affected persons. If the 15th day occurs on a weekend or State holiday, the RFR must be received by the Clerk on the next working day. RFRs will not be accepted after 5:00 p.m.
- 2. RFRs shall be in writing and should include, at a minimum, the following information:
  - The grounds for amending, modifying, or rescinding the staff decision;
  - a statement of any significant issues or factors the Board should consider in deciding how to handle the matter;
  - the relief requested;
  - a copy of the decision for which review is requested; and
- mailing address, email address, if applicable, and phone number(s) at which the requestor can be contacted. 3.
  - RFRs should be filed in person or by mail at the following address:
    - South Carolina Board of Health and Environmental Control Attention: Clerk of the Board
    - 2600 Bull Street

    - Columbia, South Carolina 29201

Alternatively, RFR's may be filed with the Clerk by facsimile (803-898-3393) or by electronic mail (boardclerk@dhec.sc.gov).

- 4. The filing fee may be paid by cash, check or credit card and must be received by the 15th day.
- 5. If there is any perceived discrepancy in compliance with this RFR filing procedure, the Clerk should consult with the Chairman or, if the Chairman is unavailable, the Vice-Chairman. The Chairman or the Vice-Chairman will determine whether the RFR is timely and properly filed and direct the Clerk to (1) process the RFR for consideration by the Board or (2) return the RFR and filing fee to the requestor with a cover letter explaining why the RFR was not timely or properly filed. Processing an RFR for consideration by the Board shall not be interpreted as a waiver of any claim or defense by the agency in subsequent proceedings concerning the RFR.
- If the RFR will be processed for Board consideration, the Clerk will send an Acknowledgement of RFR to the Requestor and the applicant, permittee, or licensee, if other than the Requestor. All personal and financial identifying information will be redacted from the RFR and accompanying documentation before the RFR is released to the Board, Department staff or the public.
- 7. If an RFR pertains to an emergency order, the Clerk will, upon receipt, immediately provide a copy of the RFR to all Board members. The Chairman, or in his or her absence, the Vice-Chairman shall based on the circumstances, decide whether to refer the RFR to the RFR Committee for expedited review or to decline in writing to schedule a Final Review Conference. If the Chairman or Vice-Chairman determines review by the RFR Committee is appropriate, the Clerk will forward a copy of the RFR to Department staff and Office of General Counsel. A Department response and RFR Committee review will be provided on an expedited schedule defined by the Chairman or Vice-Chairman.
- 8. The Clerk will email the RFR to staff and Office of General Counsel and request a Department Response within eight (8) working days. Upon receipt of the Department Response, the Clerk will forward the RFR and Department Response to all Board members for review, and all Board members will confirm receipt of the RFR to the Clerk by email. If a Board member does not confirm receipt of the RFR within a twenty-four (24) hour period, the Clerk will contact the Board member and confirm receipt. If a Board member believes the RFR should be considered by the RFR Committee, he or she will

Rev 2, 05/08/2014

respond to the Clerk's email within forty-eight (48) hours and will request further review. If no Board member requests further review of the RFR within the forty-eight (48) hour period, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Final Review Conference. Contested case guidance will be included within the letter.

NOTE: If the time periods described above end on a weekend or State holiday, the time is automatically extended to 5:00 p.m. on the next business day.

- 9. If the RFR is to be considered by the RFR Committee, the Clerk will notify the Presiding Member of the RFR Committee and the Chairman that further review is requested by the Board. RFR Committee meetings are open to the public and will be public noticed at least 24 hours in advance.
- 10. Following RFR Committee or Board consideration of the RFR, if it is determined no Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Conference. Contested case guidance will be included within the letter.

# II. Final Review Conference Scheduling

- 1. If a Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, informing the Requestor of the determination.
- 2. The Clerk will request Department staff provide the Administrative Record.
- 3. The Clerk will send Notice of Final Review Conference to the parties at least ten (10) days before the Conference. The Conference will be publically noticed and should:
  - include the place, date and time of the Conference;
  - state the presentation times allowed in the Conference;
  - state evidence may be presented at the Conference;
  - if the conference will be held by committee, include a copy of the Chairman's order appointing the committee; and
  - inform the Requestor of his or her right to request a transcript of the proceedings of the Conference prepared at Requestor's expense.
- 4. If a party requests a transcript of the proceedings of the Conference and agrees to pay all related costs in writing, including costs for the transcript, the Clerk will schedule a court reporter for the Conference.

# III. Final Review Conference and Decision

- 1. The order of presentation in the Conference will, subject to the presiding officer's discretion, be as follows:
  - Department staff will provide an overview of the staff decision and the applicable law to include [10 minutes]:
    - Type of decision (permit, enforcement, etc.) and description of the program.
    - Parties
    - Description of facility/site
    - Applicable statutes and regulations
  - Decision and materials relied upon in the administrative record to support the staff decision.
  - Requestor(s) will state the reasons for protesting the staff decision and may provide evidence to support amending, modifying, or rescinding the staff decision. [15 minutes] NOTE: The burden of proof is on the Requestor(s)
  - Rebuttal by Department staff [15 minutes]
  - Rebuttal by Requestor(s) [10 minutes] Note: Times noted in brackets are for information only and are superseded by times stated in the Notice of Final Review Conference or by the presiding officer.
- 2. Parties may present evidence during the conference; however, the rules of evidence do not apply.
- 3. At any time during the conference, the officers conducting the Conference may request additional information and may question the Requestor, the staff, and anyone else providing information at the Conference.
- The presiding officer, in his or her sole discretion, may allow additional time for presentations and may impose time limits 4. on the Conference.
- 5. All Conferences are open to the public.
- 6. The officers may deliberate in closed session.
- 7. The officers may announce the decision at the conclusion of the Conference or it may be reserved for consideration.
- The Clerk will mail the written final agency decision (FAD) to parties within 30 days after the Conference. The written 8 decision must explain the basis for the decision and inform the parties of their right to request a contested case hearing before the Administrative Law Court or in matters pertaining to decisions under the South Carolina Mining Act, to request a hearing before the South Carolina Mining Council. The FAD will be sent by certified mail, return receipt requested.
- Communications may also be sent by electronic mail, in addition to the forms stated herein, when electronic mail addresses **Q** are provided to the Clerk.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.

Rev 2, 05/08/2014



ATTORNEYS

M. Elizabeth Crum

Icrum@mcnair.net T (803) 753-3240 F (803) 933-1484

November 6, 2015

Via E-mail

Lisa Longshore Clerk Board of Health and Environmental Control SC DHEC 2600 Bull Street Columbia, South Carolina 29201

Re: Planned Parenthood South Atlantic Withdrawal of Request for Review

Dear Ms. Longshore:

On behalf of our client Planned Parenthood South Atlantic, 2712 Middleburg Dr., Suite 109, Columbia, SC 29204-2478 ("PPSAT"), we hereby withdraw PPSAT's September 28, 2015 Request for Final Review (RFR) of the Department's Administrative Order executed September 11, 2015.

Thank you for your consideration of this matter. With best wishes.

Sincerely,

aluth (r.

M. Elizabeth Crum

MEC:df

cc: Jenny Black Emily Adams Ashley C. Biggers, Esquire Shelly B. Kelly, Esq. Ashley C. Biggers, Esq. Gwen C. Thompson Eva C. Johnson

McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1600 Columbia, SC 29201

> Mailing Address Post Office Box 11390 Columbia, SC 29211

> > mcnair.net



Catherine E. Heigel, Director
October 26, 2015
Promoting and protecting the health of the public and the environment

Jenny Black, CEO Planned Parenthood South Atlantic P.O. Box 3258 Chapel Hill, N.C. 27515-3258

# CERTIFIED MAIL ELECTRONIC RECEIPT REQUESTED 91 7199 9991 7033 6612 9858

Dear Ms. Black:

As a result of violations of *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2011) cited during a general inspection and investigation conducted on August 31, 2015, the Department executed an Administrative Order which ordered suspension of the license of Planned Parenthood South Atlantic ("Planned Parenthood" or "the Facility") and imposition of a \$7,500 monetary penalty. The Administrative Order stated that lifting of the suspension was contingent upon the following:

- 1. Planned Parenthood paying the imposed monetary penalty;
- Planned Parenthood timely submitting a plan of correction ("POC") to the Department addressing the corrective actions taken, the preventive actions taken and the dates of those actions in regard to the violations contained in the Department's reports of visits for the August 31, 2015, general inspection and August 31, 2015, complaint investigation; and
- 3. Planned Parenthood providing to the Department evidence of the Facility's training of all employees and volunteers in the Facility's policies and procedures, the requirements of the Woman's Right To Know Act, S.C. Code Ann. §§ 44-41-310, *et seq.*, and all inservice/training requirements set forth in Section 204.F of Regulation 61-12.

The Department acknowledges that Planned Parenthood of South Atlantic made payment of the monetary penalty on September 28, 2015, submitted final documents evidencing training on October 22, 2015, and submitted a final POC for the investigation on October 12, 2015, and for the general inspection on October 14, 2015.

Therefore, based on the above the Department does hereby notify you that all conditions in the Administrative Order for lifting the suspension imposed on Planned Parenthood have been met.

Please ensure that Planned Parenthood remains in compliance with Regulation 61-12. Should you have questions, please contact me at (803) 545-4370.

Jenny Black, CEO Planned Parenthood South Atlantic October 26, 2015 Page 2

Sincerely,

Swin C. Shonpor

Gwen C. Thompson, Chief Bureau of Health Facilities Licensing

CC: Shelly Bezanson Kelly, DHEC Eva C. Johnson, DHEC Ashley C. Biggers, Esquire, DHEC Emily Adams, Administrator M. Elizabeth Crum, Esquire

## **CERTIFICATE OF SERVICE**

The undersigned for the South Carolina Department of Health and Environmental Control (DHEC) states that he/she has on October 26, 2015, served upon the necessary parties the Department's certified letter (91 7199 9991 7033 6612 9858), dated October 26, 2015, to the facility listed below by depositing copies of same in the U.S. Mail, return address clearly stated with sufficient postage affixed thereto, addressed as follows:

Jenny Black, CEO Planned Parenthood South Atlantic P.O. Box 3258 Chapel Hill, N.C. 27515-3258

Additional copies were mailed to the following address:

Emily Adams, Administrator Planned Parenthood of South Atlantic 2712 Middleburg Drive, STE 107 Columbia, S.C. 29204-2478

(If applicable) Additional copies of this letter were sent to the facility's legal representative(s) at the following address:

Liz Crum, Esquire McNair Law Firm, P.A. P.O. Box 11390 Columbia, S.C. 29211

DHEC Employee

Columbia, South Carolina

<u>Clober 26, 2015</u> Date

Sworn to before me this  $\mathcal{A}_{\ell}^{T}$ Day of October 2015 han SPANEROM NOTARY PUBLIC for S.C My Commission Expires: 2025 EVERLY A. HUBBA m. Expires 02/18/202