Pennsylvania Department of Health

|  | OF DEFICIENCIES AND<br>RRECTION (POC)  | (XI) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBER<br>8-5130 |                               | A. BLDG: <u>0</u>                                    | LE CONSTRUCTION:<br>0   | (X3) DATE SURVEY<br>COMPLETED:<br>11/18/2013 |                          |
|--|--|---|-------------------------------|--|---|--|--------------------------|
| PPSP SUR<br>CENTER   | NAME OF PROVIDER OR SUPPLIER:<br><b>PPSP SURGICAL LOCUST STREET HEALTH</b><br><b>CENTER</b><br>STATE LICENSE NUMBER: <b>00238701</b> |   |                               | L<br>3, CITY, STATE, ZIF<br>F STREET<br>HIA, PA 1910 |   | <u> </u>                                     |                          |
| (X4) ID<br>PREFIX<br>TAG   | (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D   PREFIX MUST BE PRECEEDED BY FULL REGULATORY                                      |   |                               | ID<br>PREFIX TAG                                     | PROVIDER'S PLAN OF CORRE<br>CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE | OULD BE                                      | (X5)<br>COMPLETE<br>DATE |
| M 0000   | -  | he PPSP   | M 0000                        |  |   |  |                          |
| survey conducted on August 29, 2013, at t<br>Surgical Locust Street Health Center. It w<br>determined that the facility was in complia<br>the requirements of the Pennsylvania Depa<br>Health Regulations § 28 Pa Code, Chapter<br>Subchapter D, Ambulatory Gynecological<br>in Hospitals and Clinics. |  |   | nce with<br>artment of<br>29, |  |   |  |                          |
| LABORATORY   | DIRECTOR'S OR PROVIDER/SUPPL   | IER REPRESENTATIVE'S SIGN                                   | ATURE                         |  | TITLE:  | (X6) DATE:                                   |                          |
|  |  |   |                               |  |   |  |                          |
| State Form   |  | 91KW1   |                               |  |   |  | ION SHEET Page 1 of 1    |

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|---|---|--|---|------------------|--|---|--------------------------|
|   | OF DEFICIENCIES AND<br>RECTION (POC)  | (XI) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBER:<br>8-5130 |   | A. BLDG:0        | PLE CONSTRUCTION:  | (X3) DATE SURVEY<br>COMPLETED:<br><b>11/18/2013</b> |                          |
| PPSP SUR<br>CENTER  | VIDER OR SUPPLIER:<br>GICAL LOCUST STREET   | `HEALTH  | STREET ADDRESS.<br>1144 LOCUST<br>PHILADELP | <b>F STREET</b>  |  |   |                          |
| STATE LICENS  | E NUMBER: 00238701  |  |   |                  |  |   | -                        |
| (X4) ID     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC       PREFIX     MUST BE PRECEEDED BY FULL REGULATORY OR L       TAG     IDENTIFYING INFORMATION) |   |  |   | ID<br>PREFIX TAG | PROVIDER'S PLAN OF CORR<br>CORRECTIVE ACTION SI<br>CROSS-REFERENCED TO THE | HOULD BE  | (X5)<br>COMPLETE<br>DATE |
| S 0000  | INITIAL COMMENT<br>This report is the result of a full State Licensure  |  |   | S 0000           |  |   |                          |
|   | survey conducted on August 29, 2013, at PPSP<br>Surgical Locust Street Health Center. It was<br>determined that the facility was not in compliance<br>with the requirements of the Pennsylvania<br>Department of Health's Rules and Regulations for<br>Ambulatory Care Facilities, Annex A, Title 28, Part<br>IV, Subparts A and F, Chapters 551-573,<br>November 1999. |  |   |                  |  |   |                          |
| S 033A  |   |  |   | S 033A           |  |   |                          |
| LABORATORY  | DIRECTOR'S OR PROVIDER/SUPPLI   | ER REPRESENTATIVE'S SIGN                                     | ATURE                                       |                  | TITLE:   | (X6) DATE:  |                          |
|   |   |  |   |                  |  |   |                          |
| State Form  |   | 91KW1  | 1   |                  |  | IF CONTINUATI                                       | ON SHEET Page 1 of 18    |

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Pennsylvania Department of Health

|  | STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER<br>PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER<br>8-5130                            |  |  |   |  |  | VEY   |  |
|--|---|--|--|---|--|--|---|--|
|  | OVIDER OR SUPPLIER:<br>RGICAL LOCUST STREE  | CT HEALTH  | STREET ADDRESS, CITY, STATE, ZIP CODE:<br>1144 LOCUST STREET<br>PHILADELPHIA, PA 19107 |   |  |  |   |  |
| STATE LICE<br>(X4) ID<br>PREFIX<br>TAG | NSE NUMBER: 00238701<br>SUMMARY STATEME<br>MUST BE PRECEE<br>IDEN   |  | ID<br>PREFIX TAG   | PROVIDER'S PLAN OF CORREC<br>CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE A | OULD BE  | (X5)<br>COMPLETE<br>DATE   |   |  |
| S 033A                                 | Continued from page 1<br>553.3 (1) Governing Body<br>553.3<br>Governing Body resp<br>(1) Conforming<br>local laws.<br>This REGULATION is no | oonsibilities include:<br>to all applicable Federal, | State, and   | S 033A  | Based on feedback from surv<br>during the August 29, 2013 s<br>the surgical center manager of<br>Pennsylvania State law and I<br>protocols specific to mandate<br>reporting at center staff meet<br>September 17, 2013.<br>PPSP Chief Operating Office<br>Manager of Center Quality v<br>consultation will revise curre<br>protocol to include language<br>when to ascertain if the child<br>sexual intercourse with an in<br>who was four or more years<br>than the child. The revised p<br>will be in place by January 1<br>and all health center staff wit<br>training on this protocol by F<br>15, 2014. Revised protocol a<br>evidence of training will be a<br>for review.<br>Lack of documentation wher<br>reporting child sexual abuse<br>revealed in survey 8/29/13 w<br>reviewed at the 9/17/13 centor<br>meeting. Detailed instruction<br>required documentation was<br>reviewed. Surgical center ma<br>now reviews medical records | survey,<br>reviewed<br>PPSP<br>ory<br>ting on<br>er and<br>with legal<br>ent<br>on<br>I had<br>dividual<br>older<br>rotocol<br>5, 2014<br>II receive<br>February<br>available<br>n<br>as<br>vas<br>er staff<br>as on<br>anager | Completion<br>Date:<br>09/17/2013<br>Status:<br>APPROVED<br>Date:<br>12/30/2013 |  |

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Pennsylvania Department of Health

|                                | OF DEFICIENCIES AND<br>RECTION (POC)  | (XI) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBER<br>8-5130                            | : | A. BLDG: _<br>B. WING: _              | 00   | (X3) DATE SURVI<br>COMPLETED:<br>11/18/2013 | ΞY                       |
|--------------------------------|---|--|---|---------------------------------------|--|---|--------------------------|
|                                | NAME OF PROVIDER OR SUPPLIER:<br><b>PPSP SURGICAL LOCUST STREET HEALTH</b><br><b>CENTER</b> |  |   | CITY, STATE, 2<br>STREET<br>HA, PA 19 |  |   |                          |
| STATE LICENSE NUMBER: 00238701 |   |  |   |                                       |  |   |                          |
| (X4) ID<br>PREFIX<br>TAG       | MUST BE PRECEED   | <sup>C</sup> OF DEFICIENCIES (EACH DE<br>ED BY FULL REGULATORY O<br>FYING INFORMATION) |   | ID<br>PREFIX TAG                      | PROVIDER'S PLAN OF CORREC<br>CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE 2 | OULD BE                                     | (X5)<br>COMPLETE<br>DATE |
| S 033A                         | Continued from page 2   |  |   | S 033A                                |  |   |                          |
|                                |   |  |   |                                       | minor patients to ensure con with State Law.                                   | npliance                                    |                          |
|                                |   |  |   |                                       |  |   |                          |
|                                |   |  |   |                                       |  |   |                          |
|                                |   |  |   |                                       |  |   |                          |
|                                |   |  |   |                                       |  |   |                          |
|                                |   |  |   |                                       |  |   |                          |
|                                |   |  |   |                                       |  |   |                          |
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Pennsylvania Department of Health

|                                | DF DEFICIENCIES AND<br>RECTION (POC)  | (XI) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBER:<br><b>8-5130</b>                 |                 | (X2) MULTI<br>A. BLDG:<br>B. WING: |   | (X3) DATE SURVE<br>COMPLETED:<br>11/18/2013 | EY                       |
|--------------------------------|---|---|-----------------|------------------------------------|---|---|--------------------------|
| NAME OF PRO                    | VIDER OR SUPPLIER:  |   | STREET ADDRESS, |                                    | LIP CODE:   |   |                          |
|                                | GICAL LOCUST STREET   | HEALTH  | 1144 LOCUST     |                                    | 107   |   |                          |
| CENTER                         |   |   | PHILADELPH      | 11A, FA 17                         | 107   |   |                          |
| STATE LICENSE NUMBER: 00238701 |   |   | L               |                                    |   |   |                          |
| (X4) ID<br>PREFIX<br>TAG       | REFIX MUST BE PRECEEDED BY FULL REGULATORY<br>TAG IDENTIFYING INFORMATION)  |   |                 | ID<br>PREFIX TAG                   | PROVIDER'S PLAN OF CORREC<br>CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE A | OULD BE                                     | (X5)<br>COMPLETE<br>DATE |
| S 033A                         | Continued from page 3   |   |                 | S 033A                             |   |   |                          |
|                                |   |   |                 |                                    |   |   |                          |
|                                | Based on a review of fa   | baility documents n   | alicies         |                                    |   |   |                          |
|                                | medical records, and in   |   | -               |                                    |   |   |                          |
|                                | was determined that the   | ```   |                 |                                    |   |   |                          |
|                                | all applicable State law  | -   |                 |                                    |   |   |                          |
|                                |   |   |                 |                                    |   |   |                          |
|                                | Ppsp Surgical Locust S  | Street Health Center  | was not         |                                    |   |   |                          |
|                                | in compliance with the  | following State law   | 'S:             |                                    |   |   |                          |
|                                |   |   |                 |                                    |   |   |                          |
|                                | The Pennsylvania Crim   |   | ild             |                                    |   |   |                          |
|                                | Protective Service Law  | V   |                 |                                    |   |   |                          |
|                                | Sexual intercourse with<br>age is always a crime w<br>relationship of the offe<br>the "consent" of the ch<br>3121(c)(rape of a child<br>with serious bodily inju<br>deviate sexual intercou<br>(involuntary deviate se<br>with serious bodily inju<br>a child less than 13 yea<br>consent to sexual interco | e age or<br>egard to<br>§§<br>child<br>untary<br>23(c)<br>ch a child<br>lvania law, |                 |                                    |   |   |                          |
|                                |   |   |                 |                                    |   |   |                          |

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Pennsylvania Department of Health

| i ennsylvania Do               |   |         |  | -   |         |  |  |
|--------------------------------|---|---------|--|---|---------|--|--|
|                                | STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/<br>PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER<br>8-5130                                     |         |  | (X2) MULTIPLE CONSTRUCTION:<br>A. BLDG: <u>00</u><br>B. WING:                 |         | (X3) DATE SURVEY<br>COMPLETED:<br>11/18/2013 |  |
|                                | VIDER OR SUPPLIER:<br>GICAL LOCUST STREET   | `HEALTH | STREET ADDRESS,<br>1144 LOCUST<br>PHILADELPI   | <b>STREET</b>   |         |  |  |
| STATE LICENSE NUMBER: 00238701 |   |         |  |   |         |  |  |
| (X4) ID<br>PREFIX<br>TAG       | MUST BE PRECEEDE  |         | ID<br>PREFIX TAG   | PROVIDER'S PLAN OF CORRE<br>CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE A | OULD BE | (X5)<br>COMPLETE<br>DATE                     |  |
| S 033A                         | Continued from page 4   |         |  | S 033A  |         |  |  |
|                                | LICENSE NUMBER: 00238701<br>ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI<br>IX MUST BE PRECEEDED BY FULL REGULATORY OR<br>IDENTIFYING INFORMATION) |         | re years<br>nder are<br>122.1<br>tary<br>Ivania<br>rears of<br>ourse<br>der.<br>child less<br>no is<br>se or<br>have been<br>s<br>16 years<br>ncy, or<br>nsmitted<br>older<br>d.<br>13 years |   |         |  |  |

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Pennsylvania Department of Health

|   | STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/<br>PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER<br>8-5130 |  |                 | (X2) MULT<br>A. BLDG: _<br>B. WING: _ | DPLE CONSTRUCTION:                                 | (X3) DATE SURVEY<br>COMPLETED:<br>11/18/2013 |                  |
|---|---|--|-----------------|---------------------------------------|--|--|------------------|
| NAME OF PROV                                | VIDER OR SUPPLIER:  |  | STREET ADDRESS, | I<br>CITY STATE 7                     | ALE CODE.  |  |                  |
|   | GICAL LOCUST STREET   | HEALTH   | 1144 LOCUST     |                                       | in copp.   |  |                  |
| CENTER                                      |   |  | PHILADELPH      | HIA, PA 19                            | 107  |  |                  |
| STATE LICENSE NUMBER: 00238701              |   |  |                 |                                       |  |  |                  |
| (X4) ID                                     |   | OF DEFICIENCIES (EACH DE                       |                 | ID<br>DDEELV TAG                      | PROVIDER'S PLAN OF CORREC                          | · · · · · · · · · · · · · · · · · · ·        | (X5)             |
| PREFIX<br>TAG                               |   | ED BY FULL REGULATORY OI<br>FYING INFORMATION) | R LSC           | PREFIX TAG                            | CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE A |  | COMPLETE<br>DATE |
|   | · · · · · · · · · · · · · · · · · · ·   |  |                 |                                       |  |  |                  |
| S 033A                                      | Continued from page 5   |  |                 | S 033A                                |  |  |                  |
|   |   |  |                 |                                       |  |  |                  |
|   |   |  |                 |                                       |  |  |                  |
|   | triggers a duty, on the   | •  |                 |                                       |  |  |                  |
|   | providers identified in   | 18 Pa.C.S. § 5106 (a                           | ı), to          |                                       |  |  |                  |
|   | report under the Crime  | s Code in all circum                           | stances.        |                                       |  |  |                  |
|   | Contact with a child lea  | ss than 16 years of a                          | ge who is       |                                       |  |  |                  |
|   | pregnant, or who has a  | sexually-transmitted                           | d disease       |                                       |  |  |                  |
|   | or condition, triggers a  | duty to report under                           | the             |                                       |  |  |                  |
|   | Crimes Code if the per  | son who caused the                             |                 |                                       |  |  |                  |
|   | pregnancy, or who cau   |  | a               |                                       |  |  |                  |
|   | sexually-transmitted di   |  |                 |                                       |  |  |                  |
|   | more years older than t   | -  |                 |                                       |  |  |                  |
|   | the child. Failure to re  |  |                 |                                       |  |  |                  |
|   | Crimes Code is a summ   |  |                 |                                       |  |  |                  |
|   | fine and/or imprisonme  |  |                 |                                       |  |  |                  |
|   |   |  |                 |                                       |  |  |                  |
|   | In addition to the repor  | ting obligations und                           | er the          |                                       |  |  |                  |
|   | Crimes Code, the amer   | ndments the legislatu                          | ire has         |                                       |  |  |                  |
|   | made to the CPSL have   | e expanded the oblig                           | ation to        |                                       |  |  |                  |
|   | report suspected child abuse and now spec   |  | fy that         |                                       |  |  |                  |
| [a] person who, in the course of employment |   | nt,  |                 |                                       |  |  |                  |
| occupation or practice of a profession, con |   | -  |                 |                                       |  |  |                  |
| contact with children shall report or cause |   |  |                 |                                       |  |  |                  |
|   | to be made when the   | -  | -               |                                       |  |  |                  |
|   | cause to suspect, on th   | -  |                 |                                       |  |  |                  |
|   | eause to suspeet, on th   | c ousis of mouldal,                            |                 |                                       |  |  |                  |
|   |   |  |                 |                                       |  |  |                  |

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|                                | DF DEFICIENCIES AND<br>RECTION (POC)  | (XI) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBER<br><b>8-5130</b> |                 | A. BLDG: _   | IPLE CONSTRUCTION: | (X3) DATE SURVE<br>COMPLETED:<br>11/18/2013 | ΞY                       |
|--------------------------------|---|--|-----------------|--------------|--------------------|---|--------------------------|
| NAME OF DROM                   |   |  | STREET ADDRESS, | CITY STATE 7 |                    | L   |                          |
|                                | VIDER OR SUPPLIER:<br>GICAL LOCUST STREET   | HFALTH   | 1144 LOCUST     |              | LIF CODE.          |   |                          |
| CENTER                         |   |  | PHILADELPI      |              | 107                |   |                          |
| CENTER                         |   |  |                 |              | 107                |   |                          |
| STATE LICENSE NUMBER: 00238701 |   |  |                 |              | i                  |   |                          |
| (X4) ID<br>PREFIX<br>TAG       | SUMMARY STATEMENT OF DEFICIENCIES (EACH D<br>MUST BE PRECEEDED BY FULL REGULATORY<br>IDENTIFYING INFORMATION)   |  |                 |              |                    | OULD BE                                     | (X5)<br>COMPLETE<br>DATE |
|                                |   |  |                 |              |                    |   | ,                        |
| S 033A                         | Continued from page 6   |  |                 | S 033A       |                    |   |                          |
|                                |   |  |                 |              |                    |   |                          |
|                                |   |  |                 |              |                    |   |                          |
|                                | professional or other tr  | aining and experience  | ce, that a      |              |                    |   |                          |
|                                | child under the care, su  | pervision, guidance  | or              |              |                    |   |                          |
|                                | training of that person   |  |                 |              |                    |   |                          |
|                                | organization or other e   |  |                 |              |                    |   |                          |
|                                | •   | •  | •               |              |                    |   |                          |
|                                | affiliated is victim of c   |  | -               |              |                    |   |                          |
|                                | abuse by a person who   | is not a perpetrator   |                 |              |                    |   |                          |
|                                | This is not met as evide  | enced by:  |                 |              |                    |   |                          |
|                                | 1) Based on a review of   | of facility policies ar  | nd              |              |                    |   |                          |
|                                | interview with staff (E   | MP), it was determin   | ned that        |              |                    |   |                          |
|                                | the facility failed to de   | · · ·  |                 |              |                    |   |                          |
|                                | reporting requirements  |  |                 |              |                    |   |                          |
|                                |   | -  |                 |              |                    |   |                          |
|                                | victims as defined in th  | •  |                 |              |                    |   |                          |
|                                | Code and the Child Pro  | otective Service Law   | T               |              |                    |   |                          |
|                                | Findings include:   |  |                 |              |                    |   |                          |
|                                | A request was made to EMP1 on August 2<br>for a facility policy related to external rep-<br>appropriate agencies as related to The Pen<br>Crimes Code and the Child Protective Ser<br>EMP1 provided "Pennsylvania Law and C |  |                 |              |                    |   |                          |
|                                |   |  |                 |              |                    |   |                          |

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|--------------------------|--|---|---|---|-----------------------------|---|----|
|                          | OF DEFICIENCIES AND<br>RECTION (POC)   | (XI) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBER:<br><b>8-5130</b> |   | A. BLDG: _  | IPLE CONSTRUCTION:       00 | (X3) DATE SURVE<br>COMPLETED:<br>11/18/2013 | ΞY |
|                          | VIDER OR SUPPLIER:<br>GICAL LOCUST STREET  | `HEALTH   | STREET ADDRESS,<br>1144 LOCUST<br>PHILADELPH  | STREET  |                             |   |    |
| STATE LICENS             | e number: <b>00238701</b>  |   |   |   |                             |   |    |
| (X4) ID<br>PREFIX<br>TAG | MUST BE PRECEEDE   |   | ID<br>PREFIX TAG  | PROVIDER'S PLAN OF CORREC<br>CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE A | OULD BE                     | (X5)<br>COMPLETE<br>DATE                    |    |
| S 033A                   | Continued from page 7  |   |   | S 033A  |                             |   |    |
|                          | ISEE NUMBER: 00238701     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     Continued from page 7     Abuse Reporting," updated December 2012, which revealed " Statutory sexual assault ("statutory rape") is sexual intercourse when one person is under the age of 16 and the other is 4 or more year older. It is a crime, however it is NOT a mandate reportable incident "     An interview with EMP1 on August 29, 2013, at approximately 3:00 PM confirmed that the above facility policy is what the facility follows for reporchild abuse. |   | nutory<br>on is<br>ore years<br>handated<br>013, at<br>above<br>for reporting<br>nd<br>ned that<br>hildren<br>o<br>e with an<br>er than |   |                             |   |    |

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|   |   | (XI) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBER<br>8-5130 |  | A. BLDG: _       | PLE CONSTRUCTION:<br>00   | (X3) DATE SURVEY<br>COMPLETED:<br>11/18/2013 |                          |
|---|---|---|--|------------------|---|--|--------------------------|
| NAME OF PROVIDER OR SUPPLIER:<br>PPSP SURGICAL LOCUST STREET HEALTH<br>CENTER |   |   | STREET ADDRESS,<br>1144 LOCUST<br>PHILADELPH | STREET           |   |  |                          |
| STATE LICENSE NUMBER: 00238701  |   |   |  |                  |   |  |                          |
| (X4) ID<br>PREFIX<br>TAG  | (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D   PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF                            |   |  | ID<br>PREFIX TAG | PROVIDER'S PLAN OF CORREC<br>CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE / | OULD BE                                      | (X5)<br>COMPLETE<br>DATE |
| S 033A  | Continued from page 8   |   |  | S 033A           |   |  |                          |
|   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY<br>MUST BE PRECEEDED BY FULL REGULATORY OR LSC<br>IDENTIFYING INFORMATION) |   |  |                  |   |  |                          |

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|--------------------------------|--|--|---|--|--------------------|---|--|--|
|                                | STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER PLAN OF CORRECTION (POC) 8-5130   |  |   |  | IPLE CONSTRUCTION: | (X3) DATE SURVE<br>COMPLETED:<br>11/18/2013 |  |  |
| NAME OF PRO                    | VIDER OR SUPPLIER:   |  | STREET ADDRESS,   | CITY STATE 7   | IP CODE:           |   |  |  |
|                                | GICAL LOCUST STREET  | HEALTH   | 1144 LOCUST   |  |                    |   |  |  |
| CENTER                         |  |  | PHILADELPI  | HIA, PA 19   | 107                |   |  |  |
|                                |  |  |   |  |                    |   |  |  |
| STATE LICENSE NUMBER: 00238701 |  |  |   |  |                    |   |  |  |
| (X4) ID<br>PREFIX<br>TAG       | SUMMARY STATEMENT<br>MUST BE PRECEEDE<br>IDENTI  |  | ID<br>PREFIX TAG  | PROVIDER'S PLAN OF CORREC<br>CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE / | OULD BE            | (X5)<br>COMPLETE<br>DATE                    |  |  |
| S 033A                         | Continued from page 9  |  |   | S 033A   |                    |   |  |  |
|                                | was four or more years<br>A review of MR4 revea<br>medical record was a 1<br>pregnant patient. A fur<br>no documentation that<br>child had sexual interco<br>was four or more years<br>A review of MR5 revea<br>medical record was a 1<br>pregnant patient. A fur<br>no documentation that<br>child had sexual interco<br>was four or more years<br>A review of MR6 revea<br>medical record was a 1<br>pregnant patient. A fur<br>no documentation that<br>child had sexual interco<br>was a 1<br>pregnant patient. A fur<br>no documentation that<br>child had sexual interco<br>was four or more years | aled the patient lister<br>4 year old unmarrier<br>rther review of MR4<br>the facility ascertain<br>ourse with an individe<br>older than the child<br>aled the patient lister<br>4 year old unmarrier<br>rther review of MR5<br>the facility ascertain<br>ourse with an individe<br>older than the child<br>aled the patient lister<br>3 year old unmarrier<br>rther review of MR6<br>the facility ascertain<br>ourse with an offend | d in the<br>d<br>revealed<br>hed if the<br>dual who<br>d.<br>d in the<br>d<br>f revealed<br>hed if the<br>dual who<br>d.<br>d in the<br>d<br>f revealed<br>hed if the<br>d<br>f revealed<br>hed if the<br>d |  |                    |   |  |  |

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Pennsylvania Department of Health

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|--------------------------------|---|---------|--|---|-------------------|---|----|
|                                | STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/<br>PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER<br>8-5130                             |         |  | A. BLDG: _  | PLE CONSTRUCTION: | (X3) DATE SURVE<br>COMPLETED:<br>11/18/2013 | ΞY |
|                                | VIDER OR SUPPLIER:<br>GICAL LOCUST STREET   | `HEALTH | STREET ADDRESS,<br>1144 LOCUST<br>PHILADELPH | STREET  |                   |   |    |
| STATE LICENSE NUMBER: 00238701 |   |         |  |   |                   |   |    |
| (X4) ID<br>PREFIX<br>TAG       | SUMMARY STATEMENT<br>MUST BE PRECEEDI   |         | ID<br>PREFIX TAG                             | PROVIDER'S PLAN OF CORREC<br>CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE A | DULD BE           | (X5)<br>COMPLETE<br>DATE                    |    |
| S 033A                         | Continued from page 10  |         |  | S 033A  |                   |   |    |
|                                | (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICI<br>PREFIX   TAG MUST BE PRECEEDED BY FULL REGULATORY OR LS<br>IDENTIFYING INFORMATION) |         |  |   |                   |   |    |

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Pennsylvania Department of Health

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|---|---|--|--|---|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C<br>PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:<br>8-5130 |   |  | A. BLDG: <u>00</u>   |   | (X3) DATE SURVEY<br>COMPLETED:<br>11/18/2013 |                          |  |
| NAME OF PROVIDER OR SUPPLIER:<br>PPSP SURGICAL LOCUST STREET HEALTH<br>CENTER                                       |   |  | STREET ADDRESS,<br>1144 LOCUST<br>PHILADELP  | <b>STREET</b>   |  |                          |  |
| STATE LICENSE NUMBER: 00238701  |   |  |  |   |  |                          |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT<br>MUST BE PRECEEDI<br>IDENTI   |  | ID<br>PREFIX TAG   | PROVIDER'S PLAN OF CORRE<br>CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE . | OULD BE                                      | (X5)<br>COMPLETE<br>DATE |  |
| S 033A  | Continued from page 11  |  | S 033A   |   |  |                          |  |
|   | for a facility policy rela<br>appropriate agencies as<br>Crimes Code and the O<br>EMP1 provided "Penn<br>Abuse Reporting," upd<br>revealed " Sexual Al<br>There are 3 categories<br>children: Rape is sexua<br>threat, or victim unawa<br>mentally disabled, or v<br>involuntary deviate sex<br>sex by force or threat, o<br>by rapist or mentally d<br>age 13, or between unr<br>person is under the age<br>more years older Ag<br>penetration without cor-<br>victim unaware, impain<br>disabled, or victim und<br>unmarried persons who<br>age of 16 and the other<br>Frequently Asked Que<br>mandated reporter? A p | s related to The Penr<br>Child Protective Serv<br>sylvania Law and Cl<br>lated December 2012<br>buse or Sexual Explo-<br>ment of Sexual Explo-<br>ment of Sexual Explo-<br>ment of Sexual Explo-<br>ment of Sexual Explo-<br>ate, impaired by rapi-<br>with a person under a<br>cual intercourse by force<br>or victim unaware, in<br>isabled, or with person<br>or victim unaware, in<br>isabled, or with person<br>married persons whe<br>e of 16 and the other<br>gravated indecent as<br>nsent, by force or the<br>red by rapist, or ment<br>ler age 13, or betweed<br>en one person is und<br>is 4 or more years of<br>stions 2. Who is a | hild<br>2, which<br>oitation -<br>s against<br>ce or<br>st, or<br>age 13<br>ral or anal<br>mpaired<br>on under<br>n one<br>is 4 or<br>ssault is<br>reat, or<br>atally<br>en<br>ter the<br>older<br>a |   |  |                          |  |

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Pennsylvania Department of Health

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|---|--|---|---|---|---|----------|--|
| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI<br>IDENTIFICATION NUMBER:<br>8-5130 |  |   | COMF  |   | (X3) DATE SURVE<br>COMPLETED:<br>11/18/2013 |          |  |
| NAME OF PROVIDER OR SUPPLIER:<br>PPSP SURGICAL LOCUST STREET HEALTH<br>CENTER   |  |   | STREET ADDRESS<br>1144 LOCUST<br>PHILADELP  | Г STREET  |   | <u> </u> |  |
| STATE LICENS  | e number: <b>00238701</b>  |   |   |   |   |          |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT<br>MUST BE PRECEEDI<br>IDENTI  |   | ID<br>PREFIX TAG  | PROVIDER'S PLAN OF CORRE<br>CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE | ACTION SHOULD BE COMPI                      |          |  |
| S 033A  | Continued from page 12   |   | S 033A  |   |   |          |  |
|   | children though [sic] d<br>guidance, training of th<br>institution, organizatio<br>child is affiliated, and twork the person has re<br>the child has been or is<br>report submitted? Call<br>1-800-932-0313. Whe<br>inform them you work<br>you have a situation th<br>They will prompt you<br>know if the situation m<br>you must complete a w<br>7. Do we have to su<br>Within 48 hours of cor<br>make a written report u<br>child protective service<br>county where suspecte<br>contact list of county c<br>provide you with the a<br>protective services unit<br>report in a medical cha<br>Department Heads must | hat person, or an age<br>n or other entity by we<br>through the course of<br>asonable cause to su<br>is being abused 6.<br>I ChildLine immedia<br>en you contact Childl<br>at Planned Parentho<br>at may need to be re-<br>with questions, and I<br>nust be reported. Ad<br>written report (see FA<br>abmit a written report<br>ntacting Childline, you<br>using the CY47 form<br>es unit and mail it to<br>d abuse occurred. T<br>hild and youth agend<br>ddress for the correct<br>t. Do not put a copy<br>art. Center Managers | ncy,<br>which the<br>f their<br>spect<br>How is a<br>tely at<br>Line,<br>bod and<br>ported.<br>let you<br>ditionally,<br>AQ # 7)<br>t? Yes.<br>bu MUST<br>in to the<br>the<br>cies will<br>it child<br>of the<br>s and/or |   |   |          |  |

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|   |  | (XI) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBER:<br>8-5130   |   | A. BLDG: _       | IPLE CONSTRUCTION:  | (X3) DATE SURVEY<br>COMPLETED:<br>11/18/2013 |                          |
|---|--|--|---|------------------|---|--|--------------------------|
| NAME OF PROVIDER OR SUPPLIER:<br>PPSP SURGICAL LOCUST STREET HEALTH<br>CENTER   |  |  | STREET ADDRESS,<br>1144 LOCUST<br>PHILADELPH  | <b>STREET</b>    |   |  |                          |
| STATE LICENSE NUMBER: 00238701  |  |  | 1   |                  |   |  |                          |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE   PREFIX MUST BE PRECEEDED BY FULL REGULATORY O   TAG IDENTIFYING INFORMATION) |  |  |   | ID<br>PREFIX TAG | PROVIDER'S PLAN OF CORREC<br>CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE / | OULD BE                                      | (X5)<br>COMPLETE<br>DATE |
| S 033A  | Continued from page 13   |  | S 033A  |                  |   |  |                          |
|   | reports with their secur<br>send a copy to PSA Ad<br>9. Do I need to docum<br>the medical record. On<br>you will document that<br>include the date, time of<br>whom you spoke, a rep<br>and the result of your p<br>not a reportable event,<br>the chart as well "<br>In addition EMP1 prov<br>"Reporting Suspected of<br>November 1, 2011, las<br>which revealed "As ma<br>the duty to report suspet<br>the steps to follow to e<br>correctly, and that all k<br>fulfilled When to rep<br>incident of child abuse<br>mandated reporter has<br>who is the suspected view<br>over-report than under | dministrative Coordin<br>nent any information<br>on a medical continua<br>at you called Childling<br>of call, name of perso<br>port number if one is<br>phone call. If the inc<br>you should document<br>vided facility document<br>vided facility document<br>vided facility document<br>child Abuse" Effection<br>st updated: January 2,<br>andatory reporters, we<br>bected child abuse. Hensure that reporting<br>key elements of report<br>port: The duty to report<br>e is triggered when the<br>direct contact with the<br>victim of abuse. It is | nator<br>? Yes, in<br>ttion form<br>he and<br>on with<br>s given,<br>cident is<br>nt this in<br>ent:<br>ive Date:<br>2, 2013,<br>we have<br>Here are<br>is done<br>rting are<br>port an<br>he child |                  |   |  |                          |

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Pennsylvania Department of Health

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|---|---|---|--|-------------------------|---|----------|--------------------------|
| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C<br>PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBER:<br>8-5130 |   |   | A. BLDG:   | PLE CONSTRUCTION:<br>00 | (X3) DATE SURVEY<br>COMPLETED:<br>11/18/2013                                |          |                          |
| NAME OF PROVIDER OR SUPPLIER:<br>PPSP SURGICAL LOCUST STREET HEALTH<br>CENTER   |   |   | STREET ADDRESS,<br>1144 LOCUST<br>PHILADELPI   | Г STREET                |   |          |                          |
| STATE LICENS  | SE NUMBER: 00238701   |   |  |                         |   |          |                          |
| (X4) ID<br>PREFIX<br>TAG  | (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE<br>PREFIX   MUST BE PRECEEDED BY FULL REGULATORY OF  |   |  | ID<br>PREFIX TAG        | PROVIDER'S PLAN OF CORRE<br>CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE | IOULD BE | (X5)<br>COMPLETE<br>DATE |
| S 033A  | Continued from page 14  |   |  | S 033A                  |   |          |                          |
|   | suspected child abuse .<br>Many of our reports ar<br>has replied "yes" when<br>he/she has ever been for<br>assistants and clinician<br>following up when this<br>"yes." As a Center Ass<br>history and ask question<br>forced sex or other abu<br>communicate to the clinic<br>this conversation. Eac<br>system in place for decorreport to Childline. The<br>call needs to gather end<br>patient to make the rep<br>Managers may need to<br>information from the p<br>availability of CA's and<br>Manager may decide to<br>make the call herself<br>suspected child abuse,<br>Call ChildLine immed<br>When you contact Child | re generated because<br>n asked on the history<br>forced to have sex. C<br>ns are both responsib<br>is question is answere<br>ssistant, you should re-<br>ons about the inciden<br>use. You should alw<br>linician when you ha<br>ch Center should have<br>ciding who will make<br>he person who will m<br>ough information fro-<br>port meaningful. Ce<br>be decide who will col<br>patient, given staffing<br>and clinicians. The Ce<br>to meet with the pater<br>In order to report<br>, take the following sta-<br>fiately at 1-800-932-C | e a minor<br>y form if<br>Center<br>ble for<br>ed with a<br>eview the<br>ht(s) of<br>vays<br>ave had<br>re a<br>e the<br>make the<br>com the<br>enter<br>llect this<br>g levels and<br>enter<br>ant and<br>eteps: 2.<br>0313 |                         |   |          |                          |

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|---|--|------------------------|---|------------------|---|---------|--------------------------|
| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI<br>PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI<br>IDENTIFICATION NUMBER:<br>8-5130 |  |                        | (X2) MULTIPLE CONSTRUCTION:   (X3) DATE SUR COMPLETED:     A. BLDG:00 |                  |   | /EY     |                          |
| NAME OF PRO   | VIDER OR SUPPLIER  |                        | STREET ADDRESS,   | CITY STATE 7     | ZIP CODE:   |         |                          |
| NAME OF PROVIDER OR SUPPLIER:<br>PPSP SURGICAL LOCUST STREET HEALTH   |  |                        | 1144 LOCUST   |                  |   |         |                          |
| CENTER  |  |                        | PHILADELP   | HIA, PA 19       | 107   |         |                          |
|   |  |                        |   |                  |   |         |                          |
| STATE LICENS  | e number: <b>00238701</b>  |                        |   |                  |   |         |                          |
| (X4) ID<br>PREFIX<br>TAG  | (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D   PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF   |                        |   | ID<br>PREFIX TAG | PROVIDER'S PLAN OF CORRE<br>CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE . | OULD BE | (X5)<br>COMPLETE<br>DATE |
| S 033A  | Continued from page 15   |                        | S 033A  |                  |   |         |                          |
|   |  |                        |   |                  |   |         |                          |
|   |  |                        | •   |                  |   |         |                          |
|   | need to be reported. If  | funsure if a situation | i is a  |                  |   |         |                          |
|   | t Planned Parenthood and have a situat<br>eed to be reported. If unsure if a situat<br>eportable incident, inform them of the<br>vithout disclosing the patient's name. To<br>prompt your with questions, and let you<br>ituation must be reported. Be sure to r |                        | ation   |                  |   |         |                          |
|   | without disclosing the   | y will                 |   |                  |   |         |                          |
|   | prompt your with ques  | ow if the              |   |                  |   |         |                          |
|   | situation must be repor  | ted. Be sure to note   | the   |                  |   |         |                          |
|   | *  |                        |   |                  |   |         |                          |
| name of the person with whom you speak<br>report number is one is given as this will  |  |                        |   |                  |   |         |                          |
|   | report number is one is given, as this will<br>your documentation 3. Within 48 hrs:  |                        |   |                  |   |         |                          |
|   | written report to the ch   | ild protective servic  | es unit   |                  |   |         |                          |
|   | and mail it to the count   | ty where the suspect   | ed abuse  |                  |   |         |                          |
|   | occurred Do not put  | a copy of this repor   | t in the  |                  |   |         |                          |
|   | patient's medical chart.   | . The Center Manag     | er must   |                  |   |         |                          |
|   | keep copies of the writ  | e report in a binder   | with their  |                  |   |         |                          |
|   | secure administrative f  | •                      |   |                  |   |         |                          |
|   | and email a copy of the  | e report to the PISA   | ·   |                  |   |         |                          |
|   | Administrative Coordinate  | nator. A centralized   | log is  |                  |   |         |                          |
|   | kept in the shared drive   | e to track agency-wi   | de  |                  |   |         |                          |
|   | reporting and circumve   | ent repetition of repo | orts 5.   |                  |   |         |                          |
|   | Using a medical contin   | nuation form, docum    | ent in the  |                  |   |         |                          |
|   | chart that you called C  | hildline. Include the  | e date,   |                  |   |         |                          |
|   | time of call, name of p  |                        | <i>,</i>  |                  |   |         |                          |
|   | a report number if one   | 5                      | 1 /   |                  |   |         |                          |
|   | · · · · · · · · · · · · · · · · · · ·  |                        |   |                  |   |         |                          |
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|--------------------------|--|---|--|------------------|---|---|--------------------------|--|
|                          |  | (XI) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBER<br><b>8-5130</b>  |  | A. BLDG: _       | 00  | (X3) DATE SURVI<br>COMPLETED:<br>11/18/2013 | EY                       |  |
|                          |  | STREET ADDRESS,   | CITY STATE 7   |                  |   |   |                          |  |
|                          | VIDER OR SUPPLIER:<br>GICAL LOCUST STREET  | ЧЕЛІ ТЦ   | 1144 LOCUST  |                  | LIP CODE:   |   |                          |  |
|                          | GICAL LOCUST STREET  | IILALIII  | PHILADELPH   |                  | 107   |   |                          |  |
| CENTER                   |  |   | IIILADELII   | IIA, I A 17      | 107   |   |                          |  |
|                          | e number: <b>00238701</b>  |   |  |                  | í.  |   | r                        |  |
| (X4) ID<br>PREFIX<br>TAG | MUST BE PRECEEDE   | OF DEFICIENCIES (EACH DE<br>ED BY FULL REGULATORY O<br>FYING INFORMATION)   |  | ID<br>PREFIX TAG | PROVIDER'S PLAN OF CORREC<br>CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE A | OULD BE                                     | (X5)<br>COMPLETE<br>DATE |  |
| S 033A                   | Continued from page 16   |   |  | S 033A           |   |   |                          |  |
|                          | your phone call. If the<br>event, you should docu<br>record as well."<br>A review of MR1 rever<br>medical record was a 1<br>indicated in the sexual<br>record, that the child's<br>11. A further review of<br>documentation that the<br>intercourse at age 11 to<br>A review of MR2 rever<br>medical record was a 1<br>indicated in the sexual<br>record, that the child's<br>was 12. A further revie<br>documentation that the<br>intercourse at age 12 to<br>An interview with EM<br>approximately 3:00 PM<br>and MR2, revealed in the | aled the patient lister<br>3 year old child and<br>history portion of th<br>age at first intercour<br>of MR1 revealed no<br>facility reported the<br>o the appropriate age<br>aled the patient lister<br>3 year old child and<br>history portion of th<br>age at first sexual in<br>ew of MR2 revealed<br>facility reported the<br>o the appropriate age<br>P1 on August 29, 20<br>A confirmed that bot | d in the<br>had<br>e medical<br>se was<br>e sexual<br>encies.<br>d in the<br>had<br>e medical<br>tercourse<br>no<br>e sexual<br>encies.<br>13, at<br>h MR1 |                  |   |   |                          |  |

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| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C<br>PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBER:<br>8-5130                         |   |  | (X2) MULTIPLE CONSTRUCTION:   (X3) DATE SURVEY     A. BLDG:00   COMPLETED:     B. WING:   11/18/2013 |                  |  |         |                          |  |
|---|---|--|--|------------------|--|---------|--------------------------|--|
| NAME OF PROVIDER OR SUPPLIER:<br>PPSP SURGICAL LOCUST STREET HEALTH<br>CENTER   |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE:<br>1144 LOCUST STREET<br>PHILADELPHIA, PA 19107               |                  |  |         |                          |  |
| STATE LICENSE NUMBER: 00238701   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI<br>PREFIX   MUST BE PRECEEDED BY FULL REGULATORY OF<br>TAG IDENTIFYING INFORMATION) |   |  |  | ID<br>PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH<br>CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE A | OULD BE | (X5)<br>Complete<br>Date |  |
| S 033A  | Continued from page 17<br>the medical record, that the child's age at first s<br>intercourse was under 13 and both medical reco<br>revealed no documentation that the facility repo<br>the sexual intercourse to the appropriate agenci |  | records<br>reported  | S 033A           |  |         |                          |  |

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# **Certified End Page**

### PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 SURVEY EXIT DATE: 11/18/2013

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Vancy & hescavage

Nancy J. Lescavage Deputy Secretary for Quality Assurance



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

Rachel L. Levine, MD Secretary of Health