

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5130</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>09/01/2016</b>
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NAME OF PROVIDER OR SUPPLIER: <b>PPSP SURGICAL LOCUST STREET HEALTH CENTER</b>  STATE LICENSE NUMBER: <b>00238701</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1144 LOCUST STREET PHILADELPHIA, PA 19107</b>
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M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an Annual Registration survey conducted on September 1, 2016, at Ppsp Surgical Locust Street Health Center. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.</p>	M 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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S 0000	INITIAL COMMENT	S 0000		
	This report is the result of a full State Licensure survey conducted on September 1, 2016, at Ppsp Surgical Locust Street Health Center. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.			
S 0102		S 0102		
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S 0102	Continued from page 1  551.3 DEFINITIONS  551.3 Definitions  This REGULATION is not met as evidenced by:	S 0102	By 10/28/16, the ASF (Surgical Locust Street Health Center, Planned Parenthood Southeastern Pennsylvania) will implement the requirement to evaluate and document the Physical Status (PS) classification for local anesthesia patients. Currently, all patients receiving IV sedation are being evaluated. Documentation of Physical Status will be added to medical record forms to ensure all patients' health will be evaluated "as it would influence the conduct and outcome of anesthesia or surgery, or both" (State regulation 551.3).  The Director of Clinical Services (with Medical Director approval) will update the ASF's policy "Chapter 2: Analgesia and Sedation" to include the requirement to require a Physical Status on all patients. The policy changes will be communicated by the ASF's Medical Director via email communication to all providers (and the ASF person-in-charge) to instruct on the requirement to include Physical Status classification	Completion Date: <b>10/28/2016</b> Status: <b>APPROVED</b> Date: <b>10/07/2016</b>

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S 0102	Continued from page 2	S 0102	<p>in the medical evaluation of all patients including those receiving only local anesthesia. This communication will be available for Department review.</p> <p>The ASF person-in-charge (Center Manager) is responsible for ensuring implementation of this requirement, training staff on appropriate documentation, and regularly monitoring medical records for documentation of PS. The Director of Clinical Services will audit of patient medical records in one month following implementation (December 2016) of this requirement and the ASF's Medical Director will ensure on-going compliance through quarterly medical record audits.</p> <p>The policy changes will be presented for review and approval on 10/27/16 at the October meeting of the Board (Governing Body). The Director of Risk Quality Management and Training is responsible for the implementation of Plan of Correction and will</p>	

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S 0102	Continued from page 3	S 0102	monitor the above mentioned activities to ensure compliance.	

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S 0102	Continued from page 4  Based on a review of policies and procedures and medical records (MR), and interview with facility staff (EMP), it was determined this Class B Ambulatory Surgical Facility failed to document the physical status (PS) classification of patients for four of 15 medical records reviewed (MR3, MR7, MR9, and MR10).  Findings include:  State Regulation "551.3 Definitions...The following words and terms, when used in this subpart, have the following meanings, unless the context clearly indicates otherwise:...Physical status classifications-The evaluation of the patient's overall health as it would influence the conduct and outcome of anesthesia or surgery, or both. Physical status shall be defined within one of five assigned classes which are: (i) Class 1 patients have no organic, physiologic, biochemical, metabolic or psychiatric disturbance. The operation to be performed is for a local pathologic process and has no systemic effect.	S 0102		

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S 0102	Continued from page 5  (ii) Class 2 patients have a systemic disturbance which may be of a mild to moderate degree but which is either controlled or has not changed in its severity for some time. (iii) Class 3 patients suffer from significant systemic disturbance, although the degree to which it limits the patient's functioning or causes disability may not be quantifiable. (iv) Class 4 patients suffer from severe systemic diseases that are already life-threatening and may or may not be correctable by surgery. (v) Class 5 patients are moribund and not expected to survive without surgery... ."  Review on September 1, 2016, of policy "Chapter 2: Analgesia and Sedation", dated June 2014, revealed there was no provision in the policy to require a Physical Status on all patients.  Review on September 1, 2016, of MR3 revealed the patient had a procedure performed at the facility on August 6, 2016. Further review of MR3 revealed no documented evidence that a PS	S 0102		

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S 0102	Continued from page 6  classification was assigned to this patient.  Review on September 1, 2016, of MR7 revealed the patient had a procedure performed at the facility on August 5, 2016. Further review of MR7 revealed no documented evidence that a PS classification was assigned to this patient.  Review on September 1, 2016, of MR9 revealed the patient had a procedure performed at the facility on July 16, 2016. Further review of MR9 revealed no documented evidence that a PS classification was assigned to this patient.  Review on September 1, 2016, of MR10 revealed the patient had a procedure performed at the facility on July 7, 2016. Further review of MR10 revealed no documented evidence that a PS classification was assigned to this patient.  Interview with EMP1 on September 1, 2016, at 1:22 PM confirmed the above patients had procedures performed at the facility and there was	S 0102		



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S 0102	Continued from page 7  no documented evidence PS classifications were assigned to the patients.	S 0102		



# Certified End Page

**PPSP SURGICAL LOCUST STREET HEALTH CENTER**

**STATE LICENSE NUMBER: 00238701**

**SURVEY EXIT DATE: 09/01/2016**

**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**

Handwritten signature of Nancy J. Lescavage in black ink on a light gray background.

*Nancy J. Lescavage*  
*Deputy Secretary for Quality Assurance*

Handwritten signature of Rachel L. Levine, MD in black ink on a light gray background.

*Rachel L. Levine, MD*  
*Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY