Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5130		A. BLDG: <u>0</u>	LE CONSTRUCTION: 0	(X3) DATE SURVE COMPLETED: 09/01/2016	Υ
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET SE NUMBER: 00238701	I F HEALTH	STREET ADDRESS 1144 LOCUST PHILADELP	Г STREET		<u> </u>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
M 0000	INITIAL COMMENT This report is the resul survey conducted on S	eptember 1, 2016, at	t Ppsp	M 0000			
	Surgical Locust Street determined the facility requirements of the Pe Health Regulations § 2 Subchapter D, Ambula in Hospitals and Clinic	was in compliance nnsylvania Departm 28 Pa Code, Chapter atory Gynecological	with the ent of 29,				
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	IATURE	-	TITLE:	(X6) DATE:	
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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130		A. BLDG: <u>0</u>	IPLE CONSTRUCTION: (X3) DATE SURV. 00 09/01/2016		VEY	
	VIDER OR SUPPLIER: GICAL LOCUST STREET	<u> </u>	STREET ADDRESS 1144 LOCUST PHILADELP	Г STREET				
STATE LICENS	e number: 00238701							
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR CORRECTIVE ACTION CROSS-REFERENCED TO TH	SHOULD BE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT			S 0000				
S 0102	This report is the resul survey conducted on S Surgical Locust Street determined the facility the requirements of the Health's Rules and Re Facilities, Annex A, T and F, Chapters 551-5	eptember 1, 2016, at Health Center. It was was not in complian e Pennsylvania Depa gulations for Ambula itle 28, Part IV, Subp 73, November 1999.	t Ppsp as nce with rtment of atory Care parts A	S 0102				
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN.	ATURE		TITLE:	(X6) DATE:		
State Form		PD0411	1			IF CONTINUAT	TION SHEET Page 1 of 8	

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER. 8-5130			A. BLDG:	PLE CONSTRUCTION: 	COMPLETED:		
	OVIDER OR SUPPLIER: RGICAL LOCUST STREE'	STREET ADDRESS, C 1144 LOCUST PHILADELPH					
STATE LICE	NSE NUMBER: 00238701						
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DEF DED BY FULL REGULATORY OR TIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
5 0102	Continued from page 1			S 0102			
	551.3 DEFINITIONS 551.3 Definitions This REGULATION is no	t met as evidenced by:			By 10/28/16, the ASF (Surgi Locust Street Health Center, Parenthood Southeastern Pennsylvania) will implement requirement to evaluate and document the Physical Status classification for local anesth patients. Currently, all patier receiving IV sedation are bei evaluated. Documentation of Physical Status will be added medical record forms to ensu- patients' health will be evalu- it would influence the condu- outcome of anesthesia or sur- both" (State regulation 551.3) The Director of Clinical Serv (with Medical Director appro- update the ASF's policy "Ch- Analgesia and Sedation" to i the requirement to require a Status on all patients. The po- changes will be communicat the ASF's Medical Director v communication to all provide the ASF person-in-charge) to instruct on the requirement to include Physical Status class	Planned In the s (PS) hesia hts ing of d to ure all ated "as ct and gery, or b). vices oval) will apter 2: nclude Physical olicy ed by via email ers (and o o	Completion Date: 10/28/2016 Status: APPROVED Date: 10/07/2016

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5130		A. BLDG:00		(X3) DATE SURVEY COMPLETED: 09/01/2016	
NAME OF DRO			STREET ADDRESS,	CITY STATE 7			
	VIDER OR SUPPLIER:	ЧЕЛІТЦ	1144 LOCUST		IF CODE.		
PPSP SURGICAL LOCUST STREET HEALTH		PHILADELPI		107			
CENTER			FHILADELFI	па, га 19	107		
	e number: 00238701						
(X4) ID		OF DEFICIENCIES (EACH DE		ID	PROVIDER'S PLAN OF CORREC		(X5)
PREFIX TAG		ED BY FULL REGULATORY O	R LSC	PREFIX TAG	CORRECTIVE ACTION SHO		COMPLETE DATE
TAG	IDENTI	FYING INFORMATION)			CROSS-REFERENCED TO THE A	APPROPRIATE	DATE
S 0102	Continued from page 2			S 0102			
					in the medical evaluation of patients including those rece only local anesthesia. This communication will be avail Department review. The ASF person-in-charge (0 Manager) is responsible for of implementation of this requir training staff on appropriate documentation, and regularly monitoring medical records is documentation of PS. The D of Clinical Services will and patient medical records in or following implementation (1 2016) of this requirement an ASF's Medical Director will on-going compliance through quarterly medical record aud The policy changes will be presented for review and app on 10/27/16 at the October n of the Board (Governing Boo Director of Risk Quality	iving able for Center ensuring rement, y for irector dit of he month December d the ensure h lits.	
					Management and Training is responsible for the implement of Plan of Correction and wi	ntation	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5130		A. BLDG:	IPLE CONSTRUCTION: 00	(X3) DATE SURVI COMPLETED: 09/01/2016	ΞY
	VIDER OR SUPPLIER: GICAL LOCUST STREET	° HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
STATE LICENS	e number: 00238701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
S 0102	Continued from page 3			S 0102			
					monitor the above mentioned activities to ensure complian		

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Pennsylvania Department of Health

-	-						
	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5130		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 09/01/2016	ΞY
	VIDER OR SUPPLIER: GICAL LOCUST STREET	'HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENS	e number: 00238701						
STATE LICENSE NUMBER: 00236701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
S 0102	Continued from page 4			S 0102			
	Based on a review of p medical records (MR), staff (EMP), it was det Ambulatory Surgical F physical status (PS) cla of 15 medical records f MR9, and MR10). Findings include: State Regulation "551. words and terms, when the following meaning indicates otherwise:F classifications-The eva health as it would influe outcome of anesthesia status shall be defined classes which are: (i) Class 1 patients hav biochemical, metabolic The operation to be per pathologic process and	and interview with a ermined this Class E facility failed to docu assification of patien reviewed (MR3, MR 3 DefinitionsThe f n used in this subpart s, unless the context Physical status fluation of the patien ience the conduct an or surgery, or both within one of five as re no organic, physic c or psychiatric distu- rformed is for a loca	facility aument the ts for four 7, following t, have clearly t's overall d Physical ssigned blogic, rbance. 1				

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-5130			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 09/01/2016	EY
	VIDER OR SUPPLIER:		STREET ADDRESS,		ZIP CODE:		
PPSP SURGICAL LOCUST STREET HEALTH CENTER		1144 LOCUST		40.			
CENTER			PHILADELPI	11A, PA 19	107		
	e number: 00238701				1		
(X4) ID		OF DEFICIENCIES (EACH DE		ID DDEELV TAC	PROVIDER'S PLAN OF CORRECT		(X5) COMPLETE
PREFIX TAG	X MUST BE PRECEEDED BY FULL REGULATORY O		K LSC	PREFIX TAG	CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A		COMPLETE DATE
S 0102	Continued from page 5			S 0102			
				•			
	(ii) Class 2 patients hav	ve a systemic disturb	ance				
	which may be of a mile	-					
	•	•					
	which is either controll	-	ed in its				
	severity for some time.						
	(iii) Class 3 patients su	ffer from significant	systemic				
	disturbance, although t	-	-				
	the patient's functionin	•					
		g of causes disability	y may not				
	be quantifiable.						
	(iv) Class 4 patients su	ffer from severe syst	temic				
	diseases that are alread	ly life-threatening an	d may or				
	may not be correctable	by surgery.					
	(v) Class 5 patients are		vnected				
	· · ·		Apeeled				
	to survive without surg	gery					
	Review on September	1, 2016, of policy "C	Chapter				
	2: Analgesia and Sedat						
	revealed there was no		, ,				
		· ·	Cy 10				
	require a Physical Status on all patients.						
	Review on September	1 2016 of MR3 rev	ealed				
	the patient had a proce						
	• •	•	-				
	on August 6, 2016. Fu						
	revealed no documente	ed evidence that a PS	5				
							1

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				i	1		
	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130	LIA	(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 09/01/2016	
	VIDER OR SUPPLIER: GICAL LOCUST STREET		STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
CENTER			I HILADELI I	11A, FA 19	107		
	e number: 00238701						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
S 0102	Continued from page 6		S 0102				
	classification was assigned to this patient. Review on September 1, 2016, of MR7 revealed the patient had a procedure performed at the facil						
	on August 5, 2016. Fu	-	2				
	revealed no documente						
	classification was assig						
	Review on September the patient had a procee on July 16, 2016. Furt no documented evident was assigned to this pa	dure performed at th her review of MR9 r ce that a PS classific	e facility revealed				
	Review on September the patient had a proces on July 7, 2016. Furth- no documented eviden- was assigned to this pa Interview with EMP1 of 1:22 PM confirmed the procedures performed a	dure performed at the er review of MR10 r ce that a PS classific tient. on September 1, 201 e above patients had	e facility revealed ation 6, at				

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-5130 NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			A. BLDG: B. WING: CITY, STATE, Z ` STREET		(X3) DATE SURVI COMPLETED: 09/01/2016	EY	
	ise number: 00238701			III., I I. 191			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
S 0102	Continued from page 7			S 0102			
	no documented eviden assigned to the patients		s were				

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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

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