| | TEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C N OF CORRECTION (POC) IDENTIFICATION NUMBER | | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: 12/27/2017 | |
|--|---|---|--------|------------------|---|---|--------------------------|
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 | | | | | | 12/2//2017 | |
| STATE LICENS | E NUMBER: 00238701 | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| Н 0000 | This report is the result survey conducted on O Ppsp Surgical Locust S determined the facility requirements of 35 P.S | at It was | H 0000 | | | | |
| | | | | | | | |
| | | | | | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN | | | ATURE | | TITLE: | (X6) DATE: | |
| | | | | | | | |

State Form ZIHQ11 IF CONTINUATION SHEET Page 1 of 1

| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI DENTIFICATION NUMBER: | | | .IIA (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | | | |
|---|--|--|--|------------------|--|------------|--------------------------|--|
| | | 8-5130 | | | | | 12/27/2017 | |
| | VIDER OR SUPPLIER: GICAL LOCUST STREET | HEALTH | STREET ADDRESS, 1144 LOCUST PHILADELPH | STREET | | | | |
| STATE LICENSE 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 SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| M 0000 | This report is the result survey conducted on O Ppsp Surgical Locust S determined the facility requirements of the Per Health Regulations § 2 Subchapter D, Ambula in Hospitals and Clinic | ctober 24-25, 2017, street Health Center. was in compliance vansylvania Departma 8 Pa Code, Chapter tory Gynecological | at It was with the ent of 29, | M 0000 | | | | |
| LABORATORY I | DIRECTOR'S OR PROVIDER/SUPPLIE | ER REPRESENTATIVE'S SIGN | ATURE | <u> </u> | TITLE: | (X6) DATE: | <u>'</u> | |
| | | | | | | | | |

State Form ZIHQ11 IF CONTINUATION SHEET Page 1 of 1

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: | | | |
|--|--|---|--|--|-------------------|--------------------------------|--|--|--|
| | 8-5130 | | | A. BLDG:00 B. WING: | | 12/27/2017 | | | |
| | VIDER OR SUPPLIER: GICAL LOCUST STREET | HEALTH | STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 | | | | | | |
| STATE LICENS | E NUMBER: 00238701 | | | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDE IDENTII | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | | | |
| S 0000 | This report is the result survey conducted on O Ppsp Surgical Locust S determined the facility the requirements of the Health's Rules and Reg Facilities, Annex A, Ti and F, Chapters 551-57 | ctober 24-25, 2017, street Health Center. was not in compliar Pennsylvania Depa gulations for Ambulatle 28, Part IV, Subp | It was nce with rtment of ntory Care parts A | S 0000 | | | | | |
| LABORATORY | DIRECTOR'S OR PROVIDER/SUPPLI | ER REPRESENTATIVE'S SIGN | ATURE | <u> </u> | TITLE: | (X6) DATE: | | | |
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| | | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
|--|---|---|--|------------------|--|---|---|--|
| | | 8-5130 | | | <u></u> | 12/27/2017 | | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS. 1144 LOCUST PHILADELP | T STREET | | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION) | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| S 033A | Continued from page 1 553.3 (1) Governing Body I 553.3 Governing Body respo (1) Conforming to local laws. This REGULATION is not | nsibilities include: o all applicable Federal, | State, and | S 033A | The PPSP Surgical Locust S Health Center (facility) is ov operated by Planned Parenth Southeastern Pennsylvania. I Parenthood Southeastern Pennsylvania (PPSP) is an independent not-for-profit corporation [501 (c)(3)] that health centers in Chester, De Montgomery, and Philadelpl counties, including the Surgi Locust Street Health Center. governed by a Board of Dire Each PPSP facility has an in Patient Safety Plan (identifie address), follows PPSP's pat safety policies and procedure attends the quarterly Patient committee meeting. The Patient Safety Committe includes all required membe Act 13 of 2002, Section 310 Safety Committee), and the if (Surgical Locust Street) is represented by their patient is officer, physician, nurse, cen manager (ASF person-in-cha and a resident of the commu The committee meetings inc | operates claware, nia cal PPSP is ctors. dividual d by ient es, and Safety ee rs (per Patient facility safety ater arge), nity. | Completion Date: 12/12/2017 Status: APPROVED Date: 01/03/2018 | |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
|---|-----------------------|--|------------------|--|--|--|--|
| | | 8-5130 | | B. WING: _ | | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | STREET ADDRESS, 1144 LOCUST PHILADELPH | STREET | | | | |
| (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| S 033A | Continued from page 2 | | | S 033A | review of facility-specific ite as patient safety data, patient reports (serious events and a plans), updated policies and procedures, and results/findings/actions from regulatory agency (DOH, CI visits. The facility's Patient S Committee will continue to a quarterly as directed by Act 2002, section 310 Patient Sa committee. Changes were made, beginniour 11/13/17 meeting, to the Safety Committee meeting a and minutes to ensure PPSP Locust Street-specific activity actions receive individual rediscussion. The Director of C Services (Patient Safety offic responsible for maintaining to change to the meeting format facility's Patient Safety Comminutes will reflect these chand will be available for review. | t safety ction LIA) site Safety meet 13 of fety ing with Patient genda Surgical ties and view and Clinical cer) is the t. The mittee anges | |

State Form ZIHQ11 IF CONTINUATION SHEET Page 3 of 27

| | | (XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 8-5130 | | | DPLE CONSTRUCTION: | (X3) DATE SURVI COMPLETED: 12/27/2017 | EY |
|--|--|--|--|------------------|---|---|--------------------------|
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LIGHNISE MUNICIPE 00238701 | | CHEALTH | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | |
| STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION) | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | OULD BE | (X5) COMPLETE DATE |
| S 033A | Ppsp Surgical Locust Sin compliance with the to Act 13 of 2002, Med Reduction of Error(MG §1303.310 Patient Safe "Section 310. Patient Safe "Section 310. Patient Safe "Section 310. Patient safety commonthly." This is not met as evid Based on review of fac with staff (EMP), it was to have an ambulatory Patient Safety Commit Findings include: Review on October 24 "Patient Safety Plan Southeastern Pennsylv | e following State Lavidical Care Availability CARE) Act 40 PS. ety Committee. afety committee. (a) ambulatory surgical littee shall meet at enced by: cility documents and as determined the fact surgical facility spectee. , 2017, of the facility Planned Parenthood | related ity and facility's least interview cility failed cific | S 033A | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER | | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: | ΞΥ | |
|---|---|--|--|-------------------|--|-------------|------------------|
| 8-5130 | | 8-5130 | | B. WING: | | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | |
| (X4) ID | | OF DEFICIENCIES (EACH DE | FICIENCY | ID | PROVIDER'S PLAN OF CORRE | CTION (EACH | (X5) |
| PREFIX TAG | | D BY FULL REGULATORY OF FYING INFORMATION) | R LSC | PREFIX TAG | CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A | OULD BE | COMPLETE DATE |
| S 033A | Continued from page 4 | | | S 033A | | | |
| | | | | | | | |
| | Locust St ", dated A | pril 2015, revealed | this plan | | | | |
| | included " Patient Sa | nfety Committee 4 | Health | | | | |
| | Center Managers ". | | | | | | |
| | Review on October 24, | 2017, of the "Patien | nt Safety | | | | |
| | Committee Meeting" m | • | - | | | | |
| | February 2017, May 20 | 017, and August 201 | 7, | | | | |
| | revealed there were con | mmittee members fr | om other | | | | |
| | Planned Parenthood So | • | | | | | |
| | affiliates attending thes | • | | | | | |
| | from these other affilia | | | | | | |
| | meeting minutes. These only to the Ppsp Surgice | | - | | | | |
| | Center. | ar Locust Street 11ct | 21(11 | | | | |
| | | | | | | | |
| | Interview with EMP1 of | | - | | | | |
| | PM, confirmed the patient safety committee | | | | | | |
| | meetings take place with other Planned Paren affiliates including Far Northeast, West Chest | | | | | | |
| | Norristown. EMP1 con | • | | | | | |
| | minutes are not specific | • | | | | | |
| | center. | j | | | | | |
| | | | | | | | |
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State Form ZIHQ11 IF CONTINUATION SHEET Page 5 of 27

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
|---|-----------------------------|---|--|---|---|--------------------------------|--------------------------|
| | | 8-5130 | | B. WING: | | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER | | | STREET ADDRESS, 1144 LOCUST PHILADELPH | STREET | | | |
| STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D | | | PICIPNOV | ID. | | | (7/5) |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE IDENTII | OF DEFICIENCIES (EACH DE. ID BY FULL REGULATORY OF FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| S 033A | Continued from page 5 | | | S 033A | | | |
| S 033E | | | | S 033E | | | |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | BER: | | PLE CONSTRUCTION: | (X3) DATE SURV COMPLETED: | EY |
|--|---|---|--|---|--|--|---|
| | | 8-5130 | | | <u></u> | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | HEALTH | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| S 033E | Continued from page 6 553.3 (5)(i)(ii) Governing B Governing Body responsibil (5) Adopting bylaws or similar orderly development and mail (i) Describe the authority deand to the medical staff. (ii) Require the governing beliams, or similar rules and This REGULATION is not | lities include: ilar rules and regulations anagement of the ASF, velegated to the person in ody to review and appro- regulations, of the medi | which: charge | S 033E | The PPSP Surgical Locust St. Health Center (facility) is ow operated by Planned Parenth Southeastern Pennsylvania (IPPSP is governed by a Board Directors (Board). PPSP has that apply to all of its health and, to ensure orderly develor and management specific to (Surgical Locust Street Health Center), the Board adopted the Abortion Policy Manual. The "Governing Body Responsib policy (from the Abortion Policy (from the Abortion Policy (from the Abortion Policy (ASF person-in-charand the medical staff as well requirement that the Board a and approves policies at leas annually necessary for the or conduct of the ASF. These pare maintained onsite and av for review. By 12/21/17, the ASF-person-charge will recetraining on the Abortion Service Manual policies to ensure far with and understanding of Planter and regulations that guital policies and regulations | vined and ood pPSP). It of s bylaws centers, opment the ASF the he e dilities" olicy es the enter arge) as the dopts to derly olicies ailable eive vices miliarity PSP | Completion Date: 01/15/2018 Status: APPROVED Date: 01/03/2018 |

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| | | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
|--|-----------------------|-------------------------|---|------------------|--|---|--------------------------------|--|
| | | 8-5130 | | | | 12/27/2017 | | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | HEALTH | STREET ADDRESS, 1144 LOCUST PHILADELPH | STREET | | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION) | | D BY FULL REGULATORY OF | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| S 033E | Continued from page 7 | | | S 033E | orderly management of the A 1/15/18, the Medical Staff w training on the Abortion Services of Manual policies to ensure far with and understanding of Pl rules and regulations that gurorderly management of the A Director of Patient Services responsible for ensuring this review and successful implementation of this plan of correction. Evidence of staff will be available for review. | vices miliarity PSP ide the ASF. The is policy of | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 8-5130 | | | <u></u> | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION) | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | OULD BE | (X5) COMPLETE DATE |
| S 033E | Based on review of fact with staff (EMP), it was to adopt governing bood applicable to the surger authority to the person staff, and that required and approve the bylaw. Findings include: Review on October 24. Parenthood Southeaste date, revealed these by surgery center. Further revealed they did not delegated to the person staff. These bylaws also governing body to revior the medical staff. Interview with EMP1 of PM, confirmed the byladid not address the surger staff. | as determined the factly bylaws that were ry center, that descriped in charge and to the the governing body sof the medical staff, 2017, of "Planned rn Pennsylvania Bylaws did not address review of these bylescribed the authority in charge and to the so did not require the ew and approve the | bed the medical to review f. claws, no the aws by a medical e bylaws de the medical to review f. | S 033E | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
|--|-----------------------|--|--|---|---|--------------------------------|--------------------------|
| | | 8-5130 | | B. WING: 12/27/2017 | | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER | | | STREET ADDRESS, 1144 LOCUST PHILADELPH | STREET | | | |
| STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION) | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| S 033E | Continued from page 9 | | | S 033E | | | |
| S 53F0 | | | | S 53F0 | | | |

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| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER | | | | | (X3) DATE SURVEY COMPLETED: | |
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| | | 8-5130 | | | | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY) | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO | * | (X5) COMPLETE |
| TAG | | FYING INFORMATION) | | | CROSS-REFERENCED TO THE A | | DATE |
| S 53F0 | Continued from page 10 | | | S 53F0 | | | |
| | 555.3 (f) Requirements 555.3 Requirements for membership and privileges. | | 3. | | By December 30, 2017, PPS Human Resources Director v | vill | Completion Date: 12/30/2017 Status: |
| | (f) The governing bod reports from the National Pr practitioner who requests pr | | | request and review reports fr National Practitioner Data B all current CRNAs. Effective documented evidence of the reports will be maintained in | ank for e 1/1/18, NPDB | APPROVED Date: 01/03/2018 | |
| | This REGULATION is not | met as evidenced by: | | | personnel files of all CRNAs be available for review. To a we fully document our ongot compliance with this require updated our Standard Operat Procedure (SOP) on 12/15/1 "Credentials and Training Requirements for Contract C This SOP guides our CRNA and training to include the requirement to obtain reports the National Practitioner Dat for each CRNA practitioner and annually. The Vice Presi Human Resources and Organizational Development responsible for ensuring imm and ongoing compliance with regulation, maintaining the documents which show evide compliance, and ensuring compliance by auditing annual compliance with the compliance by auditing annual compliance and compliance by auditing annual compliance and complian | s and will ensure ing ment, we ting 7 titled, CRNAs." hiring s from ta Bank at hire ident for t is nediate h this | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | | | X2) MULTIPLE CONSTRUCTION: (X3) DATE SURV COMPLETED: A. BLDG:00 | | EY | |
|---|--|--|--|--|---|------------|--------------------------|
| | | 8-5130 | | | | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION) | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| S 53F0 | Based on a review of fa files (CF), and interview determined the facility reports from the Nation three of six credential face (CF6). Findings include: Review on October 25, "PPSP Credentialing remurse anesthetists" date of survey conducted) request and consider repractitioner Data Bank requests privileges. Review on October 24, revealed the employee Nurse Anesthetist (CRI revealed no documenter Practitioner Data Bank requested no documenter Practitioner Data Bank revealed no documenter Data Bank reve | w with staff (EMP), failed to request and ral Practitioner Data files reviewed (CF4, 2017, of facility do equirements for conted October 25, 2017, evealed no provision eports from the Nation on each practitioner (2017, of facility CF is a Certified Regist NA). Further reviewed evidence of a National Practice of a Nation | it was I consider Bank for CF5 and cument, racted (date to onal r who | S 53F0 | | | |

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| | F OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE DRRECTION (POC) IDENTIFICATION NUMBER OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE OF DEFICIENCIES AND (XI) PRO | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 8-5130 | | | | 12/27/2017 | |
| PPSP SUR CENTER | VIDER OR SUPPLIER: GICAL LOCUST STREET | HEALTH | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | |
| | STATE LICENSE NUMBER: 00238701 | | PLOYENION | | 1 | | 975 |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | OULD BE | (X5) COMPLETE DATE |
| S 53F0 | Review on October 24, revealed the employee revealed no documented Practitioner Data Banks. Review on October 24, revealed the employee revealed the employee revealed no documented Practitioner Data Banks. Interview on October 24 approximately 11:50A evidence of a National report for CF4, CF5 and | is a CRNA. Furthered evidence of a Natareport. , 2017, of facility CF is a CRNA. Furthered evidence of a Natareport. 25, 2017, with EMP1 M confirmed no document of the Practitioner Data Barbara Practicular | r review ional 66 r review ional | S 53F0 | | | |
| S 5558 | | | | S 5558 | | | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: | |
|---|---|---|---|------------------|--|--|---|
| | | 8-5130 | | | | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, 1144 LOCUST PHILADELP | Γ STREET | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDED BY FULL REGULATORY (| | | ID PREFIX TAG | The Charlet Line of Conduction (Erich | | (X5) COMPLETE DATE |
| S 5558 | anesthesia services and shal (1) Education, tra personnel. (2) Responsibiliti | dures shall be developed l include the following: nining and supervision of ties of non physician ane ties of supervising physician | f sthetists. | S 5558 | To ensure we fully document ongoing compliance with this requirement, we have development and a services pollupdated our Governing Body Responsibilities policy, both our Abortion Services Policy manual. The Governing Body Responsibilities policy was a to include the designation of physician to function as the of Anesthesia Services. PPS Medical Director (physician as the Director of Anesthesia Services and this designation included in their job descript PPSP also has an Assistant I of Anesthesia. These director responsible for oversight and direction of anesthesia service including establishing and upolicy and procedures, staff supervision and evaluation. It has a service of the Assistant Director of Anesthesia's responsibilities ensuring compliance with Plasedation policies and procedures. | is opped a licy and y is within y updated f a Director P's is serves a in is tion. Director ors are discess pdating training, Further, include PSP's | Completion Date: 12/20/2017 Status: APPROVED Date: 01/03/2018 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 8-5130 | | | <u></u> | 12/27/2017 | |
| PPSP SUR CENTER | VIDER OR SUPPLIER: GICAL LOCUST STREET | HEALTH | STREET ADDRESS, 1144 LOCUST PHILADELPH | STREET | | | |
| STATE LICENSE NUMBER: 00238701 (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 | OULD BE | (X5) COMPLETE DATE |
| S 5558 | Continued from page 14 | | | S 5558 | and with training requiremer contract CRNAs. The Anesthesia Services pol details the policies and proce for directing anesthesia servithe facility including the edutraining, and supervision of personnel; the responsibilitie non-physician anesthetists (Cand evaluation of CRNA cliractivities; and the responsibisupervising physicians. The facility's Medical Director (I of Anesthesia) and the Assis Director of Anesthesia are responsible for establishing (maintaining) these policies, will reside in the facility's Al Policy Manual. The Chief Operating Officer present these new/updated peto the Governing Body for reand approval at their next science in the facility in the facility is all approval at their next science in the facility is all approval at their next science in the facility is all approval at their next science in the facility is all approval at their next science in the facility is all approval at their next science in the facility is all approval at their next science in the facility is all approval at their next science in the facility is all approval at their next science in the facility is all approval at their next science in the facility is all approval at their next science in the facility is all approval at their next science in the facility is all approval at their next science in the facility is all the fa | icy edures ices at ication, es of CRNAs) nical lities of Director tant (and which bortion will olicies eview heduled cility's be for | |

State Form ZIHQ11 IF CONTINUATION SHEET Page 15 of 27

| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | | | (X3) DATE SURVE COMPLETED: | (X3) DATE SURVEY COMPLETED: | |
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| | | 8-5130 | | | <u>~~</u> | 12/27/2017 | | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | | |
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| S 5558 | Continued from page 15 | | | S 5558 | Body's meeting minutes, to demonstrate evidence of con By 12/20/17, the ASF person-in-charge will receive on Anesthesia services, includirection, oversight, policies procedures. The Director of Services is responsible for enthis policy review and successimplementation of this plan of correction. Evidence of staff will be available for review. | e training uding and Patient nsuring sssful of | | |

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| | STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIEF PLAN OF CORRECTION (POC) IDENTIFICATION NUMBI | | | A. BLDG: _ | | (X3) DATE SURVE COMPLETED: | ΣΥ |
|---|---|--|---|------------------|--|-------------------------------|--------------------------|
| | | 8-5130 | | B. WING: _ | | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, 1144 LOCUST PHILADELP | STREET | | | |
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| S 5558 | Based on review of factoredential files (CF) artition was determined the fand procedures were don't Certified Registered and failed to ensure protection of CRM files reviewed (CF1, CM). Findings include: Review on October 25 document "Anesthesia September 27, 2017, resulted that anesthesia policy a supervision of the CRM developed and approved Review on October 25 "Job Description Phorevealed no specific du CRNA. | racility failed to ensure eveloped for the supplemental Nurse Anesthetists ivileges were approving two of two or F2). 2017, of the facility Policies," reviewed evealed no document and procedures address of the control of the contr | ff (EMP), are policies ervision (CRNA) red for redential tation essing the es were cument vider " | S 5558 | | | |

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| | MENT OF DEFICIENCIES AND OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE | | | | IPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: | | |
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| | | 8-5130 | | A. BLDG:00 | | 12/27/2017 | 17 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, 1144 LOCUST PHILADELP | STREET | | | | |
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| S 5558 | Continued from page 17 | | | S 5558 | | | | |
| | Review on October 24, revealed no documental physician-surgical provision of the CRN Interview with EMP1 of approximately 12:30 Prolicy and procedures CRNA. EMP1 also confor the Physician-Surgispecific duties for the sthe credential files for specific privileges to surgicial provides the credential files for specific privileges to surgicial provides to surgicial provides the credential files for specific privileges to surgicial provides the credential privileges to surgicial provides the credential provid | viders were privileged NA. on October 25, 2017 M confirmed there wanted the Job Desical Provider did not supervision of the Cl | ed for f, at were no ion of scription t contain RNA and ot contain | | | | | |
| S 574A | | | | S 574A | | | | |
| | | | | | | | | |

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| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 8-5130 | | | | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, 1144 LOCUST PHILADELP | T STREET | | | |
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| S 574A | Continued from page 18 | | | S 574A | | | |
| | (1) A practitioner (2) A representati (3) A registered n | Improvement Committed II consist of the following who is not an owner, we of administration, the urse, are personnel, as appropriate the committee of the commi | ee g: | | The facility currently has an integrated Risk & Quality Management (RQM) Program program includes an annual work Plan and a RQM Comwhich is lead by the agency operating Officer (COO). To committee's primary function ensure systematic, ongoing, effective monitoring and eval of the quality and appropriate patient care, and to pursue opportunities to improve path and resolve identified proble RQM Plan includes a list of Committee members. The committee membership includiverse representation from a the agency, including a practifier the facility who is not an (facility Medical Director), a representative of administrate (COO) and a registered nurse (Director of Clinical Service). To ensure we fully document ongoing compliance with this requirement, the Chief Operator (COO) will update the | RQM mittee, Chief the ns are to and cluation eness of ient care ms. The arrent ades across citioner owner ion e s). t our s ating | Completion Date: 12/30/2017 Status: APPROVED Date: 01/03/2018 |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 8-5130 | | | | 12/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | HEALTH | STREET ADDRESS, 1144 LOCUST PHILADELPH | STREET | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| S 574A | Continued from page 19 | | | S 574A | agency's Annual Risk & Qua Management Work Plan to in the specific list of required committee members including practitioner who is not an own a representative of administral registered nurse, and 4) oth health care personnel, as appropriate. Beginning with RQM Committee (meeting stor 1/20/18), the COO will etalling RQM committee membershifted includes the Surgical Locust Center Manager or Assistant Manager or other staff as ass Future meeting minutes will the committee members as we their representation, and these meeting minutes will serve a documented evidence of con At the agency's next meeting Governing Body, on 2/22/18 COO will present the update RQM plan for review and ap | nclude ng: 1) a vner, 2) ation, 3) ner the next cheduled nsure the p Street signed. reflect vell as se as npliance. g of its s, the ss to the | |

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| | STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER | | | | IPLE CONSTRUCTION: | (X3) DATE SURVI COMPLETED: | EY |
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| | | 8-5130 | | | _00 | 12/27/2017 | |
| PPSP SURCENTER | NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | CITY, STATE, Z STREET HIA, PA 19 | | | |
| (X4) ID | | OF DEFICIENCIES (EACH DE | FICIENCY | ID | PROVIDER'S PLAN OF CORRE | CTION (FACH | (X5) |
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| S 574A | Continued from page 20 | | | S 574A | | | |
| | | | | | | | |
| | Based on review of facility documents and interview | | | | | | |
| | with staff (EMP), it was determined the facility failed | | | | | | |
| | to ensure the committee members included the | | | | | | |
| | Locust Street Center M | | | | | | |
| | Center Manager or other | • | | | | | |
| | to the Risk and Quality | - | | | | | |
| | Findings include: | | | | | | |
| | Review on October 24, | , 2017 of facility doc | cument | | | | |
| | "Planned Parenthood S | • | | | | | |
| | Risk and Quality Mana | ngement Fiscal Year | 2017 | | | | |
| | Program Overview and | l Work Plan (July 1, | 2016 - | | | | |
| | June 30, 2017) revealed | d" The FY17 [Fis | scal | | | | |
| | Year 2017] Committee | members include: | A | | | | |
| | Center Manager or Ass | sistant Center Manag | ger | | | | |
| | Other staff as assigned based upon agenda items | | items | | | | |
| | and/or program review | | | | | | |
| | Review on October 24, Quality Management M September 2016, December 2016, Decembe | Meeting" minutes dat | ted | | | | |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 8-5130 | | B. WING: | | | |
| PPSP SUR CENTER | VIDER OR SUPPLIER: GICAL LOCUST STREET | HEALTH | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | |
| | E NUMBER: 00238701 | OF DEFICIENCIES (FACH DE | FIGUENCY | ID. | T | | (7/5) |
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| S 574A | Continued from page 21 | | | S 574A | | | |
| | 2016, February 2017, May 2017 and July 2017 revealed the Locust Street Center Manager, the Assistant Center Manager or other assigned facility staff did not attend any of these meetings. Interview with EMP1 on October 25, 2017, at 12:30 PM confirmed the Locust Street Center Manager, the Assistant Center Manager or any other Locust Street facility staff did not attend the Risk & Quality Management Meetings. | | | | | | |
| S 5922 | | | | S 5922 | | | |

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| | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | | |
|--|--|--|--|--|---|---|---|--|
| 8-5130 | | | B. WING: | | 12/27/2017 | | | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LIGENSE MINIDER: 00238701 | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DE X MUST BE PRECEEDED BY FULL REGULATORY C | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| | SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION) Continued from page 22 559.2 (2) Director of Nursing The director of nursing shall be currently licent registered nurse in this Commonwealth and be responsible and accountable to the person in charge of the ASF for: (2) Development and maintenance of nurservice goals and objectives, standards of nursing practice, nursing policy and procedure manuals and written job descriptions for elevel of personnel. This REGULATION is not met as evidenced by: | | sing | PREFIX TAG CORRECTIVE ACTION SH | | irrector of g other le for d t the vant e ies and ithin ind irrent s was rector on e updated the c c continue district in | Completion Date: 01/06/2018 Status: APPROVED Date: 01/03/2018 | |
| | | | | | including Surgical Locust St nursing staff, are required to | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| 8-5130 | | | B. WING: | | 12/27/2017 | | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 | | | | |
| | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| S 5922 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 23 | | | S 5922 | with the MS&Gs. The DCS of that upon hire, nursing staff and available for on-site Director of Nursing and training with the BCS's role Director of Nursing and that we fully document of compliance with this require the Director of Nursing for our Action of the DCS on the DCS and training of nursing staff updates to MS&Gs as well. The current version (updated 11/distributed and reviewed in Figure 2017; evidence of nursing start review of updates (attestation maintained by DCS. The MS maintained at the facility for access (and reference) to the staff and available for on-site Department review. To ensure that the DCS's role Director of Nursing and corresponding job duties are and that we fully document of compliance with this require the Director of Clinical Serv (DCS) job description will be updated by 1/6/18 to include language regarding their role Director of Nursing for our Action of Nu | are th ies g ry care. ducation on any The 16) was February aff ns) is S&Gs are easy nursing e e as clear, our ment, ices e specific e as | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | | |
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| 8-5130 | | | | <u>~~</u> | 12/27/2017 | | | |
| PPSP SUR CENTER | VIDER OR SUPPLIER: GICAL LOCUST STREET | HEALTH | STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 | | | | | |
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| S 5922 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC | | S 5922 | facilities and their responsibit the development and mainter nursing policies and procedu. The Director of Patient Servi update the DCS job descriptisubmit it to PPSP's Vice Presentant Resources and Organizational Development approval. The updated job description will be presented DCS for review and signatur once signed will be maintain personnel file (and available Department review). | nance of ures. ices will ion and sident of t for I to the are and and in the | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: | | (X3) DATE SURVEY COMPLETED: | |
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| 8-5130 | | | A. BLDG:00_ B. WING: | | 12/27/2017 | | |
| PPSP SUR CENTER | VIDER OR SUPPLIER: GICAL LOCUST STREET SE NUMBER: 00238701 | HEALTH | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION) | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| S 5922 | Continued from page 25 | | | S 5922 | | | |
| | Based on review of facility document and interview with staff it was determined the facility failed to ensure Nursing Policies and Procedures were established for the facility. Findings include: Review on October 25, 2017, of facility document, "Job Description - Position: Director of Clinical Services" revealed "Primary Function/Purpose: Provides clinical leadership and oversight of PPSP family planning and abortion services Ensures that all clinical policies, procedures and activities are conducted in accordance with internal and external requirements Lead implementation of changes to the Policy and Procedure Manual and disseminate to staff with required explanations and/or training Oversees training and evaluation of clinical staff Knowledge, Skills and Abilities: Clinical - Significant experience providing direct family planning patient care and developing and overseeing clinical policies and procedures. Clinician Management - Ability to develop and implement orientation and training of clinicians, and work one-on-one and with teams to | | | | | | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER 8-5130 | | A. BLDG: _ | IPLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 12/27/2017 | ΞY | |
|--|---|--|--|------------------|---|---|--------------------------|--|
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 | | | | | |
| STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION) | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | | (X5) COMPLETE DATE | |
| S 5922 | ensure compliance with policies, procedures and productivity standards" A request was made to EMP1 at 10:44AM on October 25, 2017, for a policy regarding Nursing Policies and Procedures. None was provided. Interview on October 25, 2017, at 10:44AM with EMP1, confirmed there is no policy regarding Nursing Policies and Procedures. | | S 5922 | | | | | |

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Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701 SURVEY EXIT DATE: 12/27/2017

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

Nancy J. Lescavage

Deputy Secretary for Quality Assurance

Vancy J. Lescavage

Rachel L. Levine, MD Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY