Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 8-5130		:	A. BLDG: B. WING:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/07/2018			
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 PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
M 0000	INITIAL COMMENT			M 0000					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN.	ATURE		TITLE:	(X6) DATE:			
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Pennsylvania Department of Health

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		8-5130		B. WING:		06/07/2018	
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET	r health	STREET ADDRESS 1144 LOCUST PHILADELP	Г STREET			
STATE LICENS	e number: 00238701						
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORI CORRECTIVE ACTION S CROSS-REFERENCED TO TH	SHOULD BE	(X5) COMPLETE DATE
S 0000	INITIAL COMMENT This report is the result of an unannounced onsite revisit survey conducted on June 7, 2018, following a full State Licensure survey conducted on October 24-25, 2017, 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.		ollowing October t Health not in s and s, Annex	S 0000			
S 0160			ATUDE	S 0160	TETE F.		
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	
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Pennsylvania Department of Health

PLAN OF CO	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 8-5130 NAME OF PROVIDER OR SUPPLIER:			A. BLDG: <u>00</u> B. WING: <u>00</u> 06/07/2018			
PPSP SUR	GICAL LOCUST STREET	Г HEALTH	STREET ADDRESS	Г STREET			
CENTER	00200501		PHILADELP	ПА, ГА 19	107		
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE	
S 0160	Continued from page 1 S 0160						
	EE NUMBER: 00238701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICI MUST BE PRECEEDED BY FULL REGULATORY OR LS IDENTIFYING INFORMATION) Continued from page 1 551.101 Correction of Deficiency - Policy 551.101 Policy If an ASF notifies the Department that it has comp a plan of correction and corrected its deficiencies, the Department will conduct a survey to ascertain completion of the plan of correction. Upon finding full or substantial compliance, as defined 551.82 (b)(relating to a regular license), the Department will issue a regular license. This REGULATION is not met as evidenced by:		to		Planned Parenthood Southea Pennsylvania (PPSP) will co separate, facility-specific Par Safety Committee meetings required committee member will be held sequentially (on the other). Surgical Locust S Health Center's Patient Safet Committee will review facility-specific patient safet reports, findings, actions, an quality measures. Surgical L Health Center's committee w include their Center Manage person-in-charge), Patient Sa Officer, licensed medical sta Physician), and a resident of community. Surgical Locust's facility-spe content will be reflected in m minutes and these minutes w available for Department rev Implementation of this Plan Correction is the responsibili PPSP's Director of Clinical Serv implement the separate facility-specific meetings an	onduct tient (with s) that e after street ty y d cocust vill or (ASF afety of (RN, "the ecific neeting vill be view. of ity of Services. vices will	Completion Date: 08/31/2018 Status: APPROVED Date: 07/10/2018

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5130		A. BLDG:	PLE CONSTRUCTION: <u>00</u>	(X3) DATE SURVEY COMPLETED: 06/07/2018	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER		T HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENS	e number: 00238701						
(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 CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
S 0160	Continued from page 2			S 0160			
					meeting minutes accurately only facility-specific content committee members. PPSP's Quality Management Coordi will monitor compliance thro review and audit of meeting	t and s Risk and inator ough	

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Pennsylvania Department of Health

	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130		A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/07/2018	ΞY
	VIDER OR SUPPLIER: GICAL LOCUST STREET	`HEALTH	STREET ADDRESS, 1144 LOCUST		XIP CODE:		
CENTER			PHILADELPH	HA, PA 19	107		
STATE LICENSE NUMBER: 00238701							
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 0160	Continued from page 3			S 0160			
	Based on review of the	e facility's Plan of Co	orrection				
	(PoC), facility docume	-					
	(EMP), it was determine	•					
	correct deficient practi						
	Plan of Correction sub	· ·	5,				
	the Department of a fu		•				
	conducted on October deficiencies cited.	24-25, 2017, 101 0116	; 01 SIX				
	deficicities ched.						
	Findings include:						
	Review on June 7, 201	8, of the facility's Pl	an of				
	Correction for 553.3 (1	•					
	Governing Body Respo	onsibilities related to) Act 13				
	of 2002, Medical Care	•					
	of Error (MCARE) Ac	0					
	Safety Committee, rev		e				
Locust Street Health Center (facility) is ow operated by Planned Parenthood Southeas							
Pennsylvania. Planned Parenthood Southeast							
	Pennsylvania (PPSP) is an independent						
	not-for-profit corporati		operates				
	health centers in Chest	er, Delaware, Montg	gomery,				

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Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) IDENTIFICATION NUMB 8-5130			A. BLDG:	IPLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/07/2018	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
STATE LICENSE NUMBER: 00238701							
(X4) ID PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 0160	Continued from page 4			S 0160			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5130			A. BLDG: _	IPLE CONSTRUCTION: 	(X3) DATE SURVE COMPLETED: 06/07/2018	Ÿ
	OVIDER OR SUPPLIER: RGICAL LOCUST STREET	ſ HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSE NUMBER: 00238701			1				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0160	Continued from page 5			S 0160			
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Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5130			A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/07/2018				
NAME OF DOOL			STREET ADDRESS	CITY STATE 7						
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET							
PPSP SURGICAL LOCUST STREET HEALTH CENTER			PHILADELPHIA, PA 19107							
CENTER										
STATE LICENS	e number: 00238701									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI 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 0160	Continued from page 6			S 0160						
	Continued from page 6 Health Center. Interview on June 7, 2018, with EMP2 at 12:4 PM, confirmed the facility continued to meet other Planned Parenthood Affiliates including Northeast, West Chester, and Norristown. Fur interview with EMP2 confirmed the meetings minutes were not specific only to the Ppsp Su Locust Street Health Center.		eet with ing Far Further ngs and							
S 033A			S 033A							

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IF CONTINUATION SHEET Page 7 of 13

Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE 8-5130			A. BLDG: <u>00</u> COMPLETE		(X3) DATE SUR ¹ COMPLETED: 06/07/2018	ED:	
	RGICAL LOCUST STREE	T HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107					
STATE LICE (X4) ID PREFIX TAG	NSE NUMBER: 00238701 SUMMARY STATEMEN MUST BE PRECEEI IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE		
S 033A	Continued from page 7 553.3 (1) Governing Body 553.3 Governing Body resp (1) Conforming local laws. This REGULATION is no	onsibilities include: to all applicable Federal,	State, and	S 033A	Beginning with the next qua meeting (August 18, 2018), Parenthood Southeastern Pennsylvania (PPSP) will co separate, facility-specific Pa Safety Committee meetings required committee member will be held sequentially (on the other). Surgical Locust S Health Center's Patient Safet Committee will review facility-specific patient safet reports, findings, actions, an quality measures. Surgical L Health Center's committee w include their Center Manage person-in-charge), Patient Sa Officer, licensed medical sta Physician), and a resident of community. Surgical Locust facility-specific content will reflected in meeting minutes these minutes will be availab Department review. Implementation of this Plan Correction is the responsibil PPSP's Director of Clinical Ser	Planned mduct tient (with s) that e after treet ty y d ocust rill r (ASF afety ff (RN, the 's be and ble for of ity of Services.	Completion Date: 08/31/2018 Status: APPROVED Date: 07/10/2018	

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130 NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER 8-5130 STATE LICENSE NUMBER: 00238701 00238701 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINITION)		STREET ADDRESS, 1144 LOCUST PHILADELPI FICIENCY	A. BLDG: B. WING: CITY, STATE, Z STREET		OULD BE	(X5) COMPLETE DATE	
S 033A	Continued from page 8			S 033A	 implement the separate facility-specific meetings and meeting minutes accurately r only facility-specific content committee members. The Di Clinical Services will committe required change to meeti structure (via email) to the S Locust Street Center Manage person-in-charge) and the Pa Safety Committee in advance August meeting. PPSP's Risk and Quality Management Coordinator witmonitor compliance through and audit of meeting minutes immediately following the A meeting (by 8/20/18), follow November meeting, and peri as needed. Any issues with compliance will be immediated brought to the Director of Cl Services for corrective action 	reflect t and rector of unicate ng urgical er (ASF ttient e of the ill review s tugust ring the odically tely inical	

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Pennsylvania Department of Health

	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130		(X2) MULTI A. BLDG: B. WING:	IPLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/07/2018	EY
NAME OF PROV		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS,	CITV STATE 7			
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH			1144 LOCUST		IF CODE.		
CENTER		PHILADELPH		107			
STATE LICENS	e number: 00238701				.		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	© OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI 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 9			S 033A			
~			0 0000				
	Based on review of the	e facility's Plan of Co	orrection				
	(PoC), facility docume	ents and interview wi	th staff				
	(EMP), it was determine						
	correct deficient practic						
	Plan of Correction sub						
	the Department of a ful		-				
	conducted on October 2	24-25, 2017, for one	of six				
	deficiencies cited.						
	Findings include:						
	Review on June 7, 201	8, of the facility's Pl	an of				
	Correction for 553.3 (1) deficient practice f	for				
	Governing Body Respo	onsibilities related to) Act 13				
	of 2002, Medical Care	Availability and Re	duction				
	of Error (MCARE) Act	•					
		Ū					
	Safety Committee, revealed "The PPSP S		C				
Locust Street Health Center (facility) is ow							
operated by Planned Parenthood Southeas							
Pennsylvania. Planned Parenthood Southe		stern					
	Pennsylvania (PPSP) is an independent						
	not-for-profit corporati	ion $[501 (c)(3)]$ that	operates				
	health centers in Cheste	er, Delaware, Montg	gomery,				
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Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUP PLAN OF CORRECTION (POC) IDENTIFICATION N 8-5130				00	(X3) DATE SURVE COMPLETED: 06/07/2018	ΞY
	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 OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 10			S 033A			
	and Philadelphia count Locust Street Health C a Board of Directors.Ea individual Patient Safe follows PPSP's patient procedures, and attends committee meeting. The includes all required m Section 310 Patient Sat facility (Surgical Locust their patient safety offin manager (ASF person- the community. The con- review of facility-species data, patient safety rep- action plans), updated presults/findings/actions (DOH, CLIA) site visit Committee will continue directed by Act 13 of 2 Safety committee. Cha- with our 11/13/17 mee Committee meeting ag	rmed by s an y address), nt Safety mmittee of 2002, d the ted by e, center sident of nclude tient safety and ures, and ency ent Safety as tient ginning afety					

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130		(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 06/07/2018			
NAME OF PROVIDER OR SUPPLIER:			STREET ADDRESS,	L CITY, STATE, Z	IP CODE:				
PPSP SURGICAL LOCUST STREET HEALTH			1144 LOCUST STREET						
CENTER		PHILADELPHIA, PA 19107							
STATE LICENSE NUMBER: 00238701					1				
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE		
TAG	IDENTIFYING INFORMATION)			11021111 1110	CROSS-REFERENCED TO THE A		DATE		
G 000 1	Continued from page 11								
S 033A	Continued from page 11		S 033A						
	PPSP Surgical Locust	Street-specific activi	ties and						
	actions receive individ	-							
	Director of Clinical Se								
	is responsible for maintaining the change to								
	meeting format. The facility's Patient Safet								
	Committee minutes will reflect these chang will be available for review."								
	Review on June 7, 2018, of facility docume								
"Patient Safety Plan Planned Parenthood Southeastern Pennsylvaniadated Noven									
	2017, revealed this plan included " Patier								
	Committee Members Center Manager								
	Review on June 7, 201	ent,							
	"Patient Safety Committee Meeting" minut February 26, 2018, March 5, 2018, and Ma 2018, revealed there were committee mem from other Planned Parenthood Southeaste Pennsylvania affiliates attending these meet information from these other affiliates were in these meeting minutes. These minutes w								
	specific only to the Ppsp Surgical Locust S								

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER 8-5130 NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST	(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY A. BLDG:00 COMPLETED: B. WING: 06/07/2018 CITY, STATE, ZIP CODE: T STREET HIA, PA 19107 HIA, PA 19107			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 033A	Continued from page 12 Health Center. Interview on June 7, 2018, with EMP2 at 12:47PM, confirmed the facility was still meeting with other Planned Parenthood Affiliates including Far Northeast, West Chester, and Norristown. Further interview confirmed the meetings and minutes are not specific only to the Ppsp Surgical Locust Street Health Center.			S 033A			

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Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 SURVEY EXIT DATE: 06/07/2018

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

Susan Cope

Susan Coble 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