

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 06/07/2018
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NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701	STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107
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M 0000	INITIAL COMMENT	M 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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	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.			
S 0160		S 0160		
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S 0160	Continued from page 1 551.101 Correction of Deficiency - Policy 551.101 Policy If an ASF notifies the Department that it has completed 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 in 551.82 (b)(relating to a regular license), the Department will issue a regular license. This REGULATION is not met as evidenced by:	S 0160	Planned Parenthood Southeastern Pennsylvania (PPSP) will conduct separate, facility-specific Patient Safety Committee meetings (with required committee members) that will be held sequentially (one after the other). Surgical Locust Street Health Center's Patient Safety Committee will review facility-specific patient safety reports, findings, actions, and quality measures. Surgical Locust Health Center's committee will include their Center Manager (ASF person-in-charge), Patient Safety Officer, licensed medical staff (RN, Physician), and a resident of the community. Surgical Locust's facility-specific content will be reflected in meeting minutes and these minutes will be available for Department review. Implementation of this Plan of Correction is the responsibility of PPSP's Director of Clinical Services. The Director of Clinical Services will implement the separate facility-specific meetings and ensure	Completion Date: 08/31/2018 Status: APPROVED Date: 07/10/2018

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S 0160	Continued from page 2	S 0160	meeting minutes accurately reflect only facility-specific content and committee members. PPSP's Risk and Quality Management Coordinator will monitor compliance through review and audit of meeting minutes.	

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S 0160	Continued from page 3 Based on review of the facility's Plan of Correction (PoC), facility documents and interview with staff (EMP), it was determined that the facility failed to correct deficient practice and failed to follow the Plan of Correction submitted to, and accepted by, the Department of a full State Licensure survey conducted on October 24-25, 2017, for one of six deficiencies cited. Findings include: Review on June 7, 2018, of the facility's Plan of Correction for 553.3 (1) deficient practice for Governing Body Responsibilities related to Act 13 of 2002, Medical Care Availability and Reduction of Error (MCARE) Act 40 PS. §1303.310 Patient Safety Committee, revealed "The PPSP Surgical Locust Street Health Center (facility) is owned and operated by Planned Parenthood Southeastern Pennsylvania. Planned Parenthood Southeastern Pennsylvania (PPSP) is an independent not-for-profit corporation [501 (c)(3)] that operates health centers in Chester, Delaware, Montgomery,	S 0160		

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S 0160	Continued from page 4 and Philadelphia counties, including the Surgical Locust Street Health Center. PPSP is governed by a Board of Directors. Each PPSP facility has an individual Patient Safety Plan (identified by address), follows PPSP's patient safety policies and procedures, and attends the quarterly Patient Safety committee meeting. The Patient Safety Committee includes all required members (per Act 13 of 2002, Section 310 Patient Safety Committee), and the facility (Surgical Locust Street) is represented by their patient safety officer, physician, nurse, center manager (ASF person-in-charge), and a resident of the community. The committee meetings include review of facility-specific items such as patient safety data, patient safety reports (serious events and action plans), updated policies and procedures, and results/findings/actions from regulatory agency (DOH, CLIA) site visits. The facility's Patient Safety Committee will continue to meet quarterly as directed by Act 13 of 2002, section 310 Patient Safety committee. Changes were made, beginning with our 11/13/17 meeting, to the Patient Safety Committee meeting agenda and minutes to ensure	S 0160		

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S 0160	Continued from page 5 PPSP Surgical Locust Street-specific activities and actions receive individual review and discussion. The Director of Clinical Services (Patient Safety officer) is responsible for maintaining the change to the meeting format. The facility's Patient Safety Committee minutes will reflect these changes and will be available for review." Review on June 7, 2018, of facility document, "Patient Safety Plan ... Planned Parenthood Southeastern Pennsylvania ...", dated November 27, 2017, revealed this plan included "... Patient Safety Committee Members ... Center Manager ...". Review on June 7, 2018, of facility document, "Patient Safety Committee Meeting" minutes, dated February 26, 2018, March 5, 2018, and May 14, 2018, revealed there were committee members from other Planned Parenthood Southeastern Pennsylvania affiliates attending these meetings and information from these other affiliates were included in these meeting minutes. These minutes were not specific only to the Ppsp Surgical Locust Street	S 0160		

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S 0160	Continued from page 6 Health Center. Interview on June 7, 2018, with EMP2 at 12:47 PM, confirmed the facility continued to meet with other Planned Parenthood Affiliates including Far Northeast, West Chester, and Norristown. Further interview with EMP2 confirmed the meetings and minutes were not specific only to the Ppsp Surgical Locust Street Health Center.	S 0160		
S 033A		S 033A		

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S 033A	Continued from page 7 553.3 (1) Governing Body Responsibilities 553.3 Governing Body responsibilities include: (1) Conforming to all applicable Federal, State, and local laws. This REGULATION is not met as evidenced by:	S 033A	Beginning with the next quarterly meeting (August 18, 2018), Planned Parenthood Southeastern Pennsylvania (PPSP) will conduct separate, facility-specific Patient Safety Committee meetings (with required committee members) that will be held sequentially (one after the other). Surgical Locust Street Health Center's Patient Safety Committee will review facility-specific patient safety reports, findings, actions, and quality measures. Surgical Locust Health Center's committee will include their Center Manager (ASF person-in-charge), Patient Safety Officer, licensed medical staff (RN, Physician), and a resident of the community. Surgical Locust's facility-specific content will be reflected in meeting minutes and these minutes will be available for Department review. Implementation of this Plan of Correction is the responsibility of PPSP's Director of Clinical Services. The Director of Clinical Services will	Completion Date: 08/31/2018 Status: APPROVED Date: 07/10/2018

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S 033A	Continued from page 8	S 033A	<p>implement the separate facility-specific meetings and ensure meeting minutes accurately reflect only facility-specific content and committee members. The Director of Clinical Services will communicate the required change to meeting structure (via email) to the Surgical Locust Street Center Manager (ASF person-in-charge) and the Patient Safety Committee in advance of the August meeting.</p> <p>PPSP's Risk and Quality Management Coordinator will monitor compliance through review and audit of meeting minutes immediately following the August meeting (by 8/20/18), following the November meeting, and periodically as needed. Any issues with compliance will be immediately brought to the Director of Clinical Services for corrective action.</p>	

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S 033A	<p>Continued from page 11</p> <p>PPSP Surgical Locust Street-specific activities and actions receive individual review and discussion. The Director of Clinical Services (Patient Safety officer) is responsible for maintaining the change to the meeting format. The facility's Patient Safety Committee minutes will reflect these changes and will be available for review."</p> <p>Review on June 7, 2018, of facility document, "Patient Safety Plan ... Planned Parenthood Southeastern Pennsylvaniadated November 27, 2017, revealed this plan included "... Patient Safety Committee Members ... Center Manager ...".</p> <p>Review on June 7, 2018, of facility document, "Patient Safety Committee Meeting" minutes, dated February 26, 2018, March 5, 2018, and May 14, 2018, revealed there were committee members from other Planned Parenthood Southeastern Pennsylvania affiliates attending these meetings and information from these other affiliates were included in these meeting minutes. These minutes were not specific only to the Ppsp Surgical Locust Street</p>	S 033A		

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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		



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

Handwritten signature of Susan Coble in cursive.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in cursive.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY