

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-1507	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/20/2014
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NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701	STREET ADDRESS, CITY, STATE, ZIP CODE: 8 SOUTH WAYNE STREET WEST CHESTER, PA 19382
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
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M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an Annual Registration survey conducted on May 20, 2014, at PPSP West Chester. 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 This report is the result of an unannounced on-site licensure survey conducted on May 20, 2014, at Planned Parenthood of southeastern PA-West Chester. Based on the survey, it was determined that 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 0000		
S 6128		S 6128		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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S 6128	Continued from page 1 561.15 Locked Storage 561.15 Locked Storage Special locked storage space shall be provided to meet requirements for storage of controlled substances, alcohol and other prescribed drugs as set forth in Chapter 25 (relating to controlled substances, drugs, devices and cosmetics) and 49 Pa Code 27.16 (4) and 27.17 (relating to construction requirements and security for Schedule II controlled substances). This REGULATION is not met as evidenced by:	S 6128	Locked Storage will be added to the Recovery Room by July 31, 2014 to ensure the security (and limited access) of controlled substances (Tylenol with Codeine #3, 30 mg #15) dispensed by our licensed provider. Access to controlled substances is limited to the dispensing health care provider and substances will be locked at anytime this provider is out of the recovery room. The center manager or charge person in her absence will monitor the access and locked storage during procedure days. Internal auditing by Director of Risk and Quality Management will be conducted periodically to ensure secure storage of controlled substances is being maintained.	Completion Date: 06/20/2014 Status: APPROVED Date: 06/24/2014

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S 6128	Continued from page 2 Based on observation, review of facility policy, and interview with staff (EMP), it was determined the facility failed to ensure controlled substances were properly secured. Findings include: Review on May 20, 2014 of facility policy "Pharmaceutical Services," revised 06/12, revealed "Storage Controlled substances must be locked and in a secure area at all times. Access to pharmaceuticals dispensed from within client care areas should be limited to health care providers responsible for dispensing these items." Observation on May 20, 2014, at 12:30 PM, of the Recovery Room revealed 26 containers of Tylenol with Codeine #3, 30 mg #15 in an open cardboard container on the countertop. An interview on conducted on May 20, 2014, at 12:30 PM, with EMP1 confirmed that Tylenol with	S 6128		

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S 6128	Continued from page 3 Codeine is a controlled substance and that the drugs were left unsecured on the Recovery Room countertop.	S 6128			



Certified End Page

PPSP WEST CHESTER HEALTH CENTER

STATE LICENSE NUMBER: 00208701

SURVEY EXIT DATE: 05/20/2014

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
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY