	MENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI DEF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI DENTIFICATION NUMBER:			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5130		B. WING: 11/18/2013			
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
STATE LICENS	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	OULD BE	(X5) COMPLETE DATE
M 0000	INITIAL COMMENT			M 0000			
	This report is the result of an annual registration survey conducted on August 29, 2013, at the PPSP Surgical Locust Street Health Center. It was determined that 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.		ne PPSP as nce with rtment of 29, Surgery				
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

State Form 91KW11 IF CONTINUATION SHEET Page 1 of 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:		
		8-5130 B. WING: 11/18/2013					
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSI	E NUMBER: 00238701						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	CTION (EACH OULD BE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT		S 0000				
S 033A	This report is the result survey conducted on A Surgical Locust Street determined that the fact with the requirements of Department of Health's Ambulatory Care Facil IV, Subparts A and F, O November 1999.	Health Center. It was not in composite Pennsylvania Rules and Regulati Lities, Annex A, Title Chapters 551-573,	PSP as pliance ons for e 28, Part	S 033A	TITLE:	(X6) DATE:	

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5130		1		11/18/2013	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701		HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED 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 033A	Continued from page 1 553.3 (1) Governing Body 553.3 Governing Body responsible to the conforming to	onsibilities include: o all applicable Federal,	State, and	S 033A	Based on feedback from survive during the August 29, 2013 of the surgical center manager in Pennsylvania State law and It protocols specific to mandate reporting at center staff meet September 17, 2013. PPSP Chief Operating Office Manager of Center Quality we consultation will revise curresprotocol to include language when to ascertain if the child sexual intercourse with an in who was four or more years than the child. The revised provided in place by January 1 and all health center staff will training on this protocol by F15, 2014. Revised protocol a evidence of training will be a for review. Lack of documentation wher reporting child sexual abuse revealed in survey 8/29/13 were reviewed at the 9/17/13 center meeting. Detailed instruction required documentation was reviewed. Surgical center manow reviews medical records	survey, reviewed PPSP ory cing on er and with legal ent on I had dividual older rotocol 5, 2014 Il receive February nd available as er staff as on anager	Completion Date: 09/17/2013 Status: APPROVED Date: 12/30/2013

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PLAN OF CORRECTION (POC) IDENTIFICATION NUM		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 11/18/2013	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSE NUMBER: 00238/01 (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 SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 2			S 033A	minor patients to ensure comwith State Law.	npliance	

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/OF PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			` '	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΞY	
		8-5130		B. WING:		11/18/2013	
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 033A	Continued from page 3 Based on a review of famedical records, and in was determined that the all applicable State law Ppsp Surgical Locust Sin compliance with the The Pennsylvania Crim Protective Service Law Sexual intercourse with age is always a crime with relationship of the offethe "consent" of the chromosome	acility documents, ponterview with staff (I e facility failed to cooks. Street Health Center following State law nes Code and the Chor in a child less than 13 without regard to the nder, and without reild. See 18 Pa.C.S § (1); 3121(d)(rape of a tury); 3123 (b)(involuments with a child); 31 exual intercourse with a child); 31 exual intercourse with a child intercourse	EMP), it onform to was not s: ild syears of age or gard to es child untary 23(c) h a child lyania law,	S 033A	CROSS-RELEXACED TO THE A	TROTALATE	

State Form 91KW11 IF CONTINUATION SHEET Page 4 of 18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			1 ' '		(X3) DATE SURVEY COMPLETED:		
		8-5130		B. WING: _		11/18/2013	
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 033A	Continued from page 4			S 033A			
	Sexual intercourse with	n a child less than 16	years of				
	age is a crime if the off	fender is four or mor	e years				
	older than the child, an	d the child and offer	nder are				
	not married to each oth	ner. 18 Pa.C.S. §§ 3	122.1				
	(statutory sexual assaul	* * * * * * * * * * * * * * * * * * * *	•				
	deviate sexual intercou	· ·					
	law, an unmarried indi-	•					
	age is incapable of con						
	with a person who is fo	our or more years old	der.				
	Accordingly, under all	circumstances, any	child less				
	than 13 years of age wl	ho is pregnant, or wl	no is				
	found to have a sexuall	-					
	condition, is a child "up						
	inflicted in violation of						
	Commonwealth." So i	•	•				
	of age if the person wh		-				
	who caused the child to	•					
	disease or condition, is	•					
	than the child and is no						
	Professional contact wi		13 years				
	of age who is pregnant						
	sexually-transmitted di	sease or condition, t	herefore				

State Form 91KW11 IF CONTINUATION SHEET Page 5 of 18

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 11/18/2013	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 033A	triggers a duty, on the providers identified in report under the Crime Contact with a child le pregnant, or who has a or condition, triggers a Crimes Code if the per pregnancy, or who cau sexually-transmitted di more years older than to the child. Failure to re Crimes Code is a summation and/or imprisonment. In addition to the report Crimes Code, the amen made to the CPSL have report suspected child [a] person who, in the occupation or practice contact with children sto be made when the cause to suspect, on the	18 Pa.C.S. § 5106 (as Code in all circums sthan 16 years of a sexually-transmitted duty to report under son who caused the sed the child to have sease or condition, it che child and is not no port as required by the mary offense punishabent. Ting obligations under the expanded the obligations and now specific course of employment of a profession, comball report or cause as a person has reasonal	a), to stances. ge who is d disease the a s four or narried to he able by er the ure has tation to fy that nt, tes into a report	S 033A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		8-5130		B. WING: _		11/18/2013	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER		STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET				
	STATE LICENSE NUMBER: 00238701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OR 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 6			S 033A			
	professional or other tr						
	child under the care, su						
	training of that person		-				
	organization or other e		-				
	affiliated is victim of c	•					
	abuse by a person who	is not a perpetrator					
	This is not met as evidence	enced by:					
	1) Based on a review of	of facility policies ar	nd				
	interview with staff (El						
	the facility failed to de	velop a policy that n	net the				
	reporting requirements	for statutory sexual	assault				
	victims as defined in th	ne The Pennsylvania	Crimes				
	Code and the Child Pro	otective Service Law	<i>I</i>				
	Findings include:						
	A request was made to EMP1 on August 29, 20						
	for a facility policy rela	•	·				
	appropriate agencies as		-				
	Crimes Code and the C						
	EMP1 provided "Penns	syrvania Law and Cl	nii a				

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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: _		11/18/2013	
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 CORREC	CTION (EACH	(X5)
PREFIX TAG		ED 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 7			S 033A			
	Abuse Reporting," updated December 2012, which revealed " Statutory sexual assault ("statutory rape") is sexual intercourse when one person is under the age of 16 and the other is 4 or more years older. It is a crime, however it is NOT a mandated reportable incident " An interview with EMP1 on August 29, 2013, at approximately 3:00 PM confirmed that the above facility policy is what the facility follows for reporting child abuse.						
	2) Based on a review of medical records and interview with staff (EMP), it was determined that the facility cared for unmarried pregnant children						
	under the age of 16 and the facility failed to		0				
	ascertain if the child ha						
	individual who was fou						
	the child for six of six	medical records revi	ewed				

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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				11/18/2013	
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
STATE LICENSE NUMBER: 00238701 (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 SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 8 (MR1, MR2, MR3, MI Findings include: A review of MR1 revered medical record was a 1 pregnant patient. A furno documentation that child had sexual interced was four or more years. A review of MR2 revered medical record was a 1 pregnant patient. A furno documentation that child had sexual interced was four or more years. A review of MR3 revered medical record was a 1 pregnant patient. A furno documentation that child had sexual interced medical record was a 1 pregnant patient. A furno documentation that child had sexual interced	aled the patient liste 3 year old unmarrie ther review of MR1 the facility ascertain ourse with an indivi- older than the child aled the patient liste 3 year old unmarrie ther review of MR2 the facility ascertain ourse with an indivi- older than the child aled the patient liste 3 year old unmarrie ther review of MR3 the facility ascertain ther review of MR3 the facility ascertain	d in the d revealed ned if the dual who l. d in the d revealed ned if the dual who l. d in the d in the d if the dual who d.	S 033A			

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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: _		11/18/2013	
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 SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 9			S 033A			
	was four or more years	l.					
	A review of MR4 reverence medical record was a 1 pregnant patient. A fun no documentation that child had sexual intercer was four or more years. A review of MR5 reverenced record was a 1 pregnant patient. A fun no documentation that child had sexual intercer.	d revealed hed if the dual who l. d in the d is revealed hed if the					
	was four or more years A review of MR6 revea medical record was a 1 pregnant patient. A fur no documentation that child had sexual interce was four or more years	d in the d f revealed ned if the ler who					

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		* *	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5130				11/18/2013	
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 SHORES CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	An interview with EMI approximately 3:00 PM MR3, MR4, MR5, and documentation that the had sexual intercourse four or more years olded and was determined that me documented evidence to occurred with a child let the facility failed to she the facility reported the appropriate agencies for medical records review. Findings include: A request was made to	A confirmed that MR MR6, revealed no facility ascertained with an individual wer than the child. of facility documents interview with staff edical records review that sexual intercourses than 13 years of the sexual intercourse or two of three applicated (MR 1 and MR2).	if the child who was s, review (EMP), it wed had se age and lence that to the cable).	S 033A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
8-5130			B. WING:		11/18/2013			
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 MUST BE PRECEEDE	ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
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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:		11/18/2013		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			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 CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	children though [sic] diguidance, training of the institution, organization child is affiliated, and the work the person has react the child has been or is report submitted? Call 1-800-932-0313. When inform them you work you have a situation that They will prompt you will know if the situation myou must complete a will will be a will be a written report to child protective services county where suspected contact list of county compressions and the protective services unit report in a medical characterist of county.	nat person, or an agent or other entity by whrough the course of asonable cause to subeing abused 6. ChildLine immedian you contact Childlat Planned Parentho at may need to be rejected to be reported. Admitten report (see FA bmit a written report (see FA bmit a written report acting Childline, you sing the CY47 form the sunit and mail it to display a different contactions and the contact of the correct the correct the correct the correct the correct the contact of the correct t	which the f their spect How is a tely at Line, od and ported. et you ditionally, AQ # 7) t? Yes. ou MUST to the the cies will t child of the s and/or	S 033A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			MULTIPLE CONSTRUCTION: (X3) DATE SURV COMPLETED:		EY
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NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
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S 033A	Continued from page 13			S 033A			
	reports with their secur	e, administrative file	es AND				
	send a copy to PSA Ad	lministrative Coordi	nator				
	9. Do I need to docum	3	ŕ				
	the medical record. Or						
	you will document that	•					
	include the date, time of whom you spoke, a rep	-					
	and the result of your p						
	not a reportable event,						
	the chart as well "	you should docume.					
	In addition EMP1 provided facility document:						
	"Reporting Suspected (
	November 1, 2011, last which revealed "As ma	-					
	the duty to report suspe						
	the steps to follow to en						
	correctly, and that all k						
	fulfilled When to rep	port an					
	incident of child abuse is triggered when th						
	mandated reporter has direct contact with the c						
	who is the suspected vi		better to				
	over-report than under-	-report instances 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:	
	8-5130			B. WING: _		11/18/2013	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
	E NUMBER: 00238701	OF DEFICIENCIES (EACH DE	FICIENCY	ID			(VE)
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S 033A	Continued from page 14			S 033A			
	suspected child abuse Who does the reportin Many of our reports are generated because a mhas replied "yes" when asked on the history for he/she has ever been forced to have sex. Cente assistants and clinicians are both responsible for following up when this question is answered w "yes." As a Center Assistant, you should review history and ask questions about the incident(s) forced sex or other abuse. You should always communicate to the clinician when you have he this conversation. Each Center should have a system in place for deciding who will make the report to Childline. The person who will make call needs to gather enough information from the patient to make the report meaningful. Center Managers may need to decide who will collect information from the patient, given staffing lev availability of CA's and clinicians. The Center Manager may decide to meet with the patent and make the call herself In order to report suspected child abuse, take the following steps: Call ChildLine immediately at 1-800-932-0313		a minor form if enter le for ed with a eview the t(s) of ays ve had e a e the nake the om the nter lect this g levels and nter nt and				

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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: _		11/18/2013	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR LS		ation y will ow if the the und a e used in omplete a es unit ed abuse t in the er must with their ted, scan log is de orts 5. ent in the e date, u spoke,	S 033A			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	TIFICATION NUMBER: A. BLDG: _00				ΞY
		8-5130		B. WING: 11/18/2013			
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 CORREC	CTION (EACH	(X5)
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S 033A	Continued from page 16			S 033A			
	,		d in the had he medical se was e sexual encies. d in the had he medical tercourse in o e sexual encies.				
	An interview with EMI approximately 3:00 PM						
	and MR2, revealed in t						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 11/18/2013	SY	
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 O TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHORES TO THE ACTION TO THE ACTION TO THE ACTION OF THE ACTION	OULD BE	(X5) COMPLETE DATE	
S 033A	the medical record, that the child's age at first sexual intercourse was under 13 and both medical records revealed no documentation that the facility reported the sexual intercourse to the appropriate agencies.		S 033A				

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Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701 SURVEY EXIT DATE: 11/18/2013

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

Christine C. Filipovich, MEN, AN

Christine C. Filipovich, MSN, RN
Deputy Secretary For Quality Assurance

Karen M. Murphy, PhD, RN Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY