

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5144</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/12/2012</b>
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NAME OF PROVIDER OR SUPPLIER: <b>PPSP FAR NORTHEAST HEALTH CENTER</b>  STATE LICENSE NUMBER: <b>9HEG8701</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>2751 COMLY ROAD PHILADELPHIA, PA 19154</b>
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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
S 0000	INITIAL COMMENT	S 0000		

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

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S 0000	Continued from page 1  Facility ID # 9HEG8701 Component 01  Based on an Initial Licensure Survey and Occupancy Survey completed on December 12, 2012, at Ppsp Far Northeast Health Center, it was determined that the facility did not meet the requirements of the Life Safety Code for a new ambulatory surgical facility. Compliance with the National Fire Protection Association's Life Safety Code is required by 28 Pa Code § 569.2.  This Occupancy Survey was conducted for miscellaneous alterations for a one story Class B facility. Refer to Drawing Number H-12-1247.  This is a one story, Type V(000), unprotected wood frame construction building, which is not sprinklered.	S 0000		

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S 0046	<p>28 Pa. Code § 569.2 Fire Safety Standards</p> <p>(a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which is currently adopted by the Department.</p> <p>(b) An ASF previously in compliance with prior editions of the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by the Department.</p> <p>Emergency illumination is provided in accordance with section 7.9. 20.2.9.1</p> <p>This REGULATION is not met as evidenced by:</p>	S 0046	<p>HOW New light fixtures with dual heads and battery backup have been installed at each exterior exit.</p> <p>WHEN December 14, 2012</p> <p>COMPLETED BY WHOM Intech Construction.</p> <p>MAINTAINED BY WHOM The PPSP director of facilities will maintain the integrity of the emergency lighting fixtures/system at this location, working with a licensed electrician for any required testing and inspection of the fixtures. It is tested monthly in-house and inspected annually by the electrician.</p>	<p>Completion Date: <b>12/18/2012</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>12/18/2012</b></p>

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S 0046	Continued from page 3  Based on observation and interview, the facility failed to provide dual emergency illumination outside of the exit discharge doors.  Findings include:  Observation on December 12, 2012, at 9:49 am, revealed that single unit emergency fixtures were located at the exit discharge areas. Emergency illumination must be arranged such that the failure of any single lighting unit does not result in an illumination level of less than 0.2 foot candle (2 lux) at the exit discharge areas.  Interview with the facility architects on December 12, 2012, at 12:45 pm confirmed the lack of dual emergency illumination.	S 0046		
S 0114		S 0114		

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S 0114	Continued from page 4  28 Pa. Code § 569.2 Fire Safety Standards  (a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which is currently adopted by the Department.  (b) An ASF previously in compliance with prior editions of the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by the Department.  Ambulatory health care occupancies are separated from other tenants and occupancies by fire barriers with at least a 1 hour fire resistance rating. Doors in such barriers are solid bonded core wood of 1¾ inches or equivalent and are equipped with a positive latch and closing device. Vision panels, if provided in fire barriers or doors are fixed fire window assemblies in accordance with 8.2.3.2.2  This REGULATION is not met as evidenced by:	S 0114	HOW The penetrations through the one hour fire-rated tenant separation wall between the ambulatory health care occupancy and the warehouse have been fire-stopped/sealed using UL-Listed fire seal/caulk to achieve and maintain a one hour fire-rated wall assembly. WHEN December 14, 2012 COMPLETED BY WHOM Intech Construction MAINTAINED BY WHOM The PPSP director of facilities and the director of IT in conjunction with a contractor will maintain the integrity of this fire-rated wall assembly by monitoring it during any future construction and ensure the use of proper fire-stopping materials and installation.	Completion Date: <b>12/18/2012</b> Status: <b>APPROVED</b> Date: <b>12/18/2012</b>

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S 0114	Continued from page 5  Based on observation and interview, the facility failed to maintain through-penetration firestop systems for items penetrating the one hour fire-rated tenant separation wall.  Findings include:  1. Observation on December 12, 2012, at 10:00 am, revealed that there were unsealed penetrations of the one hour fire-rated tenant separation wall between the ambulatory health care occupancy and the warehouse around piping.  Interview with the facility architects on December 12, 2012, at 12:45 pm confirmed the unsealed penetrations.	S 0114		



# Certified End Page

**PPSP FAR NORTHEAST HEALTH CENTER**

**STATE LICENSE NUMBER: 9HEG8701**

**SURVEY EXIT DATE: 12/12/2012**

**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