

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/04/2012
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NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701	STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD PHILADELPHIA, PA 19154
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M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an annual registration survey completed on December 4, 2012, at the PPSP Far Northeast 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.</p>	M 0000		

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 a full State Licensure survey completed on December 4, 2012, at PPSP Far Northeast- Comly Rd. It was determined that the facility was in substantial 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. The facility was found to be out of compliance with the following regulations.	S 0000		
S 6701		S 6701		
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S 6701	Continued from page 1 567.1 Principle CHAPTER 567 - ENVIRONMENTAL SERVICES 567.1 Principle The ASF shall have a sanitary environment, properly constructed, equipped and maintained to protect surgical patients and ASF personnel from cross-infection and to protect the health and safety of patients. This REGULATION is not met as evidenced by:	S 6701	PPSP's Purchasing Manager will contact our medical equipment vendor, Sentry Surgical Supply, Inc. to order a replacement top for the treatment bed (aka "exam table") which was observed as stained during the 12/4/12 inspection. PPSP's Purchasing Manager will also order a new IV pole to replace the rusty pole which was noted during the inspection. PPSP's Purchasing Manager will talk with Sentry Surgical Supply, Inc. to inquire what repair can be done to repair the taped armrest on a treatment bed. If the armrest cannot be repaired, the Purchasing Manager will order a new armrest. All of these activities will be completed by January 30, 2013. The ceiling vent noted to be rusty is actually made of plastic. It has been thoroughly cleaned as of January 14, 2012, and will now be included in the agency cleaning schedule going forward. PPSP Far Northeast's Center Manager is responsible for the	Completion Date: 12/18/2012 Status: APPROVED Date: 12/27/2012

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S 6701	Continued from page 2	S 6701	ongoing compliance of this regulation and is required to bring to the attention any medical equipment repairs or needed replacements to the attention of the Purchasing Manager. In addition, PPSP's existing policy on the cleaning and care of equipment, including the policy's specific cleaning schedule, will ensure compliance with equipment maintenance and cleanliness of all equipment and surfaces, include treatment beds, IV poles and ceiling vents.	

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S 6701	Continued from page 3 Based on observation and interview with staff, (EMP), it was determined the facility failed to ensure that a sanitary environment was maintained. Findings include: An observation on December 4, 2012, of the Procedure Room revealed a blue treatment bed that was stained brown due to a cleaning agent. The treatment bed was also noted with a taped armrest. An IV pole was identified with rusty casters, including a rusty base. A ceiling vent was also noted to be dirty and rusty. An interview conducted on December 4, 2012, at 2:10 PM, with EMP1 confirmed the presence of the stained treatment bed, the taped armrest, rust on the IV pole and casters, as well as the condition of the ceiling vent.	S 6701		

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S 6701	Continued from page 4	S 6701			



Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 12/04/2012

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