

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: 05/31/2012
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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 a full registration survey conducted on May 31, 2012, at Planned Parenthood of Southeastern PA- Comly Road. 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		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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S 0000	INITIAL COMMENT	S 0000		
	<p>This report is the result of an unannounced on-site pre-licensure survey completed on May 31, 2012, at Planned Parenthood of Southeast PA- Comly Road. Based on the survey 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.</p>			
S 033H		S 033H		
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S 033H	Continued from page 1 553.3 (8) Governing Body Responsibilities 553.3 Governing Body responsibilities include: (8) Establishing personnel policies and practices which adequately support sound patient care to include, the following: This REGULATION is not met as evidenced by:	S 033H	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: PPSP's Vice President for Organizational Development will develop a policy requiring that proper documentation of the three background checks be maintained in personnel files for every employee hired after July 1, 2008. PPSP's Director of Human Resources will conduct an audit every September to ensure compliance.	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

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S 033H	Continued from page 2 Based on review of facility documents, personnel files (PF) and interview with staff (EMP), it was determined the facility failed to ensure that all employees hired after July 1, 2008, received background checks as required by Act 179 of 2006 and Act 73 of 2007, for facility personnel. Findings include: "The Child Protective Services Law (CPSL), 23 Pa.C.S. § 6344.2 and 6344(b) requires that employees hired after July 1, 2008, who have a significant likelihood of regular contact with children in the form of care, guidance, supervision or training must obtain three background checks as condition of employment. Pennsylvania State Police Clearance, Department of Public Welfare (DPW) Childline Clearance and Federal (FBI) Criminal Background Check." A review on May 31, 2012, of personnel files revealed no documentation that three background checks were conducted for any of the employees.	S 033H		

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S 033H	Continued from page 3 An interview conducted on May 31, at 10:30 AM confirmed that the facility performs surgery on pediatric patients and that there was no documentation that all three background checks were conducted on any of the employees.	S 033H		
S 3240		S 3240		

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S 3240	Continued from page 4 553.24 Discharge of a Minor or Incompetent Patient 553.24 Discharge of a minor or incompetent patient. An individual who cannot legally consent to his own care shall be discharged only to the custody of parents, legal guardian, person standing in loco parentis or responsible person unless otherwise directed by the parent or guardian or court of competent jurisdiction. If the parent or guardian directs that discharge be made otherwise, he shall so state in writing, and the statement shall become a part of the permanent medical record. This REGULATION is not met as evidenced by:	S 3240	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: The following policy was added to the Patient Services Policy & Procedure Manual and to the Abortion Policy Manual (APM) on June 19, 2012: Minors with a parent's consent will be discharged pursuant to the consenting parent's direction, and minors with a judicial bypass will be discharged pursuant to the bypass order's direction. If the bypass order provides no direction about the minor's discharge, the minor will be discharged into the care of the person who accompanied her to the facility, unless the minor patient did not receive sedation and came to the facility alone, in which case she may be discharged independently. PPSP's Manager for Center Quality is responsible for ongoing compliance,	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012

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S 3240	Continued from page 5 Based on a review of facility policies and interview with staff (EMP), it was determined the facility failed to have a written policy for discharge of an incompetent patient. Findings include: A review on May 31, 2012, of facility policies revealed no policy that addressed the discharge of an incompetent person. An interview conducted on May 31, 2012, at 10:00 AM with EMP1 confirmed that the facility did not have a policy that addressed the discharge of an incompetent patient.	S 3240	and will test compliance with an annual "Discharge of Minor Patients" audit.	
S 5710		S 5710		

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S 5710	Continued from page 6 557.1 CHAPTER 557 - QA & IMPROVEMENT - Policy 557.1 Policy The ASF, with active participation of the medical and nursing staff, shall conduct an ongoing quality assurance and improvement program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care and resolve identified problems. This REGULATION is not met as evidenced by:	S 5710	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: Two PPSP committees address abortion services quality assurance. The agency Risk & Quality Management Team and the Patient Services' Patient Safety Committee, both of which meet quarterly. The Chief Operating Officer will ensure compliance of an enterprise-wide risk and quality management meeting each quarter, and the Manager of Center Quality will ensure compliance of a quarterly Patient Safety Committee meetings. The COO and Manager of Center Quality will ensure meeting minutes are kept for both meetings.	Completion Date: 06/14/2012 Status: APPROVED Date: 07/16/2012

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S 5710	Continued from page 7 Based on review of facility documents, and interview with staff (EMP), it was determined the facility failed to ensure a comprehensive quality assurance and improvement program. Findings include: A review on May 31, 2012, of facility documents revealed no evidence of quality assurance meeting minutes. An interview conducted on May 31, 2012, at 2:30 PM with EMP1 confirmed the facility facility did not conduct meetings for a quality assurance and improvement committee.	S 5710		
S 6126		S 6126		

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S 6126	Continued from page 8 561.13 Storage 561.13 Storage The area in the ASF where drugs are stored shall be periodically checked by a responsible pharmacist or practitioner and proper logs maintained. This REGULATION is not met as evidenced by:	S 6126	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: Our registered nurses and nurse anesthetists will continue to maintain the drug inventory and signed the drug logs. PPSP's Far Northeast Center Manager will ensure ongoing compliance. In addition, the following statement was added on June 19, 2012 to the Patient Services' Policy & Procedure Manual and to the Abortion Policy Manual: The area in the ASF where drugs are stored shall be periodically checked by a responsible pharmacist or practitioner and proper logs maintained.	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012

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S 6126	Continued from page 9 Based on review of facility documentation, observation and interview with staff (EMP), it was determined the facility failed to ensure that drugs were checked periodically by a pharmacist or practitioner. Findings include: A review on May 31, 2012, of facility documentation revealed the logs for periodic checks of stored drugs were not signed by a pharmacist or practitioner. An interview conducted on May 31, 2012, at 1:30 PM with EMP1 confirmed that the log of periodic checks of stored drugs was not signed by a pharmacist or practitioner.	S 6126		

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S 6126	Continued from page 10	S 6126		
S 636A		S 636A		

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S 636A	Continued from page 11 563.6 (a) Preservation of Medical Records 563.6 Preservation of medical records (a) The facility shall have a written policy regarding the retention of records. Medical records whether original, reproductions or microfilm, shall be kept on file for a minimum of 7 years following the discharge of patient. This REGULATION is not met as evidenced by:	S 636A	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: The Patient Services Policy & Procedure Manual addresses the retention of records as follows: For inactive clients – archived after 2 years of inactivity and kept for a minimum of 7 years, or longer if required by state law or regulations. Client records shall be considered active and will be maintained at the clinic site if the client has received services within the past two years. Client records shall be considered inactive and will be stored off-site if the client has not received services for more than two years. Inactive charts should be purged annually for archiving. For minors - archived after 2 years of inactivity and kept until the age of majority, plus 7 years, or longer if required by state law or regulations	Completion Date: 06/19/2012 Status: APPROVED Date: 06/29/2012

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S 636A	Continued from page 12 Based on review of facility documentation and interview with staff (EMP), it was determined the facility failed to have a written policy regarding the retention of medical records. Findings include: A review on May 31, 2012, of facility policies and procedures revealed no evidence of a written policy regarding the retention of medical records. An interview conducted on May 31, 2012, at 2:45 PM, with EMP1 confirmed the facility did not have a written policy regarding the retention of medical records.	S 636A	This policy was added to the Abortion Policy Manual on June 19, 2012.	
S 6400		S 6400		

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S 6400	Continued from page 13 563.10 Ownership There shall be written policies and procedures which specify who has access to medical records, under what conditions records may be removed from the ASF, and under what conditions medical record information may be released. Medical records are the property of the ASF, and they may not be removed from the premises except for court purposes. Copies may be made available for authorized purposes, such as insurance claims and practitioner review. This REGULATION is not met as evidenced by:	S 6400	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: The Patient Services Policy & Procedure Manual addresses the access, removal and release of patient records and medical record information in great detail, including, "charts shall be secured by lock when unattended by personnel." The policy on medical records security and release was added to the Abortion Policy Manual on June 19, 2012, and is intended to address both planned and emergency situations when the records are not attended by personnel.	Completion Date: 06/19/2012 Status: APPROVED Date: 06/29/2012

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S 6400	Continued from page 14 Based on review of facility policies and procedures, and interview with staff (EMP), it was determined the facility failed to have a written policy to specify who has access to medical records, under what conditions records can be removed from the ASF, and under what conditions medical record information may be released. Findings include: A review on May 31, 2012, of policies and procedures revealed there was no policy regarding a written policy to specify who has access to medical records, under what conditions records can be removed from the ASF, and under what conditions medical record information may be released. An interview conducted on May 31, 2012, at 2:30 PM with EMP1 confirmed the facility did not have a written policy to address who has access to medical records, under what conditions records can be removed from the ASF, and under what conditions medical record information may be released.	S 6400		

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S 6400	Continued from page 15	S 6400		
S 6729	<p>567.11 (2) Operating Suite Equipment</p> <p>567.11 Operating suite equipment</p> <p>The operating suite shall be adequately equipped with age appropriate equipment for the types of procedures to be performed and the recovery area shall be adequately equipped for the proper care of postanesthesia recovery of surgical patients. All equipment and supplies shall be age and size appropriate for the patients treated. The following equipment shall be available in the operating suite and recovery area:</p> <p>(2) Emergency call system</p> <p>This REGULATION is not met as evidenced by:</p>	S 6729	<p>The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance:</p> <p>The facility installed a telephone on the counter of every procedure room on June 1, 2012 which calls the front desk with the touch of only one button. This button is clearly labeled "Front Desk." In addition, the phone is marked "To get an outside line, dial 9."</p>	<p>Completion Date: 06/01/2012 Status: APPROVED Date: 06/29/2012</p>

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S 6729	Continued from page 16 Based on observation and interview with staff (EMP), it was determined the facility failed to provide an emergency call system in the operating room and recovery area. Findings include: Observation on May 31, 2012, of OR1, OR2 and recovery room revealed there were no emergency call systems located in these areas.. An interview conducted on May 31, 2012, at 1:00 PM with EMP1 confirmed there were no emergency call systems located in the operating rooms or recovery room.	S 6729		
S 6740		S 6740		

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NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD PHILADELPHIA, PA 19154		
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S 6740	Continued from page 17 567.32 Policies and Procedures 567.32 Policies and procedures Procedures shall be developed for cleaning and care of equipment, for establishment of cleaning schedules, for cleaning methods and for proper use of cleaning supplies and disposal of waste. Suitable equipment shall be provided to facilitate cleaning. This REGULATION is not met as evidenced by:	S 6740	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: Our Patient Services Policy & Procedure Manual address the cleaning and care of equipment, including the following schedule: The following areas are to be cleaned daily (end of each day) with phenolic cleaner: exam tables. Note that Surgical procedure tables are to be cleaned after each procedure; laboratory area surfaces and sinks; microscope area; sinks in exam rooms and microscope areas; any other areas where specimens, specula, etc. are put down; toilets, lavatory sinks Areas to be cleaned weekly: areas holding immediate exam supplies (i.e. exam carts, ledges, exam table drawers); floors, surfaces, stools, chairs, stirrups and sides of exam tables in exam rooms; containers for contaminated waste. These should	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012

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: 05/31/2012
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S 6740	Continued from page 18	S 6740	<p>also be cleaned when grossly contaminated; doorknobs, cabinet handles, vertical surfaces of laboratory areas; bathroom floors; above to be cleaned with phenolic cleaner; offices, low reach areas, waiting rooms to be dusted and swept</p> <p>Areas to be cleaned monthly: all other surfaces of exam tables pull out all shelves and drawers, clean around openings; high reach areas tops of window and doorframes, etc.; incubator surfaces, blood pressure cuffs to be cleaned to manufacturer's specifications.</p> <p>Areas to be cleaned quarterly: storage shelves and cabinets; refrigerators</p> <p>Walls and curtains should be cleaned at least annually, earlier if soiled.</p> <p>PPSP Far Northeast's Center Manager is responsible for the ongoing compliance of this cleaning policy.</p>	

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S 6740	Continued from page 19 Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to develop policies and procedures for the cleaning and care of equipment and establish cleaning schedules. Findings include: A review on May 31, 2012, of facility policies revealed no policy regarding the cleaning of equipment or cleaning schedules. An interview conducted on May 31, 2012, at 1:45 PM with EMP1 confirmed the facility did not establish policies for the timely cleaning of equipment or provide cleaning schedules.	S 6740		
S 6747		S 6747		

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: 05/31/2012
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S 6747	Continued from page 20 567.43 Ventilation System The ventilation system shall be inspected and maintained in accordance with the written maintenance schedule to ensure that a properly conditioned air supply meeting minimum filtration, humidity and temperature requirements is provided in critical areas such as the surgical and recovery suites under Chapter 571 (relating to construction standards). This REGULATION is not met as evidenced by:	S 6747	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: Equipment is maintained properly, inspected twice a year and Filters are changed every 4 to 6 months. A log was created and disseminated for documenting HVAC filter changes. Contract will be amended by July 13, 2012 to ensure documentation of compliance. Thermometers and hygrometers were purchased and installed on June 20, 2012. Log was created and is in use as of June 21, 2012. The following was added to the Abortion Policy Manual on June 19, 2012: The ventilation system shall be inspected, maintained, set and monitored in accordance with federal, state and local regulations and the written maintenance	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

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S 6747	Continued from page 21	S 6747	<p>schedule to ensure that a properly conditioned air supply meeting minimum filtration, humidity and temperature requirements is provided in critical areas.</p> <p>Filters will be changed or cleaned a minimum of every six months. Filter changes will be documented on the Heating and Cooling System Maintenance Log. Air temperature and humidity will be monitored in the procedure rooms and will be recorded on the log prior to the commencement of each surgical abortion procedure.</p> <p>PPSP's Director of Facilities is responsible for the ongoing compliance of this regulation.</p>	

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S 6747	Continued from page 22 Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to ensure the ventilation system was inspected and maintained in accordance with the written maintenance schedule to ensure a properly conditioned air supply in critical areas of the facility. Findings include: A review on May 31, 2012, of facility documents revealed no policy regarding an inspection of the ventilation system or a written maintenance schedule. Observation on May 31, 2012, of OR1, OR2 and PACU revealed the absence of monitoring devices for temperature and humidity. An interview conducted on May 31, 2012, with EMP1 confirmed there was no documentation of a procedure for the maintenance of the ventilation system or for monitoring the temperature and	S 6747		

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S 6747	Continued from page 23 humidity levels in the operating rooms and post anesthesia care unit.	S 6747		
S 6904		S 6904		

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S 6904	Continued from page 24 569.11 INTERNAL DISASTER PLAN - Fire Fighting 569.11 Firefighting service The person in charge of the ASF shall establish a workable plan with the nearest fire department for fire fighting service. The ASF shall provide the fire department with a current floor plan of the building showing the location of firefighting equipment, exits, patient rooms, storage places of flammable and explosive gases and other information as the fire department requires or as may be necessary. This REGULATION is not met as evidenced by:	S 6904	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: On June 11, 2012 a letter was sent to the Philadelphia Fire Department requesting a meeting and inspection. On July 12, 2012 the fire Dept will schedule their annual review of plans and inspection of the Surgical Far Northeast site. The following was added to the Abortion Policy Manual on June 19, 2012: The Director of Facilities shall establish and maintain a workable plan with the nearest fire department for fire- fighting service for each ASF location. The Director of Facilities shall provide the fire department with a current floor plan of the building showing the location of fire fighting equipment, exits, patient rooms, storage places of flammable materials and shall	Completion Date: 07/13/2012 Status: APPROVED Date: 06/29/2012

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S 6904	Continued from page 25 Based on review of facility documentation and interview with staff (EMP), it was determined the facility failed to establish a workable plan with the nearest fire department. Findings include: A review on May 31, 2012, of facility documentation revealed no evidence of a plan with the nearest fire department. An interview conducted on May 31, 2012 at 2:15 PM with EMP1 confirmed the facility did not establish a workable plan with the nearest fire department.	S 6904	provide information that the fire department requires or as necessary.	

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S 6906	569.13 Testing Fire Warning Systems 569.13 Testing Fire Warning Systems Fire safety systems, including automatic fire extinguishing systems, automatic and manual alarms, stand pipes and hose reels shall be of an approved type. They shall be kept in good operating condition and inspected by qualified ASF personnel at least every 3 months. Records of the inspections shall be kept on file for the licensure period. This REGULATION is not met as evidenced by:	S 6906	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: Fire safety systems/life safety systems are inspected regularly by qualified Facilities Department staff and annually by outside qualified inspection/service companies. A log was created so quarterly and annual inspections can be recorded in a manual system. PPSP's Director of Facilities is responsible for the ongoing compliance of this regulation.	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012

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S 6906	Continued from page 27 Based on review of facility documentation and interview with staff (EMP) it was determined the facility failed to ensure that automatic fire extinguishing systems, automatic and manual alarms were inspected by qualified ASF personnel at least every three months and records of the inspection were kept on file. Findings include: A review on May 31, 2012, of facility documents revealed no procedure for the provision of inspections of automatic fire extinguishing systems, automatic and manual alarms by qualified personnel least every three months or records of inspections kept on file. An interview conducted on May 31, 2012, at 1:30 PM with EMP1, confirmed that facility personnel did not conduct inspections of automatic fire extinguishing systems, automatic and manual alarms every three months or keep documentation of	S 6906		

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S 6906	Continued from page 28 inspections on file.	S 6906			
S 6908		S 6908			

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S 6908	Continued from page 29 569.15 Safety Education Program 569.15 Safety Education Program Employees shall participate in the safety program and perform the duties delegated to them and be instructed in the operation of the fire warning system, the proper use of fire fighting equipment and the procedure to follow if electric power is impaired. This REGULATION is not met as evidenced by:	S 6908	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: The following was added to the Abortion Policy Manual on June 19, 2012: Employees shall participate in the safety program and perform the duties delegated to them and be instructed in the operation of the fire warning system, the proper use of the fire fighting equipment and the procedure to follow if electric system impaired. On the first day of employment the employee will be shown evacuation paths, all egress doors and life safety equipment and instructed in its use by their supervisor. The Director of Facilities and VP for Patient Services will draft a Fire Safety Program which will be published internally by July 13, 2012. A Loss of Utility policy was written	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

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S 6908	Continued from page 30	S 6908	and was added to our Abortion Policy Manual on June 19, 2012. PPSP's Director of Facilities is responsible for the ongoing compliance of this regulation.	

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S 6908	<p>Continued from page 31</p> <p>Based on review of facility documentation, personnel files (PF) and interview with staff (EMP), it was determined the facility failed to ensure that employees were instructed in the operation of fire warning system, the proper use of fire fighting equipment and the procedure to follow if electric power is impaired.</p> <p>Findings include:</p> <p>A review on May 31, 2012, of facility documentation revealed no evidence that employees participated in a fire safety program</p> <p>A review on May 31, 2012, of personnel files revealed no evidence that employees participated in a fire safety program.</p> <p>An interview conducted on May 31, 2012, at 2:00 PM with EMP1 confirmed that a fire safety program was not provided to employees.</p>	S 6908		

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S 6908	Continued from page 32	S 6908		
S 6909		S 6909		

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S 6909	Continued from page 33 569.21 (a) EVACUATION - Fire Drills 569.21 Fire Drills (a) Fire, internal disaster and evacuation drills shall be held at least quarterly for ASF personnel and under varied conditions. This REGULATION is not met as evidenced by:	S 6909	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: The following was added to the Abortion Policy Manual on June 19, 2012: Fire, internal disaster and evacuation drills shall be held quarterly for ASF personnel and under varied conditions. Immediately following each drill a written report (including date, time, activities and employees participating) shall be done. The report and evaluation of drills conducted will be kept on file. A copy of ASF drill report and evaluation will be sent to the COO within 5 business days. The Director of Facilities shall ensure that all personnel are trained to perform their duties and are familiar with use/operation of fire fighting equipment in the ASF. The Director of Facilities is responsible for ongoing compliance of this	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

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S 6909	Continued from page 34	S 6909	regulation.		

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: 05/31/2012
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD PHILADELPHIA, PA 19154		
STATE LICENSE NUMBER: 9HEG8701				
(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 6909	Continued from page 35 Based on review of facility documentation, personnel files (PF), and interview with staff (EMP), it was determined the facility failed to conduct quarterly fire drills and provide a written report of each drill. Findings include: A review on May 31, 2012, of facility documents revealed no evidence of written reports to indicate that quarterly fire drills were conducted. A review on May 31, 2012, of personnel files revealed no documentation that each employee participated in a quarterly fire drill. An interview conducted on May 31, 2012 at 2:30 PM with EMP1 confirmed that the facility could not provide documentation that quarterly fire drills were conducted.	S 6909		

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S 6909	Continued from page 36	S 6909		
S 6916	<p>569.32 Fire Inspection</p> <p>569.32 Fire Inspection</p> <p>The ASF shall request an annual inspection by its local fire department.</p> <p>This REGULATION is not met as evidenced by:</p>	S 6916	<p>The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance:</p> <p>A letter to the Philadelphia Fire Department requesting an annual inspection was sent on June 11, 2012. On July 12, 2012 the Fire Department will be able to schedule their 2012 visit. A policy for requesting annual inspection by the local fire department will be developed.</p> <p>PPSP's Director of Facilities is responsible for the ongoing compliance of this regulation.</p>	<p>Completion Date: 07/13/2012</p> <p>Status: APPROVED</p> <p>Date: 07/16/2012</p>

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: 05/31/2012
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S 6916	Continued from page 37 Based on review of facility documentation and interview with staff (EMP), it was determined the facility failed to request an annual inspection by the local fire department. Findings include: A review on May 31, 2012, of facility documentation revealed no procedure for requesting an annual inspection by the local fire department. An interview conducted on May 31, 2012, at 2:00 PM with EMP1 confirmed the facility did not request an annual inspection by the local fire department.	S 6916		
S 6918		S 6918		

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: 05/31/2012
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S 6918	Continued from page 38 569.34 Electrical Safety 569.34 Electrical Safety Appliances, instruments and installations shall be tested before use to determine compliance with grounding, current leakage and other device safety requirements to ensure protection of patients and employees. A program of routine maintenance shall be effectively enforced to ensure that electrical receptacles and plugs, wires and connectors are safe. If an appliance requiring three wire circuitry for grounding is attached to as two wire outlet, the adaptor plug pigtail shall be attached to a ground. This REGULATION is not met as evidenced by:	S 6918	The effective date for this regulation is June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: Annual inspections by a licensed electrician will be held and documentation of routine maintenance will be kept. One has been scheduled for the Far Northeast for July 13, 2012.	Completion Date: 07/13/2012 Status: APPROVED Date: 06/29/2012

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: 05/31/2012
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S 6918	Continued from page 39 Based on interview with staff (EMP), it was determined the facility failed to ensure that routine maintenance of electrical receptacles, plugs wire and connectors were safe to ensure protection of patients and employees. Findings include: A request was made on May 31, 2012, for documentation of routine maintenance of facility's electrical testing for electrical receptacles, plugs and wire connectors. None were provided. An interview conducted on May 31, 2012, at 2:10 PM with EMP1 confirmed there was no documentation of routine maintenance for electrical testing for electrical receptacles.	S 6918		
S 7100		S 7100		

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S 7100	Continued from page 40 571.1 CHAPTER 571 - Construction Standards 571.1 Minimum Standards ASF construction shall be in accordance with the latest edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities," as published by the American Institute of Architects/Academy of Architecture for Health including those guidelines established for various outpatient facilities. In the alternative, a facility shall meet the construction guidelines for specified types of surgical procedures as listed in appendix A. Where renovation or replacement work is performed within an existing facility, all new work or additions shall comply with the requirements for new construction. This REGULATION is not met as evidenced by:	S 7100	The effective date for this regulation was June 19, 2012, and the survey took place on May 31, 2012. PPSP Far Northeast has taken the following steps to ensure compliance: PPSP Far Northeast is in the process of conferring with its architect to discuss possible options for installing cubicle curtains for patient privacy, and will have further conversations with the Division of Safety Inspection upon further planning related to this item. PPSP's architect has conferred with a representative of the Division of Safety Inspection about this regulation at length. PPSP is in the process of conferring with its architect to discuss possible feasible alterations to the Far Northeast health center to satisfy the requirements for the separation of clean and dirty/soiled workrooms. PPSP's architect will engage in further conversations with the Division of Safety Inspection upon	Completion Date: 07/13/2012 Status: APPROVED Date: 06/29/2012

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: 05/31/2012
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S 7100	Continued from page 41	S 7100	<p>the development of a plan the meets the Guidelines requirements, and if necessary, may seek limited exceptions from the Guidelines in furtherance of a renovation or alteration that is agreeable to the Division of Safety Inspection. While this process continues, PPSP Far Northeast will review with its staff the proper infection protocols for handling soiled, clean and sterile instruments and avoiding cross-contamination. The quality assurance committee will be tasked with reviewing this protocol and recommending any necessary improvements at its July meeting which is scheduled for July 26, 2012.</p> <p>PPSP's architect has conferred with a representative of the Division of Safety Inspection about this regulation at length. PPSP Far Northeast intends to seek exceptions to the Guidelines requirements of minimum operating room sizes.</p> <p>PPSP's architect has conferred with a representative of the Division of</p>	

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S 7100	Continued from page 42	S 7100	<p>Safety Inspection about this regulation at length. PPSP is in the process of conferring with its architect to discuss possible feasible alterations to the Far Northeast health center to satisfy the requirements for these items. PPSP's architect will engage in further conversations with the Division of Safety Inspection upon the development of an acceptable solution. PPSP Far Northeast intends to seek limited exceptions from the Guidelines as necessary in furtherance of a renovation or alteration that is agreeable to the Division of Safety Inspection.</p> <p>PPSP's architect has conferred with a representative of the Division of Safety Inspection about this regulation at length. PPSP sought an exception to the requirement that hands-free scrub sinks be outside the procedure room on April 30, 2012, and the Department deferred decision on that request by letter dated June 1, 2012. PPSP Far Northeast intends to submit further</p>	

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S 7100	Continued from page 43	S 7100	information to the Department in support of its pending exception request.	

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S 7100	Continued from page 44 Based on observation and interview with staff (EMP), it was determined the facility failed to ensure compliance with all applicable 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 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities. Findings include: 1) The current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.8-3.4.2.2 indicates "Cubicle curtains or other provisions for privacy during post-operative care shall be provided. Observation on May 31, 2012, of the recovery room revealed seven recliner chairs for post-operative care. There were no cubicle curtains for privacy between the seven recliner chairs.	S 7100		

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S 7100	Continued from page 45 An interview conducted on May 31, 2012, at 2:10 PM with EMP1 confirmed the recliner chairs in the recovery room did not have cubicle curtains for privacy. _____	S 7100		
	2) The current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.8-5.1.2.1 indicates "Soiled workroom. This room shall be physically separated from all other areas of the facility" and 3.8.-5.1.2.2 Clean/assembly workroom. Clean and soiled work areas shall be physically separated ... (2) This workroom shall have a hand-washing station. (3) This room shall contain appropriate and sufficient workspace and equipment for terminal sterilizing of medical and surgical equipment and supplies." Observation on May 31, 2012, of the soiled work area and the clean work area revealed they were located together in one room.			

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S 7100	<p>Continued from page 46</p> <p>An interview conducted on May 31, 2012, with EMP1 confirmed the clean and soiled work areas were located together in one room.</p> <p>_____</p> <p>3) The current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.7-3.3.1.3 Class B Operating Rooms indicates, "Class B operating rooms shall have a minimum clear floor area of 250 square feet (23.23 square meters) with a minimum clear dimension of 15 feet (4.57 meters)".</p> <p>Observation on May 31, 2012, of Operating Room 1 and Operating Room 2, indicated an approximate size of 120 square feet. Each room also contained counter tops and cabinets projecting into the room. These rooms were not in compliance with the required guidelines of 250 square feet.</p> <p>An interview conducted on May 31, 2012, at 2:00 PM with EMP1 confirmed the size of the two operating rooms was not 250 square feet.</p>	S 7100		

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S 7100	Continued from page 47 _____ 4) The current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.1-3.4.3.5 Special design elements indicates, "(1) Architectural details (a) The ceiling shall be monolithic" and (b) "The floor shall be smooth, with sealed seams". Observation on May 31, 2012 of Operating Rooms 1 & 2 revealed ceilings that were not monolithic and the floors did not have sealed seams". An interview conducted on May 31, 2012, at 2:00 PM with EMP1 confirmed that the ceilings were not monolithic and the floors did not have sealed seams. _____ 5) The current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.8-3.6.5.1 indicates "Hands-free scrub station(s) shall be provided outside of but near the entrance to each operating room".	S 7100		

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S 7100	Continued from page 48 Observation on May 31, 2012, of Operating Rooms 1 & 2 revealed no hands-free scrub sinks outside the rooms. An interview conducted on May 31, 2012, at 2:10 PM with EMP1 confirmed that hands-free scrub sinks were not located outside the operating rooms.	S 7100			



Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 05/31/2012

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