STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
8-5144				B. WING: 05/31/2012				
	VIDER OR SUPPLIER: NORTHEAST HEALTH (CENTER	STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD				
STATE LICENSE NUMBER: 9HEG8701			IIILADELII	HA, I A 19	134			
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
M 0000	This report is the result conducted on May 31, Parenthood of Southeat was determined that the with the requirements of Department of Health Chapter 29, Subchapte Gynecological Surgery	2012, at Planned stern PA- Comly Ro e facility was in con of the Pennsylvania Regulations § 28 Par D, Ambulatory	oad. It npliance Code,	M 0000				
LABORATORY	I DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TTTLE:	(X6) DATE:		

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5144		B. WING:			
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH C E NUMBER: 9HEG8701	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ID BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	CTION (EACH OULD BE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	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.						
S 033H				S 033H			
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE	<u> </u>	TITLE:	(X6) DATE:	

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: COMPL A. BLDG: 00		(X3) DATE SURVEY COMPLETED: 05/31/2012					
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033H	Continued from page 1 553.3 (8) Governing Body Responsibilities 553.3 Governing Body responsibilities include: (8) Establishing personnel policies and practice 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		Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5144		B. WING:		05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 033H	Based on review of factifies (PF) and interview determined the facility employees hired after abackground checks as and Act 73 of 2007, for Findings include: "The Child Protective Pa.C.S. § 6344.2 and 6 employees hired after asignificant likelihood on the form of care, gui must obtain three back of employment. Pennsy Clearance, Department Childline Clearance and Background Check." A review on May 31, 2 revealed no documentate checks were conducted.	w with staff (EMP), if failed to ensure that July 1, 2008, receive required by Act 179 refacility personnel. Services Law (CPSI 344(b) requires that July 1, 2008, who has of regular contact with dance, supervision of ground checks as convolved as a convolved to a public Welfare (d) Federal (FBI) Crime 2012, of personnel finition that three backs	at was all d of 2006 L), 23 tove a th children or training indition DPW) minal les ground	S 033H			

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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:	
		8-5144			<u>00</u>	05/31/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD				
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI 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	
S 033H	An interview conducter confirmed that the facility			S 033H				
	pediatric patients and that there was no documentation that all three background checkwere conducted on any of the employees.		necks					
S 3240				S 3240				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED:	EY
		8-5144			<u></u>	05/31/2012	
NAME OF PRO	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION) Continued from page 4 553.24 Discharge of a Minor or Incompetent Patien An individual who cannot legally consent to hi care shall be discharged only to the custody of parents, legal guar person standing in loco parentis or responsible person unless otherwise directed by the or guardian or court of competent jurisdiction. If the or guardian directs that discharge be made otherwise shall so state in writing, and the statement shall becapart of the permanent medical record. This REGULATION is not met as evidenced by:		street Address, 2751 COMLY PHILADELPI FICIENCY R LSC t t. s own rdian, parent e parent e, he	B. WING: CITY, STATE, Z ROAD	PROVIDER'S PLAN OF CORRECTORRECTIVE ACTION SHOCROSS-REFERENCED TO THE ACTION SHOCK SHO	gulation vey took SP Far owing ded to t c PM) on	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012
					consenting parent's direction minors with a judicial bypass discharged pursuant to the by order's direction. If the bypa provides no direction about to minor's discharge, the minor discharged into the care of the person who accompanied her facility, unless the minor pat not receive sedation and care facility alone, in which case be discharged independently PPSP's Manager for Center Cresponsible for ongoing com	s will be ypass uss order the will be ne r to the tient did ne to the she may c. Quality is	

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
		8-5144		B. WING: _		05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCE MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 3240	Based on a review of f with staff (EMP), it was to have a written policy incompetent patient. Findings include: A review on May 31, 2 revealed no policy that an incompetent person An interview conducte AM with EMP1 confir have a policy that addrincompetent patient.	2012, of facility police addressed the discharge of an don May 31, 2012, med that the facility	cies arge of at 10:00 did not	S 3240	and will test compliance with annual "Discharge of Minor Patients" audit.		
S 5710				S 5710			

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-5144		B. WING:		05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES)			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD		CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A		COMPLETE DATE
	Continued from page 6 557.1 CHAPTER 557 - QA 557.1 Policy The ASF, with active pursing staff, shall conduct and improvement program of systematically monitor and evaluate the quality and care, pursue opportunities to patient care and resolve ider This REGULATION is not also the continued of	articipation of the median ongoing quality assurtesigned to objectively a appropriateness of paties improve attified problems.	cal and rance and	S 5710	The effective date for this re is June 19, 2012, and the sur place on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: Two PPSP committees address abortion services quality assorting the agency Risk & Quality Management Team and the Isservices' Patient Safety Comboth of which meet quarterly Chief Operating Officer will compliance of an enterprise-and quality management meetach quarter, and the Manag Center Quality will ensure compliance of a quarterly Pasafety Committee meetings. COO and Manager of Center will ensure meeting minutes for both meetings.	vey took SP Far owing ess urance. Patient amittee, v. The ensure wide risk eting er of tient The r Quality	Completion Date: 06/14/2012 Status: APPROVED Date: 07/16/2012

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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:	
		8-5144				05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		CENTER	STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5710	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENTIES MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 7 Based on review of facility documents, and interview with staff (EMP), it was determined a facility failed to ensure a comprehensive quality assurance and improvement program. Findings include: A review on May 31, 2012, of facility document revealed no evidence of quality assurance meet minutes. An interview conducted on May 31, 3012, at 2 PM with EMP1 confirmed the facility facility of conduct meetings for a quality assurance and improvement committee.		aned the cality	S 5710			
S 6126				S 6126			

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PLAN OF CORRECTION (POC) IDENTI		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	R: A. BLDG:		COMPLET			
		8-5144		B. WING: _		05/31/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD				
	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
561.13 Sto 561.13 St The apperiodically practitioner	orage rea in the ASF w y checked by a ro r and proper logs	here drugs are stored sha esponsible pharmacist or maintained. met as evidenced by:		S 6126	The effective date for this re is June 19, 2012, and the sur place on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: Our registered nurses and nu anesthetists will continue to maintain the drug inventory signed the drug logs. PPSP's Northeast Center Manager wensure ongoing compliance. addition, the following stater was added on June 19, 2012 Patient Services' Policy & Pi Manual and to the Abortion Manual: The area in the ASF where distored shall be periodically compared by a responsible pharmacist practitioner and proper logs maintained.	vey took SP Far owing arse and s Far vill In ment to the rocedure Policy	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012	

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMB		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 8-5144			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 05/31/2012	EY
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 6126	Based on review of factors observation and interview checked periodical practitioner. Findings include: A review on May 31, 2 documentation reveale of stored drugs were not practitioner. An interview conducte PM with EMP1 confirmation checks of stored drugs pharmacist or practition.	ew with staff (EMP) failed to ensure that ally by a pharmacist 2012, of facility d the logs for period of signed by a pharm d on May 31, 2012, med that the log of p was not signed by a	ic checks acist or at 1:30 eriodic	S 6126			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 05/31/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6126	Continued from page 10			S 6126			
S 636A				S 636A			

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PLAN OF CORRECTION (POC) IDEN		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER:	NTIFICATION NUMBER: A. B		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ROAD		OULD BE	(X5) COMPLETE DATE
S 636A	Continued from page 11 563.6 (a) Preservation of M 563.6 Preservation of medi (a) The facility shall haretention of records. Medical records or microfilm, shall be kept on file for a m discharge of patient. This REGULATION is not	cal records live a written policy regate whether original, reproduinmum of 7 years follow	ductions	S 636A	The effective date for this re is June 19, 2012, and the sur place on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: The Patient Services Policy Procedure Manual addresses retention of records as follow. For inactive clients – archive years of inactivity and kept fininimum of 7 years, or long required by state law or reguliered by state law or reguliered and will be maintained clinic site if the client has reservices within the past two Client records shall be consilinactive and will be stored of the client has not received set for more than two years. In a charts should be purged annual archiving. For minors – archived after 2 inactivity and kept until the amajority, plus 7 years, or long required by state law or regular.	evey took SP Far owing & sthe ws: ed after 2 for a ger if dations. dered d at the ceived years. dered ff-site if ervices active ually for	Completion Date: 06/19/2012 Status: APPROVED Date: 06/29/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCE MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 636A	Based on review of facinterview with staff (Efacility failed to have a retention of medical refindings include: A review on May 31, 2 procedures revealed no regarding the retention An interview conducte PM, with EMP1 confirmal written policy regard records.	MP), it was determine written policy regard cords. 2012, of facility policy evidence of a written of medical records. d on May 31, 2012, med the facility did	ned the rding the cies and en policy at 2:45 not have	S 636A	This policy was added to the Abortion Policy Manual on 2012.		
S 6400				S 6400			

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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:	
		8-5144				05/31/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DID NORTH AND A CONTROL OF THE PROCESSION OF TH		STREET ADDRESS, 2751 COMLY PHILADELPI FICIENCY	ROAD		CTION (EACH	(X5)		
PREFIX TAG		ED BY FULL REGULATORY OF	R LSC	PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A		COMPLETE DATE	
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 released. Medical records are the property of the ASF, 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:		hat and nay be SF, and	S 6400	The effective date for this re is June 19, 2012, and the sur place on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: The Patient Services Policy Procedure Manual addresses access, removal and release patient records and medical information in great detail, is "charts shall be secured by low when unattended by personn The policy on medical recorsecurity and release was add the Abortion Policy Manual 19, 2012, and is intended to both planned and emergency situations when the records a attended by personnel.	evey took SP Far owing & s the of record ncluding, ock nel." ds led to on June address	Completion Date: 06/19/2012 Status: APPROVED Date: 06/29/2012	

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PLAN OF CORRECTION (POC) ID:		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 05/31/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6400	Based on review of fact and interview with staff the facility failed to hat who has access to med conditions records can and under what conditions information may be related to the facility failed to have the	eff (EMP), it was deterve a written policy to ical records, under what ions medical record leased. 2012, of policies and ere was no policy refy who has access to inditions records can are and under what contains and the facility did not so who has access to inditions records can are who has access to inditions records can are and under what conditions records can are an are also are	garding a medical be not have a medical be n	S 6400			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	ER:			ON: (X3) DATE SURVEY COMPLETED:	
8-5144 A. BLDG:00 B. WING: 05/31/2012							
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH (CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6400	Continued from page 15			S 6400			
S 6729	567.11 (2) Operating Suite Equipment 567.11 Operating suite equipment 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 approprate for the patients treated. The following equipment shall be available in the operating suite and recovery area: (2) Emergency call system This REGULATION is not met as evidenced by:		S 6729	The effective date for this re is June 19, 2012, and the sur place on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: The facility installed a teleph the counter of every procedu on June 1, 2012 which calls desk with the touch of only obutton. This button is clearly labeled "Front Desk." In add the phone is marked "To get outside line, dial 9."	rvey took SP Far owing hone on are room the front one y dition,	Completion Date: 06/01/2012 Status: APPROVED Date: 06/29/2012	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED: 05/31/2012	
		8-5144		D. WING.		05/51/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6729	Based on observation a (EMP), it was determine provide an emergency room and recovery are Findings include: Observation on May 3 recovery room reveale call systems located in An interview conducte PM with EMP1 confirmed emergency call systems rooms or recovery room.	ned the facility failed call system in the opa. 1, 2012, of OR1, ORd there were no emethese areas d on May 31, 2012, med there were no solution in the oper.	at 1:00	S 6729			
S 6740				S 6740			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		EY
		8-5144				05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS 2751 COMLY PHILADELP	ROAD				
(X4) ID PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6740	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 17 567.32 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:		nethods	S 6740	The effective date for this reis June 19, 2012, and the surplace on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: Our Patient Services Policy of Procedure Manual address the cleaning and care of equipment including the following scheolic deaner areas are to be cleaned daily (end of each daphenolic cleaner: exam table that Surgical procedure table be cleaned after each proced laboratory area surfaces and microscope area; sinks in extrooms and microscope areas other areas where speciments specula, etc. are put down; to lavatory sinks Areas to be cleaned weekly: holding immediate exam supexam carts, ledges, exam table drawers); floors, surfaces, stechairs, stirrups and sides of etables in exam rooms; contain contaminated waste. These	vey took SP Far owing & ne eent, dule: e ay) with es. Note es are to ure; sinks; am ; any s, bilets, areas oplies (i.e. ole ools, exam iners for	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: DDRESS, CITY, STATE, ZIP CODE:		(X3) DATE SURVEY COMPLETED: 05/31/2012	
	NORTHEAST HEALTH	CENTER	2751 COMLY				
STATE LICENS	e number: 9HEG8701		PHILADELPI	HIA, PA 19	154		
(X4) ID PREFIX TAG	SUMMARY STATEMEN' MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6740	Continued from page 18			S 6740			
					also be cleaned when grossly contaminated; doorknobs, ca handles, vertical surfaces of laboratory areas; bathroom f above to be cleaned with phe cleaner; offices, low reach a waiting rooms to be dusted a swept Areas to be cleaned monthly other surfaces of exam tables out all shelves and drawers, around openings; high reach tops of window and doorframetc.; incubator surfaces, bloopressure cuffs to be cleaned manufacturer's specifications. Areas to be cleaned quarterly storage shelves and cabinets; refrigerators Walls and curtains should be cleaned at least annually, ear soiled. PPSP Far Northeast's Center Manager is responsible for the	loors; enolic areas, and areas	
					ongoing compliance of this opolicy.	cieaning	

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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:	
		8-5144		B. WING:		05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6740	Continued from page 19 Based on review of facility documents and in with staff (EMP), it was determined the facility develop policies and procedures for the conditional and care of equipment and establish cleaning schedules. Findings include: A review on May 31, 2012, of facility policing revealed no policy regarding the cleaning of equipment or cleaning schedules. An interview conducted on May 31, 2012, and PM with EMP1 confirmed the facility did not establish policies for the timely cleaning of equipment or provide cleaning schedules.		eility failed cleaning ng	S 6740			
S 6747				S 6747			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5144	STREET ADDRESS.	A. BLDG: _ B. WING: _ CITY, STATE, Z	PLE CONSTRUCTION: 00 IP CODE:	(X3) DATE SURVI COMPLETED: 05/31/2012	:	
PPSP FAR	NORTHEAST HEALTH (CENTER	2751 COMLY PHILADELP		154			
STATE LICENSE NUMBER: 9HEG8701			THIEADELT		134			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE) MUST BE PRECEEDED 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 6747	Continued from page 20 567.43 Ventilation System The ventilation system shall in accordance with the writt ensure that a properly condi minimum filtration, humidit is provided in critical areas recovery suites under Chapter 571 (relating to cortain REGULATION is not	en maintenance schedul- tioned air supply meetin ty and temperature requi such as the surgical and astruction standards).	e to	S 6747	The effective date for this re is June 19, 2012, and the sur place on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: Equipment is maintained proinspected twice a year and F changed every 4 to 6 months was created and disseminate documenting HVAC filter cl Contract will be amended by 2012 to ensure documentation compliance. Thermometers and hygrome purchased and installed on June 2012. Log was created and it as of June 21, 2012.	operly, ilters are s. A log d for nanges. July 13, on of ters were une 20, is in use	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012	
					The following was added to Abortion Policy Manual on 2012: The ventilation system shall inspected, maintained, set an monitored in accordance wit federal, state and local regula and the written maintenance	June 19, be d h		

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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:	
		8-5144		B. WING: _	B. WING: 05/31/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		CENTER	STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	REFIX 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 6747	Continued from page 21			S 6747	schedule to ensure that a proconditioned air supply meetiminimum filtration, humidity temperature requirements is provided in critical areas. Filters will be changed or cleminimum of every six month changes will be documented Heating and Cooling System Maintenance Log. Air tempand humidity will be monito procedure rooms and will be recorded on the log prior to to commencement of each surgabortion procedure. PPSP's Director of Facilities responsible for the ongoing compliance of this regulation	eaned a as. Filter on the erature red in the che ical	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6747	Based on review of facility documents and i with staff (EMP), it was determined the faci to ensure the ventilation system was inspect maintained in accordance with the written maintenance schedule to ensure a properly conditioned air supply in critical areas of the Findings include: A review on May 31, 2012, of facility docur revealed no policy regarding an inspection of ventilation system or a written maintenance schedule. Observation on May 31, 2012, of OR1, OR1 PACU revealed the absence of monitoring defor temperature and humidity. An interview conducted on May 31, 2012, we EMP1 confirmed there was no documentation procedure for the maintenance of the ventilal system or for monitoring the temperature and system or for monitoring the system or f		eility failed eted and the facility. Interpolation of the eterory of the devices with ion of a lation	S 6747			

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/31/2012			
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						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
S 6747	Continued from page 23 humidity levels in the canesthesia care unit.	operating rooms and	post	S 6747					
S 6904				S 6904					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 8-5144				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/31/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D.)			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD HIA, PA 19	154		1 20
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			THO TIBERSTEEL OF CONTIDENT (Extens		OULD BE	(X5) COMPLETE DATE
S 6904	Continued from page 24 569.11 INTERNAL DISAS 569.11 Firefighting service The person in charge of workable plan with the nearest fire department to ASF shall provide the fire department building showing the location of fire patient rooms, storage places of flammable information as the fire department requirement. This REGULATION is not	of the ASF shall establish for fire fighting service. Twith a current floor plating equipment, exite and explosive gases and the service of the service of the service and explosive gases and the service of the service and explosive gases and the service of the service and explosive gases and the service of the service	The n of the s, d other	S 6904	The effective date for this re is June 19, 2012, and the sur place on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: On June 11, 2012 a letter was the Philadelphia Fire Depart requesting a meeting and ins On July 12, 2012 the fire Deschedule their annual review plans and inspection of the SE Far Northeast site. The following was added to Abortion Policy Manual on 2012: The Director of Facilities she establish and maintain a wor plan with the nearest fire def for fire-fighting service for ASF location. The Director of Facilities shall provide the fidepartment with a current floof the building showing the of fire fighting equipment, epatient rooms, storage places flammable materials and shall	rvey took SP Far owing as sent to ment spection. spt will of Gurgical the June 19, all skable partment each of ire oor plan location xits, s of	Completion Date: 07/13/2012 Status: APPROVED Date: 06/29/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5144			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE	
S 6904	Based on review of facinterview with staff (Enfacility failed to establinearest fire department) Findings include: A review on May 31, 2 documentation revealed the nearest fire department. An interview conducte PM with EMP1 confirmestablish a workable plidepartment.	MP), it was determines has workable planted. O12, of facility do no evidence of a prenent. d on May 31, 2012 and the facility did no	olan with	S 6904	provide information that the department requires or as need		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/31/2012		
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH (E NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6906	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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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 05/31/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6906	Based on review of fact interview with staff (E. facility failed to ensure extinguishing systems, were inspected by qualevery three months and were kept on file. Findings include: A review on May 31, 2 revealed no procedure inspections of automat automatic and manual least every three month kept on file. An interview conducte PM with EMP1, confir did not conduct inspecting extinguishing systems, every three months or interview conducts.	MP) it was determine that automatic fire automatic and manulified ASF personnel diffed ASF personnel diffed records of the inspector of the provision of ic fire extinguishing alarms by qualified as or records of inspector of automatic fire automatic fire automatic and manufactured and manufactured fire automatic au	ual alarms l at least ection uments systems, personnel ections at 1:30 rsonnel re ual alarms	S 6906			

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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:	
		8-5144		B. WING: _		05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(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
S 6906	Continued from page 28			S 6906			
	inspections on file.						
S 6908				S 6908			

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5144				05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIES (EACH DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIES (EACH DEFICIENCIES (EACH DEFICIES (EA					OULD BE	(X5) COMPLETE DATE
S 6908	Continued from page 29 569.15 Safety Education Proceedure to follow if electric power is	ogram pate in the safety prograstructed in the operation e fighting equipment and simpaired.	of the	S 6908	The effective date for this re is June 19, 2012, and the sur place on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: The following was added to Abortion Policy Manual on 2012: Employees shall participate safety program and perform duties delegated to them and instructed in the operation of warning system, the proper of the fire fighting equipment a procedure to follow if electric impaired. On the first day of employment the employee with shown evacuation paths, all doors and life safety equipments instructed in its use by their supervisor. The Director of Facilities and Patient Services will draft a Safety Program which will be published internally by July	the June 19, in the the libe of the fire use of and the cic system will be egress ent and d VP for Fire be 13, 2012.	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

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OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED:	
	8-5144 B. WING: 05/31/2012					
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		2751 COMLY	ROAD			
MUST BE PRECEEDE		ID PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE	
Continued from page 30			S 6908	Policy Manual on June 19, 2 PPSP's Director of Facilities responsible for the ongoing	012. is	
	RECTION (POC) VIDER OR SUPPLIER: NORTHEAST HEALTH (E NUMBER: 9HEG8701 SUMMARY STATEMENT MUST BE PRECEEDE IDENTII	RECTION (POC) IDENTIFICATION NUMBER 8-5144 VIDER OR SUPPLIER: NORTHEAST HEALTH CENTER E NUMBER: 9HEG8701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)	RECTION (POC) IDENTIFICATION NUMBER: 8-5144 STREET ADDRESS, 2751 COMLY PHILADELPI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	RECTION (POC) IDENTIFICATION NUMBER: A. BLDG: B. WING: VIDER OR SUPPLIER: NORTHEAST HEALTH CENTER E NUMBER: 9HEG8701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IDENTIFYING INFORMATION) A. BLDG: B. WING: 2751 COMLY ROAD PHILADELPHIA, PA 19	RECTION (POC) IDENTIFICATION NUMBER: A. BLDG:00	RECTION (POC) IDENTIFICATION NUMBER: A. BLDG:00 DS/31/2012 R-5144 STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD PHILADELPHIA, PA 19154 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Sommary STATEMENT OF DEFICIENCIES (EACH DEFICIENCY CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE) Continued from page 30

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI 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
S 6908	Based on review of factorists personnel files (PF) and it was determined the fremployees were instructive warning system, the proceeding of the proceeding o	d interview with staffacility failed to ensure ted in the operation oper use of fire fight cedure to follow if electric edure to follow if electric edure to facility do no evidence that enfety program en	ef (EMP), are that of fire ting lectric employees les ipated in	S 6908			

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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:	
8-5144 B. WING: 05/31/2012							
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH OF THE STREET OF THE S	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6908	Continued from page 32			S 6908			
S 6909				S 6909			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER 8-5144			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/31/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		CENTER	STREET ADDRESS 2751 COMLY PHILADELP	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)				OULD BE	(X5) COMPLETE DATE	
S 6909	Continued from page 33 569.21 (a) EVACUATION 569.21 Fire Drills (a) Fire, internal disas held at least quarterly for ASF pers conditions. This REGULATION is not	ter and evacuation drills onnel and under varied	shall be	S 6909	The effective date for this re is June 19, 2012, and the sur place on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: The following was added to Abortion Policy Manual on 2012: Fire, internal disaster and ev drills shall be held quarterly personnel and under varied conditions. Immediately folleach drill a written report (date, time, activities and emparticipating) shall be done. report and evaluation of drill conducted will be kept on fill A copy of ASF drill report a evaluation will be sent to the within 5 business days. The Director of Facilities shall enthat all personnel are trained perform their duties and are with use/operation of fire fig equipment in the ASF. The of Facilities is responsible for ongoing compliance of this	vey took SP Far owing the June 19, acuation for ASF owing including ployees The ls le. action for ASF owing including ployees to familiar chting Director	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	EFIX 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 6909	Continued from page 34			S 6909	regulation.		

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER.		A. BLDG:00		(X3) DATE SURVI COMPLETED: 05/31/2012	EY
	VIDER OR SUPPLIER:	8-5144	STREET ADDRESS,	CITY, STATE, Z		03/01/2012	
	NORTHEAST HEALTH (SE NUMBER: 9HEG8701	CENTER	2751 COMLY PHILADELPI		154		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 6909	Based on review of factors personnel files (PF), and it was determined the form that quarterly fire drills and each drill. Findings include: A review on May 31, 2 revealed no evidence of that quarterly fire drills. A review on May 31, 2 revealed no documental participated in a quarterly fire drills. An interview conducted PM with EMP1 confirm provide documentation conducted.	2012, of facility documents of written reports to its were conducted. 2012, of personnel fination that each employerly fire drill. 2013 and May 31, 2012 and that the facility	off (EMP), cluct eport of epor	S 6909			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		8-5144			00	05/31/2012	
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH (E NUMBER: 9HEG8701	CENTER	STREET ADDRESS. 2751 COMLY PHILADELP	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6909	Continued from page 36			S 6909			
S 6916	569.32 Fire Inspection The ASF shall request an annual inspection by its local fire department. This REGULATION is not met as evidenced by:		its	S 6916	The effective date for this re is June 19, 2012, and the sur place on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: A letter to the Philadelphia F Department requesting an arinspection was sent on June 2012. On July 12, 2012 the F Department will be able to stheir 2012 visit. A policy for requesting annual inspection local fire department will be developed. PPSP's Director of Facilities responsible for the ongoing compliance of this regulation	rvey took SP Far owing Fire nnual 11, Fire chedule or by the	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

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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:	
		8-5144		B. WING: _		05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		CENTER	STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6916	Based on review of facinterview with staff (Efacility failed to request local fire department. Findings include: A review on May 31, 2 documentation reveale an annual inspection by An interview conducte PM with EMP1 confirmed request an annual inspection by department.	MP), it was determine an annual inspection of facility do no procedure for row the local fire departed on May 31, 2012, med the facility did rower to the facility did rower t	equesting truent. at 2:00 not	S 6916			
S 6918				S 6918			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	BER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5144		B. WING: _		05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6918	Continued from page 38 569.34 Electrical Safety Appliances, instrument tested before use to determine compliance leakage and other device safety requirements that and employees. A program of routine maintenate enforced to ensure that electrical receptacles and plasfe. If an appliance requiring three with attached to as two wire outlet, the adapt to a ground. This REGULATION is not	to ensure protection of pance shall be effectively ugs, wires and connecto are circuitry for grounding tor plug pigtail shall be a	oatients ors are ng is	S 6918	The effective date for this regis June 19, 2012, and the surplace on May 31, 2012. PPS Northeast has taken the follosteps to ensure compliance: Annual inspections by a licerelectrician will be held and documentation of routine maintenance will be kept. Obeen scheduled for the Far Northeast for July 13, 2012.	vey took SP Far wing	Completion Date: 07/13/2012 Status: APPROVED Date: 06/29/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER				(X3) DATE SURVI COMPLETED:	(X3) DATE SURVEY COMPLETED:	
		8-5144				05/31/2012		
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH OF THE STREET S	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 6918	Continued from page 39			S 6918				
	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 or documentation of routi electrical testing for ele wire connectors. None	•						
	An interview conducte PM with EMP1 confirm documentation of routi testing for electrical rec							
S 7100				S 7100				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	ER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5144			<u></u>	05/31/2012	
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH OF THE SERVICE SERVICE STREET	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 40 571.1 CHAPTER 571 - Conformal Standards ASF construction shall latest edition of the "Guidel Construction of Hospital and published by the American Architects/Academy of Arc	be in accordance with tines for Design and d Health Care Facilities, Institute of hitecture for Health inclifor various outpatient a facility shall meet the specified types of surgice and A. Where renovationed within an existing facomply with the require	g" as uding al on or acility, all	S 7100	The effective date for this re was June 19, 2012, and the stook place on May 31, 2012. Far Northeast has taken the following steps to ensure compliance: PPSP Far Northeast is in the of conferring with its archite discuss possible options for installing cubicle curtains fo privacy, and will have furthe conversations with the Divis Safety Inspection upon furth planning related to this item. PPSP's architect has conferre representative of the Divisio Safety Inspection about this regulation at length. PPSP is process of conferring with its architect to discuss possible alterations to the Far Norther health center to satisfy the requirements for the separaticlean and dirty/soiled worker PPSP's architect will engage further conversations with the Division of Safety Inspection	process ect to r patient er ion of eet s in the s feasible ast ion of ooms. in ne	Completion Date: 07/13/2012 Status: APPROVED Date: 06/29/2012

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 05/31/2012	ΣΥ
PPSP FAR	OVIDER OR SUPPLIER: NORTHEAST HEALTH SE NUMBER: 9HEG8701	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
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S 7100	Continued from page 41			S 7100	the development of a plan the the Guidelines requirements, necessary, may seek limited exceptions from the Guidelin furtherance of a renovation of alteration that is agreeable to Division of Safety Inspection this process continues, PPSP Northeast will review with it the proper infection protocol handling soiled, clean and strinstruments and avoiding cross-contamination. The quassurance committee will be with reviewing this protocol recommending any necessary improvements at its July med which is scheduled for July 200 PPSP's architect has conferred representative of the Division Safety Inspection about this regulation at length. PPSP F Northeast intends to seek except to the Guidelines requirement minimum operating room size PPSP's architect has conferred representative of the Division strengths.	nes in or o the n. While o Far ts staff ls for erile allity tasked and y eting 26, 2012. ed with a n of Far ceptions nts of zes. ed with a	

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	PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: A. BLDG:00		(X3) DATE SURVE COMPLETED: 05/31/2012	TED:			
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH SE NUMBER: 9HEG8701	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 7100	Continued from page 42			S 7100	Safety Inspection about this regulation at length. PPSP is process of conferring with its architect to discuss possible alterations to the Far Norther health center to satisfy the requirements for these items architect will engage in furth conversations with the Divis Safety Inspection upon the development of an acceptabl solution. PPSP Far Northeas intends to seek limited exceptrom the Guidelines as necestfurtherance of a renovation of alteration that is agreeable to Division of Safety Inspection. PPSP's architect has conferred representative of the Division Safety Inspection about this regulation at length. PPSP is an exception to the requirem hands-free scrub sinks be out the procedure room on April 2012, and the Department dedecision on that request by leated June 1, 2012. PPSP Far Northeast intends to submit the submit in the submit in the submit in the submit is a submit in the submit in the submit in the submit is a submit in the submit in the submit in the submit is a submit in the submi	feasible ast PPSP's her sion of le st potions ssary in or o the n. ed with a on of sought hent that ttside 1 30, eferred etter ar	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5144		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD				
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S 7100	Continued from page 43			S 7100	information to the Departme support of its pending except request.		

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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:	
		8-5144				05/31/2012	
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH OF THE SERVICE SERVICE STATES OF THE SERVICE STATES OF THE SERVICE SERVICE STATES OF THE SERVICE S	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
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S 7100	Continued from page 44		S 7100				
	Based on observation a (EMP), it was determine compliance with all appennsylvania Department	d to ensure ts of the s and					
	Regulations for Ambul A, Title 28, Part IV, Su 551-573, November 19 of the Guidelines for D	abparts A and F, Chappers A and F, Chappers A and the current elesign and Construct	apters edition				
	Hospital and Health Ca Findings include:	are Facilities.					
	1) The current edition of Construction of Hospit 3.8-3.4.2.2 indicates "Oprovisions for privacy shall be provided.	Facilities, ther					
	Observation on May 3 room revealed seven repost-operative care. The for privacy between the	ecliner chairs for here were no cubicle	e curtains				

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-5144		B. WING:		05/31/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 7100	An interview conducte PM with EMP1 confirr recovery room did not privacy. 2) The current edition of and Construction of Ho Facilities, 3.8-5.1.2.1 is This room shall be phy other areas of the facilities Clean/assembly workroareas shall be physicall workroom shall have a This room shall contain workspace and equipm medical and surgical ed Observation on May 3 area and the clean worklocated together in one	ned the recliner chain have cubicle curtain of the Guidelines for ospital and Health Candicates "Soiled workically separated from ty" and 3.85.1.2.2 from. Clean and soiled by separated (2) The hand-washing station appropriate and surent for terminal stern quipment and supplications of the soiled by a rea revealed they	The Design are Ekroom. The Mark work with this work. The Community of the	S 7100			

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
8-5144					<u></u>	05/31/2012	
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH OF THE NUMBER: 9HEG8701	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 7100	An interview conducte EMP1 confirmed the cwere located together is 3.7-3.3.1.3 Class B Op "Class B operating roo clear floor area of 250 meters) with a minimu (4.57 meters)". Observation on May 3.1 and Operating Room size of 120 square feet counter tops and cabing These rooms were not required guidelines of 2.2 An interview conducte PM with EMP1 confirm operating rooms was not recommendated.	lean and soiled work none room. of Guidelines for Deal and Health Care I erating Rooms indices in the square feet (23.23 seems) clear dimension of the square feet (23.24 seems). Each room also coets projecting into the in compliance with the 250 square feet. d on May 31, 2012, med the size of the tree in the square feet.	esign and Facilities, eates, imum quare of 15 feet g Room roximate ntained he room. the	S 7100			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/31/2012				
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							
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE					
S 7100	Architectural details (a) The ceiling shall be monolithic" and (b) "The floor shall be smealed seams". Observation on May 31, 2012 of Operating 1 & 2 revealed ceilings that were not monot the floors did not have sealed seams". An interview conducted on May 31, 2012, PM with EMP1 confirmed that the ceilings monolithic and the floors did not have sealed seams". 5) The current edition of Guidelines for Deconstruction of Hospital and Health Care 1 3.8-3.6.5.1 indicates "Hands-free scrub stars shall be provided outside of but near the eneach operating room".		Facilities, es, "(1) e poth, with Rooms lithic and at 2:00 were not ed seams.	S 7100						

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/31/2012		
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH (E NUMBER: 9HEG8701	CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD PHILADELPHIA, PA 19154					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 7100	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					

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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

Susan Coble

Deputy Secretary for Quality Assurance

Susan Cople



Rachel L. Levine, MD

Secretary of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY