

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>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/24/2013
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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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(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
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S 0000	<p>INITIAL COMMENT</p> <p>Facility ID # 9HEG8701 Component 01</p> <p>Based on a Relicensure Survey completed on October 24, 2013 it was determined that Ppsp Far Northeast Heath Center was not in compliance with the following requirements of the Life Safety Code for a New Ambulatory health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 28 Pa Code § 569.2.</p> <p>This is a one story, Type V(000), unprotected wood frame construction building, which is non sprinklered</p>	S 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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S 0114		S 0114		

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S 0114	Continued from page 2 28 Pa. Code § 569.2 Fire Safety Standards (a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which is currently adopted by the Department. (b) An ASF previously in compliance with prior editions of the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by the Department. Ambulatory health care occupancies are separated from other tenants and occupancies by fire barriers with at least a 1 hour fire resistance rating. Doors in such barriers are solid bonded core wood of 1¾ inches or equivalent and are equipped with a positive latch and closing device. Vision panels, if provided in fire barriers or doors are fixed fire window assemblies in accordance with 8.2.3.2.2 This REGULATION is not met as evidenced by:	S 0114	On October 24, 2013 the cutout in the drywall was sealed. Effective November 1, 2013 the following language will be added to all contracts. "The jobsite shall be kept clean and all trash shall be removed daily. All work will be done in a workman like manner and in compliance with all local, state & federal codes. The efficacy of all fire rated barrier will be maintained. All contracts at sites performing abortions will be informed that they must comply with ASF regulations/code. All deviation from code found during work will be reported to the Director of Facilities or the COO within 24 hours. " Furthermore when the contractor is on site, before commencement of work, fire rated barriers will be identified to the workers. The contractor/workers will be informed verbally they must maintain the efficacy of these fire rated barriers and comply with all applicable codes. Fire rated barriers in the	Completion Date: 11/13/2013 Status: APPROVED Date: 11/14/2013

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S 0114	Continued from page 3	S 0114	vicinity of construction, cabling, etc shall be inspected by a member of the PPSP Facilities Department upon completion of the work. Facilities Department will continue to inspected fire rated walls annually.	

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S 0114	Continued from page 4 Based upon observation and interview, it was determined the facility failed to maintain the proper fire resistance rating of the tenant separation wall in one instance. Findings include: Observation on October 24, 2013 at 9:15 am, revealed on the warehouse side of the separation wall there was a three inch by three inch unsealed cutout in the one hour fire resistive rated wall. The cut out in the wall was located above the suspended ceiling at the black storage cabinets. Interview at the exit conference with the Regional Director of Facilities on October 24, 2013 at 10:55 am, confirmed unsealed opening in the separation wall and the subsequent correction of the deficiency at the time of the survey.	S 0114		

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S 0114	Continued from page 5	S 0114			



Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 10/24/2013

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

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