Pennsylvania Department of Health

PLAN OF CO NAME OF PRO PPSP FAF	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPP IDENTIFICATION NU NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		R: A. BLDG:			(X3) DATE SURVEY COMPLETED: 11/18/2013	
(X4) ID PREFIX TAG	MUST BE PRECEEDE	[°] OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EAC PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT			(X5) COMPLETE DATE
M 0000	INITIAL COMMENT This report is the result survey conducted on S PPSP far Northeast He determined the facility requirements of the Pe Health Regulations § 2 Subchapter D, Ambula in Hospitals and Clinic	eptember 19, 2013, ealth Center. It was was in compliance nnsylvania Departm 28 Pa Code, Chapter atory Gynecological es.	at the with the ent of 29, Surgery	M 0000			
LABORATORY	Z DIRECTOR'S OR PROVIDER/SUPPLI	IER REPRESENTATIVE'S SIGN	IATURE		TITLE:	(X6) DATE:	
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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	EY
		8-5144		B. WING:		11/18/2013	
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH (e number: 9HEG8701	CENTER	STREET ADDRESS 2751 COMLY PHILADELP	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 COF CORRECTIVE ACTION CROSS-REFERENCED TO T	(X5) COMPLETE DATE	
S 0000 S 033A	INITIAL COMMENT This report is the resul survey conducted on S Far Northeast Health C facility was not in com of the Pennsylvania De and Regulations for An Annex A, Title 28, Par Chapters 551-573, Nov	eptember 19, 2013, a Center. It was determ pliance with the request epartment of Health's mbulatory Care Facil rt IV, Subparts A and	at PPSP nined the uirements s Rules lities,	S 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN.	ATURE		TITLE:	(X6) DATE:	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE
S 033A	Continued from page 1 553.3 (1) Governing Body 1 553.3 Governing Body respo (1) Conforming to local laws. This REGULATION is not	nsibilities include: o all applicable Federal,	State, and	S 033A	PPSP Chief Operating Offic Manager of Center Quality v consultation will revise PPS current reporting protocol to reporting requirements for st sexual assault as defined by law. The updated protocols v include language on when to ascertain if the child (patient care under 16 years of age) I sexual intercourse with an in who was four or more years than the child. The revised p will be in place by January 1 and all health center staff wi training on this protocol by I 15, 2014. Revised protocol a evidence of training will be a for review.	vith legal P's include atutory State vill in our nad dividual older rotocol 5, 2014 Il receive February nd	Completion Date: 12/06/2013 Status: APPROVED Date: 12/30/2013

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 11/18/2013	
	OVIDER OR SUPPLIER: R NORTHEAST HEALTH (I	2751 COML				
STATE LICEN	NSE NUMBER: 9HEG8701		FHILADELI	PHIA, PA 191	54		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR L IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 033A	A Continued from page 2			S 033A			
Based on a review of facility documents, p		acility documents, p	olicies,				
	medical record (MR),	medical record (MR), and interview with staff					
	(EMP), it was determined that the facility failed to						
	conform to all applicat						
	PPSP Far Northeast H	ealth Center was not	in				
	compliance with the fo	ollowing State laws:					
	The Pennsylvania Crir	nes Code and the Cl	nild				
	Protective Service Lav						
	Sexual intercourse wit		2				
	age is always a crime	•	•				
	relationship of the offe		•				
	the "consent" of the ch		0				
	3121(c)Rape of a child	•					
	with serious bodily inj	• • • • • •	•				
	deviate sexual intercou						
	Involuntary deviate set						
	with serious bodily inj	5	· · · · · ·				
a child less than 13 years of age is incapable		ie of					

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consent to sexual intercourse.

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULTI A. BLDG: B. WING:		(X3) DATE SURVE COMPLETED: 11/18/2013	ΞY
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 033A	Continued from page 3 Sexual intercourse with age is a crime if the off older than the child, an not married to each oth Statutory sexual assaul deviate sexual intercou an unmarried individua incapable of consent to person who is four or r Accordingly, under all than 13 years of age w have a sexually-transm child "upon whom inju violation of [a] penal la So is any child less tha person who caused the the child to have a sexu condition, is four or m and is not married to th with a child less than 1 pregnant, or who has a	fender is four or mor ad the child and offer her. 18 Pa. C.S. §312 It, 3123(7) Involunta urse. Under Pennsylv al less than 16 years o sexual intercourse of more years older. I circumstances, any tho is pregnant, or is hitted disease or condu- uries have been inflic aw of this Commonv an 16 years of age if is pregnancy, or who ually-transmitted dis ore years older than he child. professional 13 years of age who is	re years nder are 22.1 ury vania law, of age is with a child less found to dition, is a cted in wealth." the caused sease or the child al contact is	S 033A			

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Pennsylvania Department of Health

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULT A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 11/18/2013	EY
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 OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 033A	Continued from page 4 or condition, therefore those health care provi §5106 (a), to report un circumstances. Contac years of age who is pro- sexually-transmitted d duty to report under th who caused the pregna to have a sexually-tran- is four or more years of married to the child. F by the Crimes Code is punishable by fine and In addition to the repor Crimes Code, the amer- made to the CPSL hav report suspected child [a] person who, in the occupation or practice contact with children s to be madewhen the to suspect, on the basis	iders identified in 18 ider the crimes code ct with a child less the egnant, or who has a isease or condition, to e Crimes Code if the ancy, or who caused ismitted disease or co- older than the child ar Failure to report as re- a summary offense l/or imprisonment. rting obligations und ndments the legislature e expanded the oblig abuse and now speci- course of employme of a profession, com- shall report or cause a person has reasonab	Pa.C.S. in all aan 16 riggers a e person the child ondition, and is not equired ler the ure has gation to ify that nt, nes in a report le cause	S 033A			

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Pennsylvania Department of Health

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULT A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 11/18/2013	EY
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	LITY STATE 2	ZIP CODE:		
	NORTHEAST HEALTH	CENTER	2751 COMLY				
			PHILADELPH	HA, PA 19	154		
STATE LICENS	e number: 9HEG8701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	The tiblice that of conduction (Effect		(X5) COMPLETE DATE
S 033A	Continued from page 5			S 033A			
	other training and expe	erience, that a child u	under the				
	care, supervision, guid						
	or of an agency, institu	•	•				
	entity with which that	e					
	-	•					
	child abuse, including	child abuse by a per	son who				
	is not a perpetrator						
	This is not met as evid	enced by:					
	1) Based on a review of	of facility policies an	d				
	interview with staff (E	MP), it was determine	ned that				
	the facility failed to de	evelop a policy that n	net the				
	reporting requirements	s for statutory sexual	assault				
	victims as defined in the	-					
	and the Child Protectiv	5					
	Findings include:						
	A request was made to	EMP1 on Septembe	er 19,				
	2013, for a facility pol	icy related to externation	al				
	reporting to appropriat	e agencies as related	to the				
	Pennsylvania Crimes (Code and the Child P	rotective				
	Services law. EMP1 p						
	r						

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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: 11/18/2013	
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S 033A	Continued from page 6 and Child Abuse Repo 2012, which revealed ' ("statutory rape") is se person is under the age more years older. it is mandated reportable ir An interview with EM at approximately 2:00 facility policy is what child abuse. 2) Based on a review of interview with staff (E the facility cared for un under the age of 16 and ascertain if the child has individual who was for the child for two of 17 (MR1 and MR2).	 'Statutory sexual a xual intercourse where of 16 and the other a crime, however it neident" P1 on September 19 PM confirmed that t the facility follows for medical records (MMP), it was determined married pregnant clid the facility failed to ad sexual intercourse our or more years oldered and sexual intercourse our or more years oldered. 	ssault en one is 4 or is NOT a , 2013, he above for reporting MR) and hed that hildren o e with an er than	S 033A			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 11/18/2013	
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S 033A	Continued from page 7 Findings include: A review of MR1 reve medical record was an who was under the age MR1 revealed no docu ascertained if the child an individual who was the child. A review of MR2 reve medical record was an who was under the age MR2 revealed no docu ascertained if the child an individual who was the child. An interview with EM at approximately 2:00 MR2 revealed no docu ascertained if the child	unmarried pregnant e of 16. A further rev imentation that the fa had sexual intercour four or more years of aled the patient lister unmarried pregnant e of 16. A further rev imentation that the fa had sexual intercour four or more years of P1 on September 19 PM confirmed that M imentation that the fa	patient view of acility rse with older than d in the patient view of acility rse with older than , 2013, MR1 and acility	S 033A			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 11/18/2013		
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S 033A	Continued from page 8 an individual who was four or more years older than the child.		S 033A				

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Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701 SURVEY EXIT DATE: 11/18/2013

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

Susan Cope

Susan Coble Deputy Secretary for Quality Assurance



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

Rachel L. Levine, MD Secretary of Health