

Pennsylvania Department of Health

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| 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: 05/20/2013 |
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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 |
|---|---|

| (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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| M 0000 | <p>INITIAL COMMENT</p> <p>This report is the result of a special monitoring survey conducted on May 20, 2013, at the PPSP Far Northeast Health Center. It was determined that the facility was in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.</p> | M 0000 | | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE: |
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| S 0022 | Continued from page 1 51.6 (b) Identification of Personnel 51.6. Identification of personnel (b) The identification tag shall include the individual's full name. Abbreviated professional designations may be used only when the designation indicates licensure or certification by a Commonwealth agency, otherwise the full title shall be printed on the tag. This REGULATION is not met as evidenced by: | S 0022 | All PPSP staff are issued photo IDs that include first and last names, and it is agency policy that these name tags be worn during working hours. It is the responsibility of the Center Manager to ensure all staff are in compliance with the policy at all times. The Manager at the Far Northeast Center has reviewed the policy with all center staff and will ensure badges are worn by all personnel at all times. | Completion Date: 06/07/2013 Status: APPROVED Date: 06/10/2013 |
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| S 0022 | <p>Continued from page 2</p> <p>Based on observation and interview with staff (EMP), it was determined the facility failed to ensure health care facility staff identification tags contained the individual's full name.</p> <p>Findings include:</p> <p>Observation on May 20, 2013 at 9:25 AM revealed EMP1 wearing an identification tag that did not display the individual's full name.</p> <p>Interview on May 20, 2013, at 9:30 AM, with EMP1 revealed that it was the policy of the facility to allow employees to wear identification tags that only displayed the individual's first name, for safety reasons.</p> | S 0022 | | |



Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 05/20/2013

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