

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: <u> </u>	(X3) DATE SURVEY COMPLETED: 09/11/2014
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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
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
K 0000	<p>INITIAL COMMENT</p> <p>Facility ID # 9HEG8701 Component 01</p> <p>Based on a Relicensure Survey completed on September 11, 2014, 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>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMPLY ROAD PHILADELPHIA, PA 19154		
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K 0051	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>A manual fire alarm system, not a pre-signal type, is provided in accordance with 9.6 to automatically warn the building occupants. Fire alarm system has initiation, notification and control functions. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0051	<p>By November 26, 2014 the fire detection system contractor for the Far Northeast Health Center will evaluate the placement of the ceiling mounted smoke detection devices in respect to the manufacture's instructions and proximity to supply registers in rooms 121, 141 & 142. The contractor will determine what changes should be made, if any, to bring rooms 121, 141 & 142 into compliance with the requirements of NFPA Life Safety Code 28 PA Code § 569.2 . The suggested changes in rooms 121, 141 & 142 will be completed prior to December 3, 2014. The Director of Facilities will ensure the work is completed on time and will continue using the monthly life safety check sheet to monitor life safety devices.</p>	<p>Completion Date: 12/03/2014 Status: APPROVED Date: 11/07/2014</p>

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K 0051	<p>Continued from page 2</p> <p>Based on observation and interview, it was determined the facility failed to maintain fire alarm system components properly in three locations within this facility.</p> <p>Findings include:</p> <p>1. Observation on September 11, 2014, between 9:20 am and 9:30 am, revealed that there were smoke detection devices located directly in the airstream of supply registers in the following rooms:</p> <p>a. 9:20 am, room 121 b. 9:24 am, room 141 c. 9:30 am, room 142</p> <p>Interview at the exit conference with the Regional Director of Facilities on September 11, 2014, at 10:30 am, confirmed the locations of the smoke detection devices.</p>	K 0051		

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K 0051	Continued from page 3	K 0051			



Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 09/11/2014

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