STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-5144	A. BLDG: 00 B. WING:	09/16/2014

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: **9HEG8701**	**2751 COMLY ROAD** **PHILADELPHIA, PA 19154**

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M 0000	INITIAL COMMENT This report is the result of an annual Registration survey conducted on August 21, 2014, at PPSP Far Northeast Health Center. It was determined 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.	M 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

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S 0000	INITIAL COMMENT This report is the result of a full State Licensure survey conducted on August 21, 2014, at PPSP Far Northeast Health Center. 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 0000		
S 6701		S 6701		

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S 6701	Continued from page 1 567.1 Principle CHAPTER 567 - ENVIRONMENTAL SERVICES 567.1 Principle The ASF shall have a sanitary environment, properly constructed, equipped and maintained to protect surgical patients and ASF personnel from cross-infection and to protect the health and safety of patients. This REGULATION is not met as evidenced by:	S 6701	UPDATED 10/2/14 1) The wall paneling in the IV sedation procedure room will be evaluated by a contractor by 10/15/14 and the work to repair wall seams will be completed by 11/15/14. PPSP's Director of Facilities will ensure work by contractors is complete and in compliance with 567.1. The Director of Facilities conducts monthly walk-throughs (environmental rounds)of the ASF site and will add the walls the checklist they use. In addition, the ASF person-in-charge will bring any facility issues to the immediate attention of PPSP's Director of Facilities and the Director of Center Operations. The Director of Facilities is responsible for ensuring completion of any needed facility repairs by engaging our internal maintenance team or outside contractors. 2) Repair to the outer protective	Completion Date: **11/15/2014** Status: **APPROVED** Date: **10/20/2014**

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S 6701	Continued from page 2	S 6701	material on the recliner chair in the recovery area has been scheduled and will be completed by 10/15/14. Maintenance of chair fabric will be monitored by the ASF person-in-charge and damage will be addressed immediately or the chair will be removed from the recovery area until repair is complete. The ASF person-in-charge working with agency Purchasing Manager and medical equipment vendor is responsible for any needed repair/replacements. 3) Repair to the arm rest of the patient chair in the lab has been scheduled and will be completed by 10/15/14. Furniture used in patient areas will be maintained in good working order without tears. ASF person-on-charge will monitor and ensure compliance. The ASF person-in-charge working with agency Purchasing Manager and medical equipment vendor is	

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S 6701	Continued from page 3	S 6701	responsible for any needed repair/replacements. Working together, the ASF person-in-charge and PPSP's Director of Facilities will ensure a safe and sanitary environment through increased monitoring and immediate action. Unresolved issues will be brought to the attention of Patient Services Administration (Director of Risk and Quality Management or Director of Center Operations)who will ensure compliance.	

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S 6701	Continued from page 4 Based on observation and interview with staff (EMP), it was determined that the facility failed to provide a safe and sanitary environment. Findings include: 1) Observation on August 21, 2014, of the IV sedation procedure room revealed the wall paneling in the room was noted to be detached from the wall seams in four different areas, which created an opening in each of the areas. Interview on August 21, 2014, at 2:15 PM, with EMP1 confirmed that the wall paneling in the IV sedation room was noted to be detached from the wall seams in four different areas, which created an opening in each of the areas. 2) Observation on August 21, 2014, of the recovery area revealed a recliner chair that was noted to have three different tears, where the outer protective material was noted to be compromised. Interview on August 21, 2014, at 2:25 PM, with	S 6701		

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S 6701	Continued from page 5 EMP1 confirmed that the recovery area recliner chair that was noted to have three different tears, where the outer protective material was noted to be compromised. 3) Observation on August 21, 2014, of the Lab specimen room revealed a patient chair's arm rest had a tear, where the outer protective material was noted to be compromised. Interview on August 21, 2014, at 2:35 PM, with EMP1 confirmed the Lab specimen room patient chair's arm rest had a tear, where the outer protective material was noted to be compromised.	S 6701		

Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 09/16/2014

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

Susan Coble
Deputy Secretary for Quality Assurance

Rachel L. Levine, MD
Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY