

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5144</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/13/2015</b>
--	---	---	--

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

(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
M 0000	INITIAL COMMENT	M 0000		
M 0015	<p>This report is the result of a Special Monitoring survey completed on August 13, 2015, at PPSP Far Northeast Health Center. It was determined the facility was not 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 0015		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5144</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/13/2015</b>
NAME OF PROVIDER OR SUPPLIER: <b>PPSP FAR NORTHEAST HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>2751 COMLY ROAD PHILADELPHIA, PA 19154</b>		
STATE LICENSE NUMBER: <b>9HEG8701</b>				
(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
M 0015	Continued from page 1  29.33(15) Requirements for Abortion  All tissues obtained from abortions not subject to paragraph (8) shall be refrigerated, frozen, submersed in a proper preservative solution, and transported to a hospital, laboratory, or incinerator on a regular basis for disposition.  This REGULATION is not met as evidenced by:	M 0015	In compliance with 29.33(15) Requirements for Abortion, which states that "all tissues obtained from abortions not subject to paragraph (8) shall be refrigerated, frozen, submersed in proper preservative solution, and transported to a hospital, laboratory, or incinerator on a regular basis," PPSP Northeast Health Center purchased a lockable freezer on Friday, August 28th.  No later than 9/10/2015, all abortion tissue that is not being sent out for laboratory testing will be stored in the freezer prior to weekly biohazard pickup by our contracted biohazard waste management vendor. The abortion tissue specimens (human pathological waste) will be double-bagged in red biohazardous bags, labeled with the date of procedure, and placed in the freezer at the end of each procedure day. PPSP will continue to store specimens over 12 week gestation in formalin prior to being sent to off-site laboratory for testing (as required by PA regulations) and	Completion Date: <b>09/10/2015</b> Status: <b>APPROVED</b> Date: <b>09/10/2015</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5144</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/13/2015</b>
NAME OF PROVIDER OR SUPPLIER: <b>PPSP FAR NORTHEAST HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>2751 COMLY ROAD PHILADELPHIA, PA 19154</b>		
STATE LICENSE NUMBER: <b>9HEG8701</b>				
(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
M 0015	Continued from page 2	M 0015	disposal.  The ASF-person in charge is responsible for ensuring the freezer is in place and in working order. She will train staff on the new storage procedure and monitor weekly for compliance. The Director of Risk and Quality Management will monitor for compliance during scheduled and unannounced site visits to the Northeast Health Center.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5144</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/13/2015</b>
NAME OF PROVIDER OR SUPPLIER: <b>PPSP FAR NORTHEAST HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>2751 COMLY ROAD PHILADELPHIA, PA 19154</b>		
STATE LICENSE NUMBER: <b>9HEG8701</b>				
(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
M 0015	Continued from page 3  Based on observations, review of facility documents and interviews with employees (EMP), it was determined that the facility failed to properly store human pathological waste.  Findings include:  Review on August 13, 2015, of facility policy "Infection Control Plan," dated June 25, 2015, revealed " ... Medical Waste Management All infectious waste must be disposed of in accordance with the disposal regulations of the state of Pennsylvania. Proper handling of waste is necessary to ensure employees safety, public and environmental safety, and compliance with federal and state laws for waste disposal. ... Infectious waste includes, but is not limited to the following: Human pathological waste removed during surgery or medical procedure, including biological tissue-frozen or otherwise ... Specimens of body fluids in a container, including waste blood and blood products. Items contaminated or that have come in	M 0015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5144</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/13/2015</b>
NAME OF PROVIDER OR SUPPLIER: <b>PPSP FAR NORTHEAST HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>2751 COMLY ROAD PHILADELPHIA, PA 19154</b>		
STATE LICENSE NUMBER: <b>9HEG8701</b>				
(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
M 0015	Continued from page 4  contact with blood and other bodily fluids, including all sharps ... discarded equipment ... and, waste that was contaminated with pathogens in any type of laboratory work ... PPSP Waste Disposal Methods Substance ... All tissue (including POC), body fluids, blood container: Red Bags Disposal Methods: Off-site incineration. ... On-site storage of waste prior to treatment and disposal should comply with the following guidelines: ... Human pathological waste removed during surgery or a medical procedure shall be bagged and frozen or packaged in formalin and stored until it is picked-up by the waste hauler. ... Access to the storage area is locked and limited to authorized medical personnel. Medical waste must be picked up no less frequently than once every thirty days. Each clinic location should arrange with the medical waste haulers the particular day for pick-up. ..."  Observation on August 13, 2015, at 1:20 PM, with EMP1, revealed an environmental services closet containing one biohazard container (box), dated August 12, 2015.	M 0015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5144</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/13/2015</b>
NAME OF PROVIDER OR SUPPLIER: <b>PPSP FAR NORTHEAST HEALTH CENTER</b>  STATE LICENSE NUMBER: <b>9HEG8701</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>2751 COMLY ROAD PHILADELPHIA, PA 19154</b>		
(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
M 0015	Continued from page 5  Interview on August 13, 2015, at 1:20 PM, with EMP1, revealed that the facility did not have a freezer or a refrigerator to store human pathological waste.  Interview on August 13, 2015, at 1:25 PM, with EMP2, revealed that anything over 12 weeks is placed in Formalin and sent out, via FedEx, to the contracted laboratory site. Anything under 12 weeks is rinsed, verified and then placed in a red biohazard bag, without preservative, and placed in the red biohazard container (box) to await pick-up from the contracted waste management company.  The facility failed to properly store human pathological waste.	M 0015		



# Certified End Page

**PPSP FAR NORTHEAST HEALTH CENTER**

**STATE LICENSE NUMBER: 9HEG8701**

**SURVEY EXIT DATE: 08/13/2015**

**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