STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>01</u>		(X3) DATE SURVEY COMPLETED:		
8-5144			B. WING:		08/27/2015			
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 MUST BE PRECEEDI IDENTI		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE		
S 0000	INITIAL COMMENT  Facility ID# 9HEG8701 Component 01  Based on a Relicensure Survey completed on August 27, 2015, it was determined that Ppsp F Northeast Heath Center was not in compliance the following requirements of the Life Safety C for a new Ambulatory health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 2: Code § 569.2.  This is a one story, Type V (000), unprotected wood frame construction building, which is not sprinklered.		osp Far ance with ety Code cy. ion by 28 Pa	S 0000				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE: (X6) DATE:								

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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:01 B. WING:		08/27/2015	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD HIA, PA 19			
PREFIX MUST BE PRECEED	`		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
(a) An ASF shall meet the Fire Protection Association currently adopted by the D  (b) An ASF previously in the Life Safety Code, is de subsequent Life Safety Coconstruction shall meet the Department.  Emergency illumination is section 7.9. 20.2.9.1	28 Pa. Code § 569.2 Fire Safety Standards  (a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which is currently adopted by the Department.  (b) An ASF previously in compliance with prior editions of the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by the Department.  Emergency illumination is provided in accordance with		S 0046	CORRECTIVE ACTION SHOULD BE		Completion Date: 08/28/2015 Status: APPROVED Date: 09/23/2015

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:01 B. WING:		(X3) DATE SURVEY COMPLETED:  08/27/2015			
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 DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
S 0046			tween n 100, failed to ower. egional at 10:00	S 0046					

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## **Certified End Page**

## PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701 SURVEY EXIT DATE: 08/27/2015

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

Susan Coble

Deputy Secretary for Quality Assurance

Susan Cople



Rachel L. Levine, MD

Secretary of Health

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH** 

THIS PAGE IS NOW PART OF THIS SURVEY