Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) IDENTIFICATION NUMB 8-5144			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 08/10/2016	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	[°] OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
M 0000	INITIAL COMMENT This report is the result of an annual Registration survey conducted on August 10, 2016, at PPSP IN Northeast Health Center. It was determined the facility was in compliance with the requirements the Pennsylvania Department of Health Regulating 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals Clinics.			M 0000			
LABORATORY E	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	IATURE		TITLE:	(X6) DATE:	
State Form		N9TV1				IF CONTRACT	ION SHEET Page 1 of 1

IF CONTINUATION SHEET Page 1 of 1

Pennsylvania Department of Health

	cpartment of freath						
	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG:(PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 08/10/2016	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS 2751 COMLY PHILADELP	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(X5) COMPLETE DATE		
S 0000	INITIAL COMMENT			S 0000			
S 033G	This report is the result of a full State Licensure survey conducted on August 10, 2016, at Planned Parenthood Far Northeast. It was determined that 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 033G	TITLE:	(X6) DATE:	
LADORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REI RESENTATIVE S SIGN	MORE		IIILE.	(AU) DATE:	
State Form		N9TV1	1			IF CONTINUATI	ON SHEET Page 1 of 36

IF CONTINUATION SHEET Page 1 of 36

Pennsylvania Department of Health

				i			
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144			A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SURV COMPLETED: 08/10/2016	EY
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033G	Continued from page 1 553.3 (7) Governing Body I Governing Body responsibi (7) Assuring that the quality identified problems are appr This REGULATION is not	lities include: y of care is evaluated and ropriately addressed.	l that	S 033G	The ASF's (Planned Parenth Southeastern Pennsylvania) Policy, approved by its gove body on June 19, 2012, indic "the board will receive quart updates on the risk and quali management of abortion serv therefore assuring that the qu care is evaluated and identifi problems are appropriately addressed." These updates, including reports of findings from PPSP's Far Northeast H Center when applicable, are via the agency's Senior Mana Team report to the governing The Chief Operating Officer responsible for ensuring the quality management of abort services is included in the qu reports. The COO serves as chair of agency's Risk and Quality Management (RQM)Commi (quality assurance and impro- and active member of the Pa Safety and Infection Control	Board rning cates, erly ity vices, aality of ied /actions Health provided agement g body. · is risk and tion harterly the ttee ovement) tient	Completion Date: 10/01/2016 Status: APPROVED Date: 10/03/2016

State Form

N9TV11

IF CONTINUATION SHEET Page 2 of 36

Pennsylvania Department of Health

-		1		1			
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE 8-5144			A. BLDG: _	PLE CONSTRUCTION: 	(X3) DATE SURVEY COMPLETED: 08/10/2016	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 033G	Continued from page 2			S 033G	Committees. In this role, the participates in the review of identified problems and corr actions to ensure that quality improvements are implemen sustained. The COO include findings discussed in these n in the quarterly Senior Mana Team report. The required process of upda the governing body of qualit included in the agency's "Ris Quality Management (RQM Overview and Workplan for Year 2017". The Chief Oper Officer (COO) is responsible review and revision of the ar RQM Workplan . The annua Workplan is approved at the board meeting of each Fiscal To further ensure complianc approval of the fiscal year R Workplan and the annual app of the governing bodies polie been added to PPSP Board's work plan, and this Board we is available for Department r	ective ted and someetings gement ating y care is sk and) Fiscal ating e for mual al RQM first I Year. e, the QM proval cy have annual ork plan	

State Form

N9TV11

IF CONTINUATION SHEET Page 3 of 36

Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 08/10/2016	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD				
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033G	Continued from page 3			S 033G	On 9/29/16, the 2017 RQM and the most recent Senior Management Team report w presented and approved by t ASF's governing body. The person-in-charge will be adv and provided any updates, ir the annual RQM Workplan a have access to the governing meeting minutes for Departr review.	ill be he ASF vised of neluding and will g body	

State Form

N9TV11

IF CONTINUATION SHEET Page 4 of 36

Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULT A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 08/10/2016	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEED	[°] OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 033G	Continued from page 4 Based on review of fac interview (EMP), it wa failed to ensure that rej Far Northeast Health C and Improvement, Infe Safety Committees we Governing Body and th appropriately addresse Findings include: Review on August 10, Parenthood Southeaste undated, revealed no re findings of the Quality Infection Control, and were evaluated by the identified problems we Review on August 10, Committee meeting mare revealed no documenta Quality Assurance and	as determined that th ports of findings of Center" Quality Assu- ection Control, and P re evaluated by the hat identified problem d. 2016, of facility's "F ern Pennsylvania By- equirement to ensure Assurance and Impr Patient Safety Comr Governing Body and ere appropriately add 2016, of "PPSP Med inutes," dated May 1 ation that findings of	e facility "PPSP urance Patient ms were Planned -laws," e that rovement, mittees I that kressed. dical 2, 2016, 5 the	S 033G			

N9TV11

IF CONTINUATION SHEET Page 5 of 36

Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	ΞY			
		8-5144		A. BLDG: <u>00</u> B. WING:		08/10/2016				
	VIDER OR SUPPLIER:	0.0111	STREET ADDRESS	CITY STATE 2	ZIP CODE:					
	NORTHEAST HEALTH	CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD							
STATE LICENSE NUMBER: 9HEG8701			PHILADELPI	HIA, PA 19	154					
					1					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
S 033G	Continued from page 5			S 033G						
	Control, and Patient Sa	afety Committees we	ere							
	evaluated by the Gove	• •								
	problems were appropriate problems were appr	-	the							
	PPSP Fai Notuleast H	eann Center.								
	Interview on August 1	0, 2016, at 2:20 PM	with							
	EMP1 confirmed the a	bove findings.								
S 033S				S 033S						
5 0555				3 0333						
							· ·			

N9TV11

IF CONTINUATION SHEET Page 6 of 36

Pennsylvania Department of Health

-	-	i		1			
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 08/10/2016	EY
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELP	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG			(X5) COMPLETE DATE
S 033S	practitioners and others pro (ii) The provision of a including, radiology, medic anesthesia and pharmaceuti (iii) The provision of c organizations.	ilities include: racts or arrangements aff under its auspices, includ or contractual arrangement viding direct patient care al laboratory, pathology cal services. care by other health care education to students and	ing, nts with e. ces	S 033S	To ensure that contracted res are provided in a safe and ef manner, the Chief Operating (COO) will revise the ASF's Parenthood Southeastern Pennsylvania) Board Policy include additional language, governing body will approve contracts or arrangements af the medical care provided ur auspices." In addition, the C update the Risk and Quality Management (RQM) Workp FY2017 to include annual re Governing Body responsibil related policies including en governing body review of cc The revised policy and the 2 RQM Workplan will be put board review and approval a meeting on September 29, 20 These documents will be ava for Department review Octo 2016. Beginning 10/1/16, the Chie Operating Officer (COO) is responsible for ensuring implementation and complia	fective gofficer (Planned to "the e major fecting nder its OO will blan for eview of ities and suring pontracts. 017 forth for t its next 016. ailable ber 1,	Completion Date: 10/01/2016 Status: APPROVED Date: 10/06/2016

N9TV11

IF CONTINUATION SHEET Page 7 of 36

Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG:	IPLE CONSTRUCTION: 	(X3) DATE SURVEY COMPLETED: 08/10/2016	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD				
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 033S	Continued from page 7			S 033S	monitoring of the updated B policy. Board meeting minut reflect compliance to the req of contract review/approval be available for Department The ASF's RQM Committee COO will monitor and ensur compliance to the updated 20 RQM Workplan.	tes will uirement and will review. e and the re	

State Form

N9TV11

IF CONTINUATION SHEET Page 8 of 36

Pennsylvania Department of Health

		i					
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 8-5144			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 08/10/2016	
NAME OF PRO	VIDER OR SUPPLIER:	•	STREET ADDRESS,	CITY STATE 7			
	NORTHEAST HEALTH	CENTER	2751 COMLY		II CODE.		
1151 FAR NORTHEAST HEALTH CENTER			PHILADELPI		154		
STATE LICENSE NUMBER: 9HEG8701				-			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
S 033S	Continued from page 8			S 033S			
	MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ned the acted safe and ted, tracted ive 's Fiscal are that				
	Review of facility doc contracted services inc		, linen,				

N9TV11

IF CONTINUATION SHEET Page 9 of 36

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: 8-5144 NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES)		STREET ADDRESS, 2751 COMLY PHILADELPH	A. BLDG: _ B. WING: _ CITY, STATE, Z ROAD	IP CODE:	(X3) DATE SURVE COMPLETED: 08/10/2016	EY (X5)	
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	COMPLETE DATE
S 033S	Continued from page 9 heating and ventilation system services, anesth waste removal, ambula hospital transfer agreen equipment preventative environmental systems Review on August 10, Improvement Meeting 2016, April 20, 2016, a no documentation the o reviewed the facility's Interview on August 10 EMP1 confirmed there quality analysis conduct	nesia services, infect ance services, pest co ment, laboratory serv e maintenance, waters and fire alarms services, 2016, of the facility' Minutes," dated Feb and June 15, 2016, re quality assurance pro- contracted services. 0, 2016, at 2:20 PM e was no documentat	ious ontrol, vices, r service, vices. 's "Quality oruary 5, evealed ogram with ion of	S 033S			

State Form

N9TV11

IF CONTINUATION SHEET Page 10 of 36

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144 NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O		STREET ADDRESS, 2751 COMLY PHILADELPI FICIENCY	A. BLDG: _ B. WING: _ CITY, STATE, Z		EY (X5) COMPLETE	
TAG S 034G		TIFYING INFORMATION)		S 034G	CROSS-REFERENCED TO THE	DATE

State Form

N9TV11

IF CONTINUATION SHEET Page 11 of 36

Pennsylvania Department of Health

	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5144		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVICOMPLETED: A. BLDG:00 00 B. WING: 08/10/2016			VEY		
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 D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
S 034G	Continued from page 11 553.4 (g) Other Functions 553.4 OTHER FUNCTIO (g) The governing bo provides to the Departmen (relating to presurvey prep This REGULATION is no	bdy shall ensure the licens t, the documents under 55 aration).	see	S 034G	By 10/1/16, the Director of H Quality Management (RQM Training will educate the Ce Manager (ASF person-in-cha the requirement to have avai required documents onsite an ready for review the day of scheduled surveys. The Dire RQM and Training will ensu Center Manager has all requi- materials as applicable for Department review. Material available onsite and the Dire RQM and Training will con- pre-survey site visit to review (including materials, staff sc and personnel files) to ensur- compliance. 1) The ASF's Human Resour Manager ensures the mainter personnel files that include e of nursing staff current licen certification. Maintaining cu licensure shows that nursing have met the state-required continuing education require (30 hours of continuing educ including 2-3 hours of Depart) and nter arge) on lable all nd ctor of ure the ested ls will be ector of duct a w hedules, e rces nance of evidence sure and urrent staff ements cation	Completion Date: 10/06/2016 Status: APPROVED Date: 10/11/2016		

N9TV11

IF CONTINUATION SHEET Page 12 of 36

Pennsylvania Department of Health

· · · · · · · · · · · · · · · · · · ·	•	i		·			
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 08/10/2016	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY (TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 034G	Continued from page 12			S 034G	 Public Welfare (DPW) approcontinuing education in child recognition and reporting requirements). HR regularly monitors certification and lic dates to ensure compliance a communicates issues to Cent Manager as indicated. Addit we maintain training records agency (Planned Parenthood Southeastern Pennsylvania) training in our Human Resou Department and these record available for Department sur review. 2) The ASF's staffing schedt includes our nursing staff an ASF person-in-charge will n these available for Department will instruct the Ce Manager on this requirement will include schedule review periodic site visit (next visit November). 3) By 10/1/16, the ASF's (P Board Policy, approved by it 	d abuse d abuse f censure und ter ionally, is for all required urces ls are rveyor ale d the nake ent M and nter t and d during in PSP's)	

State Form

N9TV11

IF CONTINUATION SHEET Page 13 of 36

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144 NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE		STREET ADDRESS, 2751 COMLY PHILADELPI	HIA, PA 19154		(X3) DATE SURVEY COMPLETED: 08/10/2016		
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE DATE
S 034G	Continued from page 13			S 034G	governing body on June 19, will be revised to include a 1 approved operative procedur performed at its two Class B The Chief Operating Officer will revise the Board policy ensure it is put forth for boar review and approval at its ne meeting on September 29, 20 updated policy including the approved operative procedur performed at the facility will available for Department rev 10/1/16.The COO is respons oversight and compliance wir regulation, and the Director and Training will ensure the Manager has the updated po part of the required documer Department review. The Director of RQM and T responsible for implementation ongoing monitoring for como of the Plan of Correction.	ist of res ASFs. (COO) and rd ext 016. The list of res l be view on bible for ith this of RQM Center licy as nts for	

State Form

N9TV11

IF CONTINUATION SHEET Page 14 of 36

Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	00	(X3) DATE SURVI COMPLETED: 08/10/2016	EY
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE	
S 034G	Continued from page 14 Based on review of fac interview with staff (E the facility failed to pre- education for the nursi and a list of approved of performed at the facility Findings include: Multiple requests were 10, 2016, at 11:30 AM continuing education r schedules, and a list of procedures performed before mentioned docu Review on August 10, material list for an ann to the facility on July I "Please send a copy of is highlighted The r be made available on t Continuing Education	MP), it was determinovide records of conng staff, staffing schoperative procedures by made to EMP1 on A , 2:30 PM and 3:35 I ecords of nursing sta a pproved operative at the facility. None uments were provide 2016, of the Departual licensure survey 1, 2016 via email, re- the following mater remainder (material I he first day of survey	hed that tinuing edules, s August PM, for off, staffing e of the d. ment's provided evealed ial which ist) is to	S 034G			

N9TV11

IF CONTINUATION SHEET Page 15 of 36

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/		(XI) PROVIDER/SUPPLIER/C	CLIA (X2) MULTIPLE		IPLE CONSTRUCTION:	(X3) DATE SURVE	VEY	
	RECTION (POC)	IDENTIFICATION NUMBER			_00	COMPLETED:		
		8-5144				08/10/2016		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE	
S 034G	Continued from page 15			S 034G				
2 (12)	procedures performed at the facility 7c. Staffing Schedules". Interview on August 10, 2016, at 10:00 AM, with EMP1 confirmed EMP1 received an email on July 11, 2016, that contained the list of documents required to be available on the day of the survey, to be reviewed onsite for licensure compliance.							
S 6126				S 6126				

State Form

N9TV11

IF CONTINUATION SHEET Page 16 of 36

Pennsylvania Department of Health

	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SUR A. BLDG:			VEY	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH I MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 6126	Continued from page 16 561.13 Storage 561.13 Storage The area in the ASF of periodically checked by a practitioner and proper log This REGULATION is not	gs maintained.		S 6126	As required by the ASF's po "Periodic Provider Drugs Ch dated June 12, 2012, the ASI maintains a log titled "Recor Periodic Physician Review of Drug Storage" which is curre has a last date of review 8/20 This record was in a locked of cabinet during the Annual Se and is available for Departm review. Immediately following the S 8/10/16, the ASF person-in-o (Center Manager) located an reviewed the current log and By 10/1/16, the "Record of F Physician Review of ASF St will be moved outside of the cabinet to ensure the Center Manager has easy access and monitor compliance. The Director of Risk and Qu Management will ensure the person-in-charge understand requirement and the use of the and their responsibility to en compliance to regulation 563	ecks", F d of of ASF ent and 6/16. drug urvey, ent urvey on charge d policy. Periodic torage" locked d can ality ASF s the he log, sure	Completion Date: 09/16/2016 Status: APPROVED Date: 10/06/2016	

State Form

N9TV11

IF CONTINUATION SHEET Page 17 of 36

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		A. BLDG: _ B. WING: _ CITY, STATE, Z ROAD		(X3) DATE SURVI COMPLETED: 08/10/2016	EY	
STATE LICENSE NUMBER: 9HEG8701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY (TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE J	OULD BE	(X5) COMPLETE DATE
S 6126	Continued from page 17	S 6126	Director of Risk and Quality Management and Training w monitor for compliance duri periodic site visits to the AS	, vill ng		

State Form

N9TV11

IF CONTINUATION SHEET Page 18 of 36

Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 08/10/2016	EY
	VIDER OR SUPPLIER: NORTHEAST HEALTH (CENTER	STREET ADDRESS, 2751 COMLY		ZIP CODE:		
			PHILADELPI		154		
STATE LICENSE NUMBER: 9HEG8701							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE	
S 6126	Continued from page 18			S 6126			
	Based on a review of f	acility policy and sta	ıff				
	interviews (EMP), it w	vas determined that the	he facility				
	failed to ensure all mee	dication storage area	s were				
	periodically checked b	y a responsible phar	macist or				
	practitioner.						
	Findings include:						
	Review on August 10,	2016, of facility's po	olicy				
	"Periodic Provider Dru	ig Checks," dated Ju	ne 12,				
	2012, revealed "The ar	ea in the ASF where	e drugs				
	are stored shall be peri						
	responsible pharmacist	t or practitioner and	proper				
	logs maintained".		2016				
	Request was made to E	-					
	for documentation to in		ity's areas				
	containing medications were checked by a responsible pharmacist or practitioner. No						
	documentation was provided.						
	Interview on August 1		with				
	EMP1 confirmed that						
	documentation to show	v the area was check	ed by a				

State Form

N9TV11

IF CONTINUATION SHEET Page 19 of 36

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144 NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			A. BLDG: _ B. WING: _ CITY, STATE, Z		(X3) DATE SURVI COMPLETED: 08/10/2016	ΞY	
(X4) ID PREFIX TAG	EFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6126 S 6350	Continued from page 19 responsible pharmacis	t or practitioner.		S 6126 S 6350			

State Form

N9TV11

IF CONTINUATION SHEET Page 20 of 36

Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE 8-5144			(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURV. A. BLDG:00			VEY		
PPSP FA	ROVIDER OR SUPPLIER: R 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 E MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)		PR LSC PREFIX TAG		PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
8 6350	Continued from page 20			S 6350					
	MUST BE PRECEEDED BY FULL REGULATORY OR LS IDENTIFYING INFORMATION)		tection		 As of 9/16/16, the Manage Facilities and Purchasing cle building maintenance suppli the locked medical record st area. To ensure limited acces "authorized personnel only" will be immediately posted t storage area door by the Cen Manager (ASF person-in-ch all facility staff will be educat the appropriate storage of confidential patient informate increase protection against le damage when the building is occupied, a manual fire extin was installed (9/13/16) and the 9/16/16 the Center Manager that all staff have been instru- the location and the use of the extinguisher. By 10/10/16, the Center Manager of the identified medical rec- a vendor that guarantees pro against loss and damage. The Manager is responsible for e ongoing offsite storage throu- regular archiving of medical 	eared all es from orage ss signage to the arge)and ated on tion. To oss or s nguisher by ensured acted on ne nager will e storage ords with tection e Center ensuring igh	Completion Date: 10/10/2016 Status: APPROVEI Date: 10/06/2016		

N9TV11

IF CONTINUATION SHEET Page 21 of 36

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			A. BLDG: _ B. WING: _ CITY, STATE, Z		(X3) DATE SURVE COMPLETED: 08/10/2016	<i>Х</i>	
(X4) ID PREFIX TAG	EFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6350	Continued from page 21			S 6350	 per guidelines detailed in the Retention of Files section of "Medical Records" policy (d 6/19/2012), which was recerpresented to the ASF's goverbody on 9/29/16. The Manager of Facilities ar Purchasing is responsible for ensuring proper storage of maintenance equipment and regularly monitor the facility compliance. The Director of Quality Management (RQM Training is responsible for ethis Plan of Correction is implemented and will monit compliance of the proper storage during periodic site visits. 2. During the 8/10/16 survey the Procedure Log books we immediately removed from the Room closet and all facility members were reminded tha storage is allowed in this are Center Manager (ASF 	ated atly rning ad r will / for Risk) and nsuring or rage of er and / visit, re the Lab staff t no	

State Form

N9TV11

IF CONTINUATION SHEET Page 22 of 36

Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER 8-5144			A. BLDG: _	PLE CONSTRUCTION: 	(X3) DATE SURVEY COMPLETED: 08/10/2016	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD				
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6350	Continued from page 22			S 6350	person-in-charge) is respons educating all staff (current ar on the appropriate storage of confidential patient informat Center Manager will periodi check the closet to ensure compliance and the Director and Training will monitor co during site visits.	nd new) f ion. The cally of RQM	

State Form

N9TV11

IF CONTINUATION SHEET Page 23 of 36

Pennsylvania Department of Health

	T OF DEFICIENCIES AND PRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144							
	OVIDER OR SUPPLIER: R NORTHEAST HEALTH	CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD PHILADELPHIA, PA 19154						
STATE LICEN	ISE NUMBER: 9HEG8701		PHILADELPI	11A, PA 191	54				
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE		
6350	Continued from page 23			S 6350					
	Based on review of fa and staff interview (El facility failed to ensur in a manner to prevent unauthorized access. Findings include: Review on August 10, "Medical Records," no "Retention of Files use by unauthorized p	MP), it was determin e medical records we t loss, damage and , 2016, of facility pol o review date, reveale 4. Safeguards agains	ed the ere stored icy ed t loss and						
	1. Observation on Aug of the facility's medica a locked storage area to boxes of medical reco supplies that included cleaning chemicals. For the boxes were stored the room contained on manual or automatic for	al record storage area that contained 29 car ords and building ma paint, ladders, light l ourther observation re on open metal shelv he smoke detector and	a revealed dboard intenance bulbs, evealed ing and d no						

N9TV11

IF CONTINUATION SHEET Page 24 of 36

Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5144	:	A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 08/10/2016	EY
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH (DE NUMBER: 9HEG8701	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDI IDENTI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6350	Continued from page 24 Interview with EMP1 A of the observation conta stored in the area conta 2007 to 2014, that incl procedures completed testing results, family p documents. Further in and supplies for the ma also stored in the medi Interview with EMP1 of PM confirmed the fact access to the medical r in unauthorized access information. Further in records stored in cardb protected from smoke, there was fire in the low 2. Observation on Aug of the Lab room sump medical records "AB (dated from January 1, 2)	firmed the card board and patient informat uded medical record at the facility, pregna- olanning and fetal ul- terview confirmed en- aintenance of the fac cal record storage ar on August 10, 2016, ility's maintenance si ecord storage area, a to confidential patienterview confirmed n oard boxes would not fire and water dama cation. ust 10, 2016, at 12:2 pump closet revealer abortion) Procedure	d boxes ation from s from ancy trasound quipment ility are ea. at 12:38 taff have aresulting ent nedical of be ge if 0 PM d patient Logs,	S 6350			

N9TV11

IF CONTINUATION SHEET Page 25 of 36

Pennsylvania Department of Health

				A. BLDG: _ B. WING: _ CITY, STATE, Z ROAD		(X3) DATE SURVI COMPLETED: 08/10/2016	Υ
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH I PREFIX MUST BE PRECEEDED BY FULL REGULATORY TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) Complete Date
S 6350	and January 1, 2012, to on a shelf in the closet Interview with EMP1 of the observation con placed in the closet for the documents. Interview with EMP1 PM confirmed the fac	IDENTIFYING INFORMATION) Continued from page 25 and January 1, 2012, to January 31, 2012, ste on a shelf in the closet. Interview with EMP1 August 10, 2016, at th of the observation confirmed the log books w placed in the closet for storage prior to shred the documents. Interview with EMP1 on August 10, 2016, a PM confirmed the facility's maintenance sta unauthorized staff have access to the sump p					
S 636C				S 636C			

State Form

N9TV11

IF CONTINUATION SHEET Page 26 of 36

Pennsylvania Department of Health

	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144	A. BLDG: <u>00</u>			(X3) DATE SUR ¹ COMPLETED: 08/10/2016	ETED:	
PPSP FA	ROVIDER OR SUPPLIER: R NORTHEAST HEALTH NSE NUMBER: 9HEG8701	CENTER	STREET ADDRESS, CITY, 2751 COMLY ROA PHILADELPHIA,	D				
(X4) ID PREFIX TAG	MUST BE PRECEEI	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TIFYING INFORMATION)		ID IX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 636C	Continued from page 26 563.6 (c) Preservation of M 563.6 Preservation of med (c) If an ASF disconti known to the Department where its reco stored in a facility offering retrieval so the closure date. Prior to destruction, p permit former patients or their representa Public notice shall be in at least two forr advertisement in a local newspaper of general This REGULATION is no	lical records inues operation, it shall m rds are stored. Records an ervices for at least 5 years public notice shall be mad tives to claim their own r ns, legal notice and displa circulation.	nake re to be s after de to ecords.	36C	The "Medical Records" as de below was presented and app by the governing body on 9/2 By 9/29/16, the Director of Risk/Quality Management an Training will update the ASF "Medical Records" to include plan to notify the Departmen medical records would be sto operations where discontinue "the plan to publicly notify p or their representative to clai own records prior to destruct compliance with 563.6. The "Medical Records" policy wi presented to the ASF's gover body (Board) on September 2 The Director of Risk/Quality Management and Training w ensure the approve updated p is published and available to ASF person-in-charge for rev the Department by 10/1/16. Director of Risk/Quality Management and Training is responsible for the education new policy to the ASF	proved 29/16. nd F's policy e, "the at where bred if ed" and batients im their tion" in updated ill be rning 29,2016. // // ill policy the view by The S	Completion Date: 10/06/2016 Status: APPROVED Date: 10/11/2016	

N9TV11

IF CONTINUATION SHEET Page 27 of 36

Pennsylvania Department of Health

PLAN OF COF	OF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER:	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144	: STREET ADDRESS,	A. BLDG: _ B. WING: _ CITY, STATE, Z	IPLE CONSTRUCTION: 	(X3) DATE SURVI COMPLETED: 08/10/2016	ΞY
	NORTHEAST HEALTH (SE NUMBER: 9HEG8701	CENTER	2751 COMLY PHILADELP		154		
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 636C	36C Continued from page 27			S 636C			
					person-in-charge.		

State Form

N9TV11

IF CONTINUATION SHEET Page 28 of 36

Pennsylvania Department of Health

		i					
	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 08/10/2016	ΞY
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH (ie number: 9HEG8701	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH) PREFIX MUST BE PRECEEDED BY FULL REGULATORY TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 636C	Continued from page 28 Based on a review of f interview (EMP), it wa to incorporate all requi of medical records in t discontinue operations Findings include: A review on August 10 "Medical Records" no documented evidence to to notify the Departme would be stored if oper and no provisions to pur representatives to clair destruction. An interview conducte 11:00 am AM with EM policy did not incorpor requirements for the pur records.	as determined the fac irements for the pres he event the facility	eility failed ervation should ty"s policy d no n in place cords continued nts or their prior to 6, at he facility	S 636C			

N9TV11

IF CONTINUATION SHEET Page 29 of 36

Pennsylvania Department of Health

PLAN OF COF	OF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER:	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144	: STREET ADDRESS,	A. BLDG: _ B. WING: _ CITY, STATE, 2	IPLE CONSTRUCTION: 	(X3) DATE SURVI COMPLETED: 08/10/2016	ΞY
	NORTHEAST HEALTH	CENTER	2751 COMLY PHILADELP		154		
(X4) ID PREFIX TAG	MUST BE PRECEED	^T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 636C	Continued from page 29			S 636C			
S 6744				S 6744			

State Form

N9TV11

IF CONTINUATION SHEET Page 30 of 36

Pennsylvania Department of Health

	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X3) DATE SUR COMPLETED: 08/10/2016	VEY				
	ROVIDER OR SUPPLIER: R NORTHEAST HEALTH	I CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD PHILADELPHIA, PA 19154						
STATE LICE	NSE NUMBER: 9HEG8701		,						
(X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY OF TIFYING INFORMATION)		CORRECTIVE	N OF CORRECTION (EACH E ACTION SHOULD BE CED TO THE APPROPRIATE	(X5) COMPLETE DATE			
5 6744	Continued from page 30		S 674	4					
	567.41 MAINTENANCE 567.41 Principle The ASF shall be equ to sustain its safe and sanitary characte hazards in the ASF for the protection of patie This REGULATION is no	uipped, operated and main ristics and to minimize he nts and employes.		educated on the pr Formalin and info updated policy. O Infection Control presented to the ge review and approv meeting (9/29/16) By 9/1/16, the AS had informed all s via email) that the	ate the ASF's Plan to include on locked storage dicated in the leutral Buffered anuary 2013. By ector of Clinical are facility staff are roper storage of ormed of the once updated, Plan will be overning body for val at their next). SF person-in-charge staff (verbally and e cabinet containing locked at all times orized access and h hazards in the ction of patients additionally, the labeled with a all sticker.	Completion Date: 10/10/2016 Status: APPROVED Date: 10/06/2016			

State Form

N9TV11

IF CONTINUATION SHEET Page 31 of 36

Pennsylvania Department of Health

PLAN OF COR	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPI PLAN OF CORRECTION (POC) IDENTIFICATION NUL 8-5144			A. BLDG: _	IPLE CONSTRUCTION: <u>00</u> ZIP CODE:	(X3) DATE SURVEY COMPLETED: 08/10/2016	
PPSP FAR	NORTHEAST HEALTH	CENTER	2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6744	Continued from page 31			S 6744	person-in-charge) is respons the proper storage of formali will regularly (daily for now ongoing) monitor compliance immediately addressing any found. The Director of Risk Quality Management and Tr will monitor compliance on storage of Formalin at next s (November) and during perior visits, reporting findings to t Center Manager and Directo Clinical Services via site vis The Director of Clinical Services responsible for the successfu implementation of this Plan Correction and reporting to t ASF's Infection Control Com	in and y, monthly ce issues and raining the site visit odic site the or of tit report. vices is all of the	

N9TV11

IF CONTINUATION SHEET Page 32 of 36

Pennsylvania Department of Health

PLAN OF COI	OF DEFICIENCIES AND RRECTION (POC) VIDER OR SUPPLIER: 2. NORTHEAST HEALTH ((XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144 CENTER	STREET ADDRESS, 2751 COMLY	A. BLDG: _ B. WING: _ CITY, STATE, Z ROAD	ZIP CODE:	(X3) DATE SURVI COMPLETED: 08/10/2016	EY
STATE LICENS	se number: 9HEG8701		PHILADELPH	11A, PA 19	154		
(X4) ID PREFIX TAG	MUST BE PRECEED	^C OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6744	Continued from page 32 On August 10, 2016, a policy regarding the st was provided. Review on August 10, (Material Safety Data Buffered Formalin, da "Section 2: Hazards Id locked up." Observation on Augus revealed 60 clear plast Buffered Formalin in a an area adjacent to the Interview on August 1 confirmed [they] did n locked up, and confirm were stored in an area staff.	2016, of the MSDS Sheet) for 10% Neut ted January 2013," ro entification P405- t 10, 2016, at 1:00 P ic containers of 10% in unlocked cabinet I procedure rooms. 0, 2016, with EMP1 ot know Formalin w ned the Formalin cor	nd none ral evealed • Store M • Neutral located in as to be ntainers	S 6744			

State Form

N9TV11

IF CONTINUATION SHEET Page 33 of 36

Pennsylvania Department of Health

1	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 08/10/2016	EY
PPSP FAR	WIDER OR SUPPLIER: NORTHEAST HEALTH (SE NUMBER: 9HEG8701	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6916	569.32 Fire Inspection 569.32 Fire Inspection The ASF shall request local fire department. This REGULATION is not	an annual inspection by met as evidenced by:	its	S 6916	By September 30, 2016, the of Facilities will submit a re inspection to the local fire department. The Manager of Facilities is responsible for r this request annually and pro record of the request to the <i>A</i> person-in-charge. Records o inspections and/or request fo inspections will be available Department review.	quest for f naking oviding ASF f fire or	Completion Date: 10/01/2016 Status: APPROVED Date: 09/20/2016

State Form

N9TV11

IF CONTINUATION SHEET Page 34 of 36

Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X3) DATE SURV COMPLETED: 08/10/2016	EY		
	OVIDER OR SUPPLIER: R NORTHEAST HEALTH (CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD		•	
STATE LICEN	se number: 9HEG8701						
(X4) ID PREFIX TAG	MUST BE PRECEED	ſ OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6916	Continued from page 34			S 6916			
	Based on a review of f interview (EMP), it wa to request an annual in department for the yea Findings include: Review on August 10, Program," dated June PPSP's Director of Fac ongoing compliance or requesting our annual departments."	as determined the fac ispection by the loca r 2015. 2016, of policy "Fir 19, 2012, revealed ". cilities is responsible f annual fire inspecti	eility failed l fire e Safety for the on and				
	Request was made to I for documentation to i requested an annual in department for the yea was provided.	ndicate that the facil spection from its loc	ity al fire				
	Interview on August 1 EMP1 confirmed the f inspection by the local	acility did not reque	st an				

N9TV11

IF CONTINUATION SHEET Page 35 of 36

Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDEN		(XI) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:		A. BLDG: <u>00</u>		COMPLETED:	
		8-5144		B. WING: <u></u>		08/10/2016	
NAME OF PROVIDER OR SUPPLIER:			STREET ADDRESS, CITY, STATE, ZIP CODE:				
PPSP FAR NORTHEAST HEALTH CENTER			2751 COMLY ROAD				
STATE LICENSE NUMBER: 9HEG8701			PHILADELPHIA, PA 19154				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 6916	Continued from page 35			S 6916			

N9TV11

IF CONTINUATION SHEET Page 36 of 36



Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701 SURVEY EXIT DATE: 08/10/2016

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 Cope

Susan Coble Deputy Secretary for Quality Assurance



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

Rachel L. Levine, MD Secretary of Health