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:	11/30/2017

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
H 0000	INITIAL COMMENT This report is the result of a full State Licensure survey conducted on September 27, 2017 at PPSP Far Northeast. It was determined the facility was in compliance with the requirements of 35 P.S. § 448.809 (b).	H 0000		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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M 0000	INITIAL COMMENT This report is the result of an Annual Registration survey conducted on September 27, 2017, at PPSP Far Northeast. 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		

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S 0000	INITIAL COMMENT This report is the result of a full State Licensure survey conducted on September 27, 2017, at PPSP 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 0000		
S 033A		S 033A		

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

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S 033A	Continued from page 1 553.3 (1) Governing Body Responsibilities 553.3 Governing Body responsibilities include: (1) Conforming to all applicable Federal, State, and local laws. This REGULATION is not met as evidenced by:	S 033A	The Far Northeast Health Center (facility) is owned and operated by Planned Parenthood Southeastern Pennsylvania. Planned Parenthood Southeastern Pennsylvania (PPSP) is an independent not-for-profit corporation [501 (c)(3)] that operates health centers in Chester, Delaware, Montgomery, and Philadelphia counties, including the Far Northeast Health Center. PPSP is governed by a Board of Directors. Each PPSP facility has an individual Patient Safety Plan (identified by address), follows PPSP's patient safety policies and procedures, and attends the quarterly Patient Safety committee meeting. Currently, the facility is identified in the Patient Safety Plan by address. By 11/30/17, the Patient Safety Plan will be updated to include the facility name and facility specific content. The Director of Clinical Services (serves as Patient Safety Officer) is responsible for updating the plan. The updated plan will be presented for review and approval to PPSP	Completion Date: **11/17/2017** Status: **APPROVED** Date: **11/22/2017**

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S 033A	Continued from page 2	S 033A	Board of Directors (governing body) at the next scheduled meeting on 12/14/17. The Patient Safety Committee includes all required members (per Act 13 of 2002, Section 310 Patient Safety Committee), and the facility (Far Northeast Health Center) is represented by their patient safety officer, physician, nurse, center manager (ASF person-in-charge), and a resident of the community. The committee meetings include review of facility-specific items such as patient safety data, patient safety reports (serious events and action plans), updated policies and procedures, and findings/actions from regulatory agency (DOH, CLIA) site visits. Beginning 11/13/17, the Patient Safety Committee meeting agenda and minutes will reflect each facility's specific activities, discussion and actions. The facility Patient Safety Committee will continue to meet quarterly as directed by Act 13 of	

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S 033A	Continued from page 3	S 033A	2002, section 310 Patient Safety Committee (2). The Chief Operating Officer is responsible for presenting all Patient Safety Plan and Patient Safety Committee updates to the Board. Minutes and approved documents from the 12/14/17 Board meeting will be available for review.	

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S 033A	Continued from page 4 PPSP Far Northeast Health Center was not in compliance with the following State Law related to Act 13 of 2002, Medical Care Availability and Reduction of Error(MCARE) Act 40 PS. §1303.310 Patient Safety Committee. "Section 310. Patient safety committee. (a) Composition.-- (2) An ambulatory surgical facility's ... patient safety committee ... shall meet at least monthly." This is not met as evidenced by: Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to have an ambulatory surgical facility specific Patient Safety Committee. Findings include: Review on September 27, 2017, of the facility's "Patient Safety Plan", dated April 2015, revealed	S 033A		

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S 033A	Continued from page 5 this plan was for Planned Parenthood Southeastern Pennsylvania, which includes the Planned Parenthood Southeastern Pennsylvania affiliates. The words "Far Northeast Health Center" was not included in the plan. Review on September 27, 2017, of the "Patient Safety Committee Meeting" minutes, dated August 2016, January 2017, February 2017, May 2017, and August 2017, revealed there were committee members from other Planned Parenthood Southeastern Pennsylvania affiliates attending these meetings and information from these other affiliates were included in these meeting minutes. These minutes were not specific only to the Planned Parenthood Far Northeast Health Center surgery center. Interview with EMP1, on September 27, 2017, at 2:12 PM, confirmed the patient safety committee meetings take place with other Planned Parenthood affiliates including Locust St, West Chester, and Norristown. EMP1 confirmed the meetings and	S 033A		

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S 033A	Continued from page 6 minutes are not specific to the ambulatory surgery center.	S 033A		
S 033E		S 033E		

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S 033E	Continued from page 7 553.3 (5)(i)(ii) Governing Body Responsibilities Governing Body responsibilities include: (5) Adopting bylaws or similar rules and regulations for the orderly development and management of the ASF, which: (i) Describe the authority delegated to the person in charge and to the medical staff. (ii) Require the governing body to review and approve the bylaws, or similar rules and regulations, of the medical staff. This REGULATION is not met as evidenced by:	S 033E	The Far Northeast Health Center (facility) is owned and operated by Planned Parenthood Southeastern Pennsylvania (PPSP). PPSP is governed by a Board of Directors (Board). PPSP has bylaws that apply to all of its health centers, and, to ensure orderly development and management specific to the ASF (Far Northeast Health Center), the Board adopted the Abortion Policy Manual. The "Governing Body Responsibilities" policy (from the Abortion Policy Manual) specifically describes the authority delegated to the Center Manager (ASF person-in-charge) and the medical staff as well as the requirement that the Board adopts and approves policies necessary for the orderly conduct of the ASF. These policies are maintained onsite and available for review. By 11/30/17, the ASF-person-charge will receive training on the Abortion Services Manual policies to ensure	Completion Date: **11/17/2017** Status: **APPROVED** Date: **11/22/2017**

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S 033E	Continued from page 8	S 033E	familiarity with and understanding of PPSP rules and regulations that guide the orderly management of the ASF. The Director of Patient Services is responsible for ensuring this policy review and successful implementation of this plan of correction. Evidence of staff training will be available for review.	

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S 033E	Continued from page 9 Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to adopt governing body bylaws that were applicable to the surgery center, that described the authority to the person in charge and to the medical staff, and that required the governing body to review and approve the bylaws of the medical staff. Findings include: Review on September 27, 2017, of "Planned Parenthood Southeastern Pennsylvania By-laws, no date, revealed these bylaws did not address the surgery center. Further review of these bylaws revealed they did not described the authority delegated to the person in charge and to the medical staff. These bylaws also did not require the governing body to review and approve the bylaws of the medical staff. Interview with EMP1 on September 27, 2017, at 2:25 PM, confirmed the bylaws were the surgery center's bylaws. EMP1 confirmed EMP1 was not	S 033E		

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S 033E	Continued from page 10 familiar with these bylaws or the information contained in them.	S 033E		
S 033F		S 033F		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 033F	Continued from page 11 553.3 (6) Governing Body Responsibilities Governing Body responsibilities include: (6) Adopting policies or procedures necessary for the orderly conduct of the ASF. This REGULATION is not met as evidenced by:	S 033F	To ensure the orderly conduct of the ASF, the Governing Body of the facility has adopted and approved policies and procedures such as the facility's Risk and Quality Management plan and the Infection Control Plan. To ensure we fully document our ongoing compliance with this requirement, we will revise our Infection Control Plan by 11/30/2017 to include the requirement to report activities and actions of the Infection Control Committee to the governing board. The Director of Patient Services will be responsible for the revision to the policy, and this person will communicate the changes to the committee. At the 12/14/2017 meeting of the Board (governing body), the updated Infection Control Plan will be presented for review and approval. The minutes of this meeting will serve as documented evidence of compliance. At the 12/14/17 meeting of the Board	Completion Date: **11/17/2017** Status: **APPROVED** Date: **11/22/2017**

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S 033F	Continued from page 12	S 033F	(governing body) and quarterly thereafter, the facility's Chief Operating Officer (COO) will present the quarterly Risk and Quality Management (RQM) Summary Report for review and approval. This summary report will include activities and actions of the agency's Patient Safety Committee, RQM Committee, and Infection Control Committee. The minutes of this meeting will serve as documented evidence of compliance. The COO is responsible for implementing this plan of correction.	

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S 033F	Continued from page 13 Based on review of facility policies and procedures, and facility documents, and interviews with staff (EMP), it was determined the facility failed to ensure the activities and actions of the facility's Patient Safety Committee, Quality committee, and Infection Control committees were reported to and reviewed by the Governing Board. Findings include: Review on September 27, 2017, of the facility's "Planned Parenthood Southeastern Pennsylvania By-laws", no date, revealed there was no provision for the facility's committee's to report the governing body. Review on September 27, 2017, of the facility's "Patient Safety Plan", April 2015, revealed "Responsibilities of Patient Safety Committee ... 5. The committee reports to the administrative officer and governing body of the facility on a quarterly basis ..."	S 033F		

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S 033F	Continued from page 14 Review on September 27, 2017, of the facility's "Risk and Quality Management" plan, dated July 1, 2017, revealed "Board and CEO Statement of Affirmation to an Integrated RQM Program ... The CEO (or designee) apprises the Board on a regular basis of ongoing Risk and Quality Management activities. At the October Board Meeting each year, the Board reviews and approves the annual RQM Program Summary." Review on September 27, 2017, of the facility's "Infection Control Plan", dated August 31, 2017, revealed there was no provision to report to the Governing Body. Review on September 27, 2017, of the Governing Body meeting minutes for 2016, and February and April 2017, revealed the activities and actions of the facility's Patient Safety Committee, Quality committee, and Infection Control committees were not reported to and reviewed by the Governing Board.	S 033F		

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S 033F	Continued from page 15 Interview with EMP1 on September 27, 2017, at 2:35 PM, confirmed there was no documented evidence that the facility's Governing Body reviewed the activities and actions of the facility's Patient Safety Committee, Quality committee, and Infection Control committees. Further interview with EMP1 confirmed the minutes of these committees were not reported to and reviewed by the Governing Board.	S 033F		
S 5557		S 5557		

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S 5557	Continued from page 16 555.33 (b) Anesthesia Policies and Procedures 555.33 Anesthesia policies and procedures (b) In ASF's where there is no anesthesiologist, the governing body shall designate a physician to function as the Director of Anesthesia Services, who shall be responsible for directing the anesthesia services and establishing the general policies and procedures for the administration of anesthesia in the ASF which shall be approved by the governing body. This REGULATION is not met as evidenced by:	S 5557	PPSP's Medical Director (physician) serves as the Director of Anesthesia Services and this designation is included in their job description. The signed copy of this job description is found in the personnel (credentialing) file for this provider. PPSP also has an Assistant Director of Anesthesia. These directors are responsible for oversight and direction of anesthesia services including establishing and updating policy and procedures, staff training, supervision and evaluation. By 11/30/17, the Governing Body Responsibilities policy (Abortion Policy Manual) will be updated to include the designation of a physician to function as the Director of Anesthesia Services. The updated policy will be presented for review and approval to PPSP Board of Directors (governing body) at the next scheduled meeting on 12/14/17. Evidence of approval will be available for review. By 11/30/17, the job description for	Completion Date: **11/17/2017** Status: **APPROVED** Date: **11/22/2017**

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	8-5144	A. BLDG: __00_____ B. WING: _____	11/30/2017

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S 5557	Continued from page 17	S 5557	the Medical Director will be updated to include specific expectations related to anesthesia services oversight. Once updated the job description will be reviewed and signed by the Medical Director. This updated job description will be maintained in the physicians personnel file and will be available for review. By 11/30/17, the ASF person-in-charge will receive training on Anesthesia services, including direction, oversight, policies and procedures. The Director of Patient Services is responsible for ensuring this policy review and successful implementation of this plan of correction. Evidence of staff training will be available for review.	

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S 5557	Continued from page 18 Based on review of facility documents, credential file (CF), and staff interview (EMP), it was determined the governing body failed to designate in writing a physician to function as the Director of Anesthesia Services, to be responsible for directing the anesthesia services and establishing the general policies and procedures for the administration of anesthesia in the ASF. Findings Include: Request was made of EMP1 on September 27, 2017 for Anesthesia Policies. No policy available designating a physician to function as the Director of Anesthesia Services. Review of CF1, CF2, CF3, and CF4, revealed no identification of any physician assigned to function as the Director of Anesthesia Services. Interview on September 27, 2017, at approximately 2:30 PM with EMP1, confirmed facility has no	S 5557		

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S 5557	Continued from page 19 documented evidence designating a physician to function as the Director of Anesthesia Services.	S 5557		
S 5558		S 5558		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 5558	Continued from page 20 555.33 (c)(1-3) Anesthesia Policies and Procedures 555.3 Anesthesia policies and procedures (c) Policies and procedures shall be developed or anesthesia services and shall include the following: (1) Education, training and supervision of personnel. (2) Responsibilities of non physician anesthetists. (3) Responsibilities of supervising physicians or dentists. This REGULATION is not met as evidenced by:	S 5558	PPSP's Medical Director (physician) serves as the Director of Anesthesia Services and this designation is included in their job description. PPSP also has an Assistant Director of Anesthesia. PPSP's Assistant Director of Anesthesia's responsibilities include ensuring compliance with PPSP's sedation policies and procedures and with training requirements for contract CRNAs. These responsibilities are included in their signed contract job description. By 11/30/17, the facility's Abortion Policy Manual will be updated to reflect the addition of anesthesia-specific policies, including the procedures directing anesthesia services and policies to include the education, training, and supervision of personnel; the responsibilities of non-physician anesthetists (CRNAs), and evaluation of CRNA clinical activities; and the responsibilities of supervising physicians. The facility's Medical Director (Director	Completion Date: **11/17/2017** Status: **APPROVED** Date: **11/29/2017**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 5558	Continued from page 21	S 5558	of Anesthesia) and the Assistant Director of Anesthesia are responsible for establishing these policies, which will reside in the facility's Abortion Policy Manual. These updated policies will be presented to the Governing Body for review and approval at their next scheduled meeting on 12/14/17. The facility's Abortion Policy will be available on-site at the ASF for review, as will be the Governing Body's meeting minutes, to demonstrate evidence of compliance.	

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S 5558	Continued from page 22 Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to ensure policies and procedures were developed for the anesthesia services and failed to establish policies and procedures for the supervision of the Certified Registered Nurse Anesthetist's (CRNA) clinical activities. Findings include: Review of the facility document "Anesthesia Policies," reviewed September 27, 2017, revealed no documentation that anesthesia policy and procedures directing anesthesia services and addressing the supervision of the CRNA's clinical activities were developed and approved. Interview with EMP1 on September 27, 2017, at approximately 2:30 PM confirmed there were no policy and procedures for directing anesthesia services. Further interview revealed there were no policies and procedures developed to include the	S 5558		

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S 5558	Continued from page 23 education, training, and responsibilities of non physician anesthetists (CRNAs), evaluation of CRNA clinical activities, who provides CRNA oversight and the responsibilities of supervising physician. EMP1 also confirmed that the facility uses CRNA's.	S 5558		
S 572C		S 572C		

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S 572C	Continued from page 24 557.2 (c)(1-8) The Plan The plan shall emphasize the ongoing nature of the quality assurance program and the comprehensiveness of the scope of the program which shall include monitoring and evaluation of the following: (1) Medical staff functions including: (i) Peer-based review of clinical performance of individuals with clinical privileges (ii) Surgical case and tissue review. (2) Anesthesia services (3) Nursing services (4) Pharmaceutical services (5) Pathology and Radiology services (6) Infection control procedures (7) Procedures performed in the ASF and their necessity (8) Reports of accidents, injuries and safety hazards This REGULATION is not met as evidenced by:	S 572C	The facility currently has an extensive, ongoing, and comprehensive Risk & Quality Management (RQM) Program, including an RQM Plan, to ensure systematic, ongoing, and effective monitoring and evaluation of the quality and appropriateness of patient care, and pursue opportunities to improve patient care and resolve identified problems. To ensure that the RQM Plan fully reflects the RQM Program's monitoring and evaluation activities, by 11/30/17, the agency's Annual Risk & Quality Management Work Plan will be updated to reflect the specific activities which ensure continued compliance of the monitoring and evaluation of the following required services: peer-based review of clinical performance of individuals with clinical privileges (including surgical case and tissue review), anesthesia services, nursing services, pharmaceutical services, pathology and radiology services, infection	Completion Date: **11/17/2017** Status: **APPROVED** Date: **11/22/2017**

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S 572C	Continued from page 25	S 572C	control procedures, procedures performed at the agency's two ASF locations, and reports of accidents, injuries and safety hazards. Future meeting minutes will reflect the monitoring and evaluation activities and reporting up to the agency RQM Committee. The Chief Operating Officer is responsible for the oversight of the agency's Risk & Quality Management Program, its activities, and its annual work plan. The Chief Operating Officer is also responsible for presenting a summary of RQM activities to the Board each quarter for review and approval. At the agency's next meeting of its Governing Body, on 12/14/17, the COO will present the agency's second quarter RQM update for review and approval and the meeting minutes will serve as documented evidence of compliance.	

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S 572C	Continued from page 26 Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to include the monitoring and evaluation of required services as part of the quality plan. Findings include: Review on September 27, 2017, of the facility's "Risk and Quality Management" plan, dated July 2017, revealed "Introduction and statement of purpose ... The primary purpose of PPSP's Risk and Quality Management (RQM) Program is to improve PPSP's performance by improving clinical care and management processes through the identification of problems, analysis, intervention, and evaluation ... RQM Committee ... RQM activities are conducted and/or monitored by a centralized committee known as the RQM Committee. The committee ensures a coordinated, complementary and integrated approach to monitoring and improving PPSP's RQM activities ..." Review on September 27, 2017, of the facility's RQM meeting minutes, dated April 2016, June	S 572C		

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S 572C	Continued from page 27 2016, February 2017, May 2017, and July 2017, revealed these meeting minutes did not address the evaluation activities of the RQM for the following: medical staff functions, anesthesia services, nursing services, pharmaceutical services, pathology services, infection control procedures, and reports of accidents, injuries and safety hazards. Interview with EMP1, on September 27, 2017, at 2:42 PM, confirmed there was no documented evidence the RQM committee evaluated the activities of the RQM for the medical staff functions, anesthesia services, nursing services, pharmaceutical services, pathology services, infection control procedures, and reports of accidents, injuries and safety hazards.	S 572C		

Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 11/30/2017

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