Pennsylvania Department of Health

PLAN OF CO NAME OF PR PPSP FA	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144 NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER			A. BLDG: B. WING: CITY, STATE, ZI		(X3) DATE SURVEY COMPLETED: 11/30/2017	
STATE LICEN	NSE NUMBER: 9HEG8701						
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY C IFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE
H 0000	INITIAL COMMENT		Н 0000				
LABORATOR	This report is the result of a full State Licensus survey conducted on September 27, 2017 at P Far Northeast. It was determined the facility compliance with the requirements of 35 P.S. § 448.809 (b).				TITLE:	(X6) DATE:	
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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			LE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	EY		
		8-5144			<u>0</u>	11/30/2017			
	VIDER OR SUPPLIER: NORTHEAST HEALTH	CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD						
STATE LICENS	SE NUMBER: 9HEG8701		PHILADELP	HIA, PA 191	54				
(X4) ID PREFIX TAG	MUST BE PRECEEI	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CO CROSS-REFERENCED TO THE APPROPRIATE				
M 0000	INITIAL COMMENT	lt of an Annual Regis	M 0000						
	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.								
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPI	LIER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			
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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			LE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:			
		8-5144			0	11/30/2017			
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH E NUMBER: 9HEG8701	CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 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 COM CROSS-REFERENCED TO THE APPROPRIATE D				
S 0000	INITIAL COMMENT	NITIAL COMMENT							
S 033A	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.				TITLE:	(X6) DATE:			
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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIEF IDENTIFICATION NUMBER B-5144								
PPSP FA	OVIDER OR SUPPLIER: R NORTHEAST HEALTH (NSE NUMBER: 9HEG8701	CENTER	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)				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
S 033A	Continued from page 1 553.3 (1) Governing Body 553.3 Governing Body respo (1) Conforming t local laws. This REGULATION is not	onsibilities include: o all applicable Federal,	State, and	S 033A	The Far Northeast Health Ce (facility) is owned and opera Planned Parenthood Southea Pennsylvania. Planned Parer Southeastern Pennsylvania (an independent not-for-profi corporation [501 (c)(3)] that health centers in Chester, De Montgomery, and Philadelpl counties, including the Far Northeast Health Center. PF governed by a Board of Dire Each PPSP facility has an in Patient Safety Plan (identifie address), follows PPSP's pat safety policies and procedure attends the quarterly Patient committee meeting. Currentl facility is identified in the Pa Safety Plan by address. By the Patient Safety Plan will b updated to include the facilit and facility specific content. Director of Clinical Services as Patient Safety Officer) is responsible for updating the The updated plan will be pre- for review and approval to P	tted by istern ithood PPSP) is t operates elaware, hia PSP is ectors. dividual ed by ient es, and Safety ly, the atient 11/30/17, be ty name The is (serves plan. esented	Completion Date: 11/17/2017 Status: APPROVED Date: 11/22/2017		

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 11/30/2017	
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 C			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 2			S 033A	Board of Directors (governin at the next scheduled meetin 12/14/17. The Patient Safety Committed includes all required membe Act 13 of 2002, Section 310 Safety Committee), and the (Far Northeast Health Center represented by their patient so officer, physician, nurse, cer manager (ASF person-in-cha and a resident of the commu The committee meetings increview of facility-specific its as patient safety data, patien reports (serious events and a plans), updated policies and procedures, and findings/act from regulatory agency (DO site visits. Beginning 11/13/17, the Pati Safety Committee meeting a and minutes will reflect each specific activities, discussion actions. The facility Patient 1 Committee will continue to quarterly as directed by Act	g on ee rs (per Patient facility r) is safety nter arge), nity. lude ems such t safety ction ions 'H, CLIA) ient genda n facility's n and Safety meet	

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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: 11/30/2017	ΈD:	
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 STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 033A	Continued from page 3			S 033A	2002, section 310 Patient Sa Committee (2). The Chief Operating Officer responsible for presenting al Safety Plan and Patient Safe Committee updates to the Bo Minutes and approved docun from the 12/14/17 Board me be available for review.	is l Patient ty oard. ments		

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Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) IDENTIFICATION NUMB 8-5144			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 11/30/2017	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 A	OULD BE	(X5) COMPLETE DATE	
S 033A	Continued from page 4 PPSP Far Northeast He compliance with the fo Act 13 of 2002, Medic Reduction of Error(MC §1303.310 Patient Safe "Section 310. Patient Safe Composition (2) An patient safety comm monthly." This is not met as evide Based on review of fac with staff (EMP), it wa to have an ambulatory Patient Safety Commit Findings include: Review on September "Patient Safety Plan", o	ellowing State Law r al Care Availability CARE) Act 40 PS. ety Committee. afety committee. (a) ambulatory surgical ittee shall meet at enced by: eility documents and us determined the fac surgical facility spec- tee. 27, 2017, of the faci	elated to and facility's least interview cility failed cific	S 033A			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 8-5144			A. BLDG: _	IPLE CONSTRUCTION: 	(X3) DATE SURVEY COMPLETED: 11/30/2017	
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 A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 5 this plan was for Plann Pennsylvania, which in Parenthood Southeaster The words "Far Northe included in the plan. Review on September Safety Committee Mee 2016, January 2017, Fo and August 2017, reve members from other P Southeastern Pennsylv meetings and informat were included in these minutes were not spect Parenthood Far Northe center. Interview with EMP1, 2:12 PM, confirmed th meetings take place with affiliates including Loo Norristown. EMP1 co	ncludes the Planned rn Pennsylvania affi east Health Center" v 27, 2017, of the "Pat eting" minutes, dated ebruary 2017, May 2 aled there were com lanned Parenthood ania affiliates attend ion from these other meeting minutes. T ific only to the Plann east Health Center su on September 27, 20 e patient safety com th other Planned Par cust St, West Cheste	liates. was not tient l August 2017, mittee ing these affiliates hese hed irgery 017, at mittee renthood r, and	S 033A			

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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 SURVI COMPLETED: 11/30/2017	EY	
(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 CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 6 minutes are not specificenter.	ic to the ambulatory	surgery	S 033A			
S 033E				S 033E			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 84-5144			A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 11/30/2017	
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		(X5) COMPLETE DATE	
S 033E	Continued from page 7 553.3 (5)(i)(ii) Governing E Governing Body responsibi (5) Adopting bylaws or sim orderly development and m (i) Describe the authority de and to the medical staff. (ii) Require the governing b bylaws, or similar rules and This REGULATION is not	lities include: ilar rules and regulation: anagement of the ASF, v elegated to the person in body to review and appro- regulations, of the medi	which: charge ove the	S 033E	The Far Northeast Health Ce (facility) is owned and opera Planned Parenthood Southea Pennsylvania (PPSP). PPSP governed by a Board of Dire (Board). PPSP has bylaws th to all of its health centers, an ensure orderly development management specific to the A Northeast Health Center), the adopted the Abortion Policy Manual. The "Governing Body Responsibilities" policy (fron Abortion Policy Manual) spe describes the authority deleg the Center Manager (ASF person-in-charge) and the mastaff as well as the requirement the Board adopts and approv policies necessary for the ord conduct of the ASF. These p are maintained onsite and av for review. By 11/30/17, the ASF-person will receive training on the A Services Manual policies to a	ted by stern is ectors hat apply id, to and ASF (Far e Board m the ecifically ated to edical ent that res derly olicies ailable	Completion Date: 11/17/2017 Status: APPROVED Date: 11/22/2017

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-5144			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 11/30/2017	PLETED:	
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 STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 033E	Continued from page 8			S 033E	familiarity with and understa PPSP rules and regulations t guide the orderly manageme ASF. The Director of Patien Services is responsible for er this policy review and succe implementation of this plan- correction. Evidence of staff will be available for review.	hat ent of the t nsuring ssful of training		

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-5144			(X2) MULTI A. BLDG: B. WING:		(X3) DATE SURVE COMPLETED: 11/30/2017	EY
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033E	Continued from page 9 Based on review of fact with staff (EMP), it was to adopt governing boo applicable to the surge authority to the person staff, and that required and approve the bylaw Findings include: Review on September Parenthood Southeaster date, revealed these by surgery center. Further revealed they did not of delegated to the person staff. These bylaws al governing body to revie of the medical staff. Interview with EMP1 of 2:25 PM, confirmed the center's bylaws. EMP	as determined the fac dy bylaws that were ery center, that descri in in charge and to the d the governing body vs of the medical staf 27, 2017, of "Planne ern Pennsylvania By- ylaws did not address er review of these byl described the authorit n in charge and to the lso did not require the iew and approve the on September 27, 20 ne bylaws were the su	cility failed ibed the e medical to review if. ed -laws, no s the laws ty e medical e bylaws 017, at urgery	S 033E			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	DPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 11/30/2017	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		CENTER	STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
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S 033E	Continued from page 10 familiar with these byl contained in them.	aws or the informati	on	S 033E			
S 033F				S 033F			

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Pennsylvania Department of Health

PLAN OF COI	OF DEFICIENCIES AND RRECTION (POC) WIDER OR SUPPLIER:	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144	STREET ADDRESS,	A. BLDG: B. WING: , CITY, STATE, Z	PLE CONSTRUCTION: 	(X3) DATE SURV COMPLETED: 11/30/2017	ЕҮ
PPSP FAR NORTHEAST HEALTH CENTER state license number: 9HEG8701			2751 COMLY PHILADELP		154		
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S 033F	Continued from page 11 553.3 (6) Governing Body Governing Body responsibi (6) Adopting policies or pro orderly conduct of the ASF This REGULATION is not	ilities include: ocedures necessary for th	10	S 033F	To ensure the orderly conduc ASF, the Governing Body of facility has adopted and appr policies and procedures such facility's Risk and Quality Management plan and the In Control Plan. To ensure we fully documen ongoing compliance with thi requirement, we will revise of Infection Control Plan by 11 to include the requirement to activities and actions of the Infection Control Committee governing board. The Direct Patient Services will be resp for the revision to the policy this person will communicat changes to the committee. A 12/14/2017 meeting of the B (governing body), the update Infection Control Plan will b presented for review and app The minutes of this meeting serve as documented evidence compliance.	f the roved a as the fection fection it our is our /30/2017 o report e to the or of onsible , and e the t the Board ed one proval. will	Completion Date: 11/17/2017 Status: APPROVED Date: 11/22/2017
					At the 12/14/17 meeting of t	he Board	

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 11/30/2017		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD					
(X4) ID PREFIX TAG	X MUST BE PRECEEDED BY FULL REGULATORY (ID PREFIX TAG	G PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 033F	Continued from page 12			S 033F	(governing body) and quarte thereafter, the facility's Chie Operating Officer (COO) wi the quarterly Risk and Quali Management (RQM) Summa Report for review and appro summary report will include and actions of the agency's F Safety Committee, RQM Co and Infection Control Comm The minutes of this meeting serve as documented evidenc compliance. The COO is res for implementing this plan o correction.	f Il present ty ary val. This activities Patient ommittee, nittee. will ce of ponsible		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBE 8-5144			A. BLDG: _	PLE CONSTRUCTION:	(x3) DATE SURVEY COMPLETED: 11/30/2017		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			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 CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033F	Continued from page 13 Based on review of fac and facility documents (EMP), it was determin the activities and actio Safety Committee, Qu Control committees we by the Governing Boar Findings include: Review on September "Planned Parenthood S By-laws", no date, reve for the facility's comm body. Review on September "Patient Safety Plan", "Responsibilities of Pa The committee reports and governing body of basis"	s, and interviews with ned the facility failed ns of the facility's Pa ality committee, and ere reported to and re rd. 27, 2017, of the faci Southeastern Pennsyl ealed there was no p littee's to report the g 27, 2017, of the faci April 2015, revealed atient Safety Commit s to the administrative	h staff I to ensure atient Infection eviewed lity's lvania rovision overning lity's tee 5. e officer	S 033F			

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Pennsylvania Department of Health

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STATE LICENSE NUMBER: 9HEG8701			PHILADELPH	HIA, PA 19	154		
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033F	Continued from page 14 Review on September "Risk and Quality Mar 2017, revealed "Board Affirmation to an Integ CEO (or designee) app basis of ongoing Risk activities. At the Octo year, the Board review RQM Program Summa Review on September "Infection Control Plan revealed there was no Governing Body. Review on September Body meeting minutes April 2017, revealed th facility's Patient Safety committee, and Infecti not reported to and rev Board.	hagement" plan, date and CEO Statement grated RQM Program orises the Board on a and Quality Manager ober Board Meeting e ys and approves the a ary." 27, 2017, of the faci n", dated August 31, provision to report to 27, 2016, and Febru he activities and action y Committee, Quality on Control committee	d July 1, of n The regular ment each nnual lity's 2017, o the verning ary and ons of the vess were	S 033F			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 8-5144			A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 11/30/2017	
NAME OF PROVIDER OR SUPPLIER:			STREET ADDRESS,	CITY. STATE. 2	ZIP CODE:		
PPSP FAR NORTHEAST HEALTH CENTER			2751 COMLY				
		PHILADELPI	HIA, PA 19	154			
STATE LICENSE NUMBER: 9HEG8701							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O 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 033F	Continued from page 15			S 033F			
	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 no reported to and reviewed by the Governing Board.						
S 5557				S 5557			

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PPSP FA	ROVIDER OR SUPPLIER: R NORTHEAST HEALTH NSE NUMBER: 9HEG8701	CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD PHILADELPHIA, PA 19154					
(X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DEI DED BY FULL REGULATORY OF TIFYING INFORMATION)		PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	ULD BE	(X5) COMPLETE DATE		
S 5557	Continued from page 16 555.33 (b) Anesthesia Pol 555.33 Anesthesia policie (b) In ASF's where t governing body shall designate a physicia Anesthesia Services, who responsible for directing th establishing the general po for the administration of a be approved by the govern This REGULATION is no	es and procedures there is no anesthesiologis n to function as the Direct shall be ne anesthesia services and plicies and procedures nesthesia in the ASF whic sing body.	or of	PPSP's Medical Director (phy serves as the Director of Anex Services and this designation included in their job descripti signed copy of this job descri is found in the personnel (credentialing) file for this pr PPSP also has an Assistant D of Anesthesia. These director responsible for oversight and direction of anesthesia service including establishing and up policy and procedures, staff the supervision and evaluation. By 11/30/17, the Governing H Responsibilities policy (Abor Policy Manual) will be update include the designation of a physician to function as the E of Anesthesia Services. The up policy will be presented for re- and approval to PPSP Board of Directors (governing body) at next scheduled meeting on 12 Evidence of approval will be available for review. By 11/30/17, the job descript	sthesia is ion. The iption ovider. birector rs are es dating raining, Body tion ed to Director updated eview of t the 2/14/17.	Completion Date: 11/17/2017 Status: APPROVED Date: 11/22/2017		

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Pennsylvania Department of Health

PLAN OF COR	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _ B. WING: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 11/30/2017	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		2751 COMLY PHILADELPI	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 5557	Continued from page 17			S 5557	the Medical Director will be to include specific expectation related to anesthesia services oversight. Once updated the description will be reviewed signed by the Medical Direct updated job description will maintained in the physicians personnel file and will be av for review. By 11/30/17, the ASF person-in-charge will received on Anesthesia services, inclu- direction, oversight, policies procedures. The Director of Services is responsible for en- this policy review and succe implementation of this plan- correction. Evidence of staff will be available for review.	ons s job and tor. This be ailable e training iding and Patient nsuring ssful of	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 11/30/2017	
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	f 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 5557	Continued from page 18 Based on review of fac (CF), and staff intervie the governing body fai physician to function a Services, to be respons anesthesia services and policies and procedure anesthesia in the ASF. Findings Include: Request was made of I 2017 for Anesthesia Po designating a physician Anesthesia Services. Review of CF1, CF2, 0 identification of any pl the Director of Anesthe Interview on Septembo 2:30 PM with EMP1, o	ew (EMP), it was det led to designate in w is the Director of An sible for directing the d establishing the gen s for the administrat EMP1 on September olicies. No policy av n to function as the I CF3, and CF4, reve hysician assigned to esia Services. er 27, 2017, at appro	ermined vriting a esthesia e neral ion of 27, vailable Director of aled no function as ximately	S 5557			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER			A. BLDG: _ B. WING: _ CITY, STATE, 2 ROAD		(X3) DATE SURVI COMPLETED: 11/30/2017	ΞY	
STATE LICENSE 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 CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 5557	Continued from page 19 documented evidence		S 5557				
	function as the Directo	vices.					
S 5558				S 5558			

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Pennsylvania Department of Health

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 11/30/2017	
1	VIDER OR SUPPLIER: NORTHEAST HEALTH (CENTER	STREET ADDRESS 2751 COMLY PHILADELP	ROAD			
STATE LICENS	SE NUMBER: 9HEG8701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EA PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI		OULD BE	(X5) COMPLETE DATE
S 5558	Continued from page 20			S 5558			
	anesthesia services and sha (1) Education, tr personnel. (2) Responsibilit	and procedures dures shall be developed ll include the following: aining and supervision o ies of non physician ane ies of supervising physic	f sthetists.		 PPSP's Medical Director (ph serves as the Director of And Services and this designation included in their job descript PPSP also has an Assistant I of Anesthesia. PPSP's Assist Director of Anesthesia's responsibilities include ensu compliance with PPSP's sed policies and procedures and training requirements for con CRNAs. These responsibilities include description. By 11/30/17, the facility's A Policy Manual will be updat reflect the addition of anesthesia services and policies, including the procedures dira anesthesia services and policies, and policies, and policies, and policies, and policies, and policies, including the procedures dira anesthesia services and policies, including the procedures dira anesthesia services and policies and policies, including the procedures dira anesthesia (CRNAs), and evaluation of CRNA clinical activities; and the responsibilities is upervising physicians. The facility's Medical Director (I 	esthesia n is tion. Director ant ring ation with ntract ies are ract job bortion ed to ecting eies to ng, and cian	Completion Date: 11/17/2017 Status: APPROVED Date: 11/29/2017

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144	:	A. BLDG: _ B. WING: _	IPLE CONSTRUCTION: _00	(X3) DATE SURVI COMPLETED: 11/30/2017	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD				
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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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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 11/30/2017		
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		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5558	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR I IDENTIFYING INFORMATION) Continued from page 22 Based on review of facility documents and in with staff (EMP), it was determined the facil to ensure policies and procedures were devel for the anesthesia services and failed to estab policies and procedures for the supervision of Certified Registered Nurse Anesthetist's (CR clinical activities. Findings include: Review of the facility document "Anesthesia Policies," reviewed September 27, 2017, reve no documentation that anesthesia services and addressing the supervision of the CRNA's cli activities were developed and approved. Interview with EMP1 on September 27, 2017 approximately 2:30 PM confirmed there wer policy and procedures for directing anesthesis services. Further interview revealed there wer policies and procedures developed to include		cility failed eloped ablish of the PRNA) ia evealed d d elinical 17, at ere no esia vere no	S 5558			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 11/30/2017		
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 DE MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		DULD BE	(X5) COMPLETE DATE
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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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 11/30/2017			
PPSP FAI	OVIDER OR SUPPLIER: R NORTHEAST HEALTH (NSE NUMBER: 9HEG8701	CENTER	2751 COMLY	RESS, CITY, STATE, ZIP CODE: ILY ROAD LPHIA, PA 19154				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE 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	
8 572C			ch wing: ividuals essity	S 572C	The facility currently has an extensive, ongoing, and comprehensive Risk & Qual Management (RQM) Progra including an RQM Plan, to e systematic, ongoing, and eff monitoring and evaluation o quality and appropriateness patient care, and pursue opportunities to improve pat and resolve identified proble To ensure that the RQM Plan reflects the RQM Program's monitoring and evaluation at by 11/30/17, the agency's An Risk & Quality Managemen Plan will be updated to refle specific activities which ensu- continued compliance of the monitoring and evaluation o following required services:	ity m, ensure ective f the of ient care ems. n fully ctivities, mual t Work ct the ure	Completion Date: 11/17/2017 Status: APPROVEI Date: 11/22/2017	
					peer-based review of clinical performance of individuals w clinical privileges (including	with		

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case and tissue review), anesthesia services, nursing services,

pharmaceutical services, pathology and radiology services, infection

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144 8-5144 NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY	A. BLDG: <u>00</u> B. WING: <u>1</u> SS, CITY, STATE, ZIP CODE:		(X3) DATE SURVEY COMPLETED: 11/30/2017		
(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 572C	MUST BE PRECEEDED BY FULL REGULATORY O			S 572C	control procedures, procedur performed at the agency's tw locations, and reports of acci- injuries and safety hazards. meeting minutes will reflect monitoring and evaluation ar- and reporting up to the agence Committee. The Chief Operating Officer responsible for the oversight agency's Risk & Quality Management Program, its ac- and its annual work plan. Th Operating Officer is also res- for presenting a summary of activities to the Board each of for review and approval. Ar- agency's next meeting of its Governing Body, on 12/14/1 COO will present the agency second quarter RQM update review and approval and the minutes will serve as docum evidence of compliance.	vo ASF idents, Future the ctivities cy RQM r is c of the ctivities, the Chief ponsible RQM quarter t the 7, the y's for meeting	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 11/30/2017	
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
(X4) ID PREFIX TAG	*			ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
\$ 572C	E NUMBER: 9HEG8701 PHII SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC		cility failed f required lity's d July of Risk is to g clinical e ention, and tivities alized The nentary	S 572C			

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IF CONTINUATION SHEET Page 27 of 28

Pennsylvania Department of Health

					(X3) DATE SURVEY COMPLETED: 11/30/2017		
STATE LICENSE NUMBER: 9HEG8701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE						CTION (EACH	(X5)
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE DATE	
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				

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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 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