

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/16/2018
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMPLY ROAD PHILADELPHIA, PA 19154		
STATE LICENSE NUMBER: 9HEG8701				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
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	PPSP Far Northeast Health Center's Patient Safety Plan will be revised by 3/19/18 to include the requirement of written notification as described in Section 308. PPSP's Patient Safety Office or designee will provide written notification to any patient affected by a serious event or, with the consent of the patient, to an available family member within seven days of occurrence or discovery of a serious event. PPSP will follow Section 308 guidance on notification if patient is unable to give consent and/or if patient is a minor (under age of 18 years of age). The Director of Clinical Services is responsible for ensuring revision of the Patient Safety Plan and for monitoring compliance to ensure that this deficiency does not reoccur. To ensure notification occurs within seven days, the Patient Safety Officer will prepare and mail the notification letter to affected patients on the day the serious event is reported to PA-PSRS. A copy of the	Completion Date: 03/11/2018 Status: APPROVED Date: 03/19/2018

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S 033A	Continued from page 2	S 033A	<p>letter will be maintained by the Patient Service Administrative Coordinator. This correction was implemented on March 9, 2018. The Chief Operating Office will ensure the updated Patient Safety Plan is presented for approval by the governing board at the next PPSP Board Meeting which is scheduled for 4/19/18.</p> <p>The Director of Clinical Services will review the updated Patient Safety Plan with the ASF person-in-charge and ensure that the update Plan is maintained on site available for Department review. The Director of Clinical Services will audit for compliance monthly for at least 6 months and periodically then after (at least twice a year).</p>	

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S 033A	Continued from page 3 Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to conform to all applicable State laws. PPSP Far Northeast Health Center was not in compliance with the following State law: Act 13 of 2002, Medical Care Availability and Reduction of Error (MCARE) Act, Chapter 3, Patient Safety, Section 308. Reporting and notification ... (b) Duty to notify patient.--A medical facility through an appropriate designee shall provide written notification to a patient affected by a serious event or, with the consent of the patient, to an available family member or designee within seven days of the occurrence or discovery of a serious event. If the patient is unable to give consent, the notification shall be given to an adult member of the immediate family. If an adult member of the immediate family cannot be identified or located, notification shall be given to the closest adult family member. For unemancipated patients	S 033A		

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S 033A	Continued from page 5 of event or via phone], the PSO (Patient Safety Officer) generates the written notification that will be sent to the patient or designee." This policy does not meet the requirements of Act 13 which requires written notice for all serious events. Review of MR1 revealed the patient had a procedure at the facility on November 3, 2017. The facility's confirmation date that a serious event occurred was November 30, 2017. A request was made to EMP2 on February 16, 2018, for MR1's written notification for the serious event. None was provided. Interview with EMP2 on February 16, 2018, at 1:20 PM confirmed there was no written notification to MR1 for the serious event. Review of MR3 revealed the patient had a procedure at the facility on May 6, 2017. The facility's confirmation date that a serious event occurred was August 17, 2017. Review of the written notification of the serious event that was provided to the patient revealed the patient received	S 033A		

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S 033A	Continued from page 6 this notification on September 8, 2017 Interview with EMP2 on February 16, 2018, at 1:20 PM confirmed the patient in MR3 did not receive the written notification for the serious event within seven days. Review of MR4 revealed the patient had a procedure at the facility on April 19, 2017. The facility's confirmation date that a serious event occurred was May 1, 2017. A request was made to EMP2 for MR4's written notification for the serious event. None was provided. Interview with EMP2 on February 16, 2018, at 1:20 PM confirmed there was no written notification to MR4 for the serious event.	S 033A		



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PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 02/16/2018

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Handwritten signature of Susan Coble in cursive.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in cursive.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY