

Pennsylvania Department of Health

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: 09/10/2018
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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
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M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an Annual Registration survey conducted on September 12, 2018, 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.</p>	M 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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S 0000	INITIAL COMMENT	S 0000		
S 034C	<p>This report is the result of a full State Licensure survey conducted on September 12, 2018, 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.</p>	S 034C		

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S 034C	Continued from page 1 553.4 (c) Other Functions 553.4 OTHER FUNCTIONS (c) If, the governing body is comprised of two or more members, and if majority of those practitioners, the governing body, either directly or by delegation, shall make - based on evidence of the education, training, and current competence - initial appointment, reappointments, and assignments or curtailment of clinical privileges of the practitioners. This REGULATION is not met as evidenced by:	S 034C	By 10/31/18, the Medical Director's delineation of privileges will be reviewed and approved by a physician designee and presented to the Board of Directors (governing body). The updated privileging documents will be maintained in the Medical Director's personnel (credential) file and available for DOH review. To support ongoing compliance, the Governing Body Responsibilities Policy (Abortion Policy Manual) will be updated to include physician designation for the purposes of review, evaluation and approval of Medical Director privileging. The updated policy will be presented to the Board of Directors (governing body) at the next scheduled meeting on 10/25/18. Meeting minutes will be available for DOH review and will reflect Board review and approval. The Chief Operation Officer is responsible for the completion of and compliance to this Plan of Correction.	Completion Date: 10/03/2018 Status: APPROVED Date: 10/09/2018

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S 034C	Continued from page 2 Based on review of facility policy and procedures, credential files (CF) and interview with staff (EMP), it was determined the facility's governing body failed to ensure the Medical Director's delineation of privileges were approved and granted by someone other than the Medical Director. Findings include: Review on September 12, 2018, of facility policy, "Abortion Policy Manual ... Policy Name: Governing Body Responsibilities" dated April 27, 2017, revealed "... Board Appointment ... The board may grant clinical privileges to qualified, licensed practitioners in accordance with their training, experience and demonstrated competence and judgment based on the peer review policy approved by the board. A written record of the application for clinical privileges, and the scope of privileges granted, shall be maintained ... The board must adopt and approve operative procedures performed at the facility ... The board must adopt and approve policies necessary for the orderly	S 034C		

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S 034C	Continued from page 3 conduct of the ASF ...". Review on September 12, 2018, of facility document "... Bylaws" date [unknown], revealed "... Article VI Board of Directors ... The number and composition of the Board shall first be determined under ... Agreement and Plan of Merger ... between ... and ... Except as otherwise provided by the Merger Agreement, the Board shall consist of no more than 30 individuals as directors with vote ...". Review on September 12, 2018, of facility document, "Job Description ... Position: Medical Director" dated November 2017, revealed "...8. Provides medical supervision to staff physicians and on-call clinicians, including clinical privileging and periodic reviews ...". Review on September 12, 2018, of facility document "Administrative Chapter 6: Personnel" dated December 2016, revealed "...6.3.1. Clinical Privileging ... Medical Director Responsibilities ...	S 034C		

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S 034C	Continued from page 4 The medical director must ... B. Ensure that clinical privileging is completed as required ... 6.3 Clinical Privileging and Skills Assessment ... 1. Each affiliate must create a system for granting clinical privileges to licensed staff (APC, RN, LPN, physician) who will perform specialty procedures ... E. Only the Medical Director or Program Director may grant privileges for specialty procedures ... " . Review on September 12, 2018, of CF1 revealed documented evidence of CF1 designated as the Medical Director. Review of CF1 revealed an appointment period of December 13, 2016, to December 2018. Further review of CF1 "Certification of Clinical Privilege" dated June 6, 2016, and May 17, 2017, revealed a list of privileges checked off as requested. Further review revealed "The following provider ... is recommended for privileges to perform the following service... recommending signature ... For Medical Director or Designee ... I have reviewed the evidence to support privileges for this clinician and hereby grant the privilege requested ...". Further review revealed	S 034C		

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S 034C	Continued from page 5 a designated section for signature "AMD or Designee". Further review revealed the list of privileges requested were signed off as granted by CF1. Review on September 12, 2018, of CF1 revealed documented evidence of a list of privileges requested March 5, 2018. Further review revealed "... I have observed the above staff who is already privileged in ... I recommend him/her for continued privileges in ... I grant the privileges ...". Further review revealed the list of privileges requested were signed of as granted by CF1. Interview on September 12, 2018, with EMP1 at 9:45AM, confirmed CF1 was designated as the Medical Director. Further interview confirmed the clinical privileges requested were signed off as granted by CF1.	S 034C		



Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 09/10/2018

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