Pennsylvania Department of Health

PLAN OF CO	T OF DEFICIENCIES AND DRRECTION (POC) OVIDER OR SUPPLIER: R NORTHEAST HEALTH	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144 CENTER				(X3) DATE SURVEY COMPLETED: 10/11/2019	
STATE LICEN	ISE NUMBER: 9HEG8701		PHILADELP	HIA, PA 191	54		
(X4) ID PREFIX TAG	MUST BE PRECEED	I 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 .	OULD BE	(X5) COMPLETE DATE
M 0000	INITIAL COMMENT This report is the resul	t of an Annual Regis	stration	M 0000			
	survey conducted on C Far Northeast. It was compliance with the re Pennsylvania Departm 28 Pa Code, Chapter 2 Ambulatory Gynecolo Clinics.	October 11, 2019, at determined the facilit equirements of the nent of Health Regula 9, Subchapter D, igical Surgery in Hos	PPSP ity was in ations § spitals and				
LABORATOR	Y DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	IATURE		TITLE:	(X6) DATE:	
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Pennsylvania Department of Health

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5144		A. BLDG: _	00	(X3) DATE SURVI COMPLETED: 10/11/2019	ΞY	
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	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT			S 0000	<u> </u>			
S 0102	This report is the result survey conducted on C Far Northeast. It was d was not in compliance Pennsylvania Departm Regulations for Ambul A, Title 28, Part IV, Su 551-573, November 19	ectober 11, 2019, at I etermined that the fa with the requiremen ent of Health's Rules atory Care Facilities abparts A and F, Cha 999.	PPSP acility its of the s and s, Annex apters	S 0102	TITLE:	(X6) DATE:		

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144					VEY
	OVIDER OR SUPPLIER: R NORTHEAST HEALTH	CENTER	STREET ADDRESS, C 2751 COMLY H PHILADELPH	ROAD			
STATE LICEN	NSE NUMBER: 9HEG8701			,			
(X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
5 0102	Continued from page 1		:	S 0102			
	551.3 DEFINITIONS 551.3 Definitions This REGULATION is no	ot met as evidenced by:			By 12/15/19, the Medical Sta and Guidelines, Abortion Sec [02_01] will be updated to m clearly specify when Physica (PS) classification is required Physical Status (PS) Classifi- Policy will be updated to cla no PS classification is needed patient is to undergo a medical abortion. It is our medical pr that Physicians review patier medical and surgical history determine if patient is an app candidate for their chosen pr and patients with medical co that are contraindicated (that cause medical complications be counseled on their options referred out as needed. If a medication abortion patient w change to a surgical abortion or without anesthesia), their classification would be evalu and documented prior to the procedure. By 12/15/19, the facility med will receive the updated polition instructions on how to docum	rvices nore al Status d and the cation rify that d if the cation otocol nt to propriate rocedure nditions and s and were to n (with PS nated dical staff cies and	Completion Date: 12/15/2019 Status: APPROVEI Date: 11/26/2019

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 10/11/2019	ΞY
PPSP FAR	VIDER 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 2	OULD BE	(X5) COMPLETE DATE
S 0102	Continued from page 2			S 0102	Physical Status in the patien medical record. Training wil provided as needed. In one r the RQM Coordinator will a medical records for patients receiving medication abortic monitor compliance to upda policies. The Director of Pat Services will ensure all abov corrective actions are compl evidence of actions are avail Department review.	Il be nonth, uudit on to ted tient ye eted and	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 10/11/2019	ΞY
	VIDER OR SUPPLIER: NORTHEAST HEALTH (CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD		-	-
STATE LICENS	e number: 9HEG8701						
(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 CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 0102	Continued from page 3 Based on a review of p medical records (MR), (EMP), it was determin physical status (PS) cla of 15 medical records f MR3, MR4, and MR5) Findings include: State Regulation "551. words and terms, wher the following meaning indicates otherwise:F classifications-The eva health as it would influ outcome of anesthesia status shall be defined classes which are: (i) Class 1 patients hav biochemical, metabolia The operation to be per pathologic process and	and interview with a ned the failed to doct assification of patien reviewed (MR1, MR). 3 DefinitionsThe f n used in this subpart s, unless the context Physical status iluation of the patien nence the conduct an or surgery, or both within one of five as re no organic, physic c or psychiatric distu- rformed is for a loca	staff ument the ts for five 2, ollowing , have clearly t's overall d Physical ssigned logic, rbance. l	S 0102			

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Pennsylvania Department of Health

		CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI FICIENCY	A. BLDG: _ B. WING: _ CITY, STATE, Z ROAD	154 PROVIDER'S PLAN OF CORREC	EY (X5) COMPLETE
				I KLI IA IAU	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DATE
S 0102	Continued from page 4 (ii) Class 2 patients ha which may be of a mil which is either control severity for some time (iii) Class 3 patients su disturbance, although t the patient 's function not be quantifiable. (iv) Class 4 patients su diseases that are alread may not be correctable (v) Class 5 patients are to survive without surg Request was made to H for a policy that requir patients' physical statu was provided. Review on October 11 MR3, MR4, and MR5, procedures performed 19, 2019, and Septemb	d to moderate degree led or has not change offer from significant the degree to which it ing or causes disabilit offer from severe system by life-threatening and by surgery. moribund and not e gery" EMP1 on October 11 ed the facility to assess and document it. N , 2019, of MR1, MR , revealed the patient at the facility betwee	e but ed in its ed in its a systemic t limits ity may temic id may or xpected , 2019, ess the No policy 2, s had en July	S 0102		

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Pennsylvania Department of Health

PLAN OF COL NAME OF PRO PPSP FAR	OF DEFICIENCIES AND RRECTION (POC) VIDER OR SUPPLIER: NORTHEAST HEALTH (SE NUMBER: 9HEG8701	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144 CENTER		A. BLDG: _ B. WING: _ CITY, STATE, Z ROAD		(X3) DATE SURVI COMPLETED: 10/11/2019	ΞY
(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 0102	Continued from page 5 review revealed there we physical status (PS) clawere assessed. Interview with EMP1 of 12:42 PM, confirmed the assigned PS classificat	assification of these on October 11, 2019 the above patients ha	patients , at	S 0102			

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144					VEY
PPSP FA	OVIDER OR SUPPLIER: R NORTHEAST HEALTH NSE NUMBER: 9HEG8701	CENTER	STREET ADDRESS, CITY 2751 COMLY RO PHILADELPHIA	DAD			
(X4) ID PREFIX TAG	MUST BE PRECEED	Γ OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID EFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
S 033A	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,		033A	Beginning November 2019, 1 (Planned Parenthood Souther Pennsylvania) will conduct facility-specific Infection Co Committee meetings. Surgic: Northeast Health Center's Int Control Committee will revie facility-specific infection cor related reports, activities, and measures. Surgical Far North facility-specific content will reflected in meeting minutes these minutes will be availab Department review. The Director of Clinical Serv implement the facility-specific meetings and ensure meeting minutes accurately reflect facility-specific content and committee members. Following the next quarterly PPSP's Risk and Quality Management Coordinator wi monitor compliance via revie audit of meeting minutes. Implementation (and complia this Plan of Correction is the responsibility of PPSP's Dire Clinical Services.	astern ntrol al Far fection ew ntrol d quality neast's be and le for vices will ic s meeting, ll ew and ance) of	Completion Date: 11/15/2019 Status: APPROVED Date: 11/12/2019

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 10/11/2019	ΞY
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH (e number: 9HEG8701	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	° OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OL 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 7 Based on review of fac with staff (EMP), it wa to conform to all applie PPSP Far Northeast He compliance with the fo "Act 52 of 2007, Medi Reduction of Error (M Health Care-Associate 1303.403. Infection co and Compliance Wit date of this section, a h ambulatory surgical fac implement an internal be established for the p health and safety of pa and shall include: (1) . "	as determined the fac cable State laws. ealth Center was not illowing State law: cal Care Availability CARE) Act Chapter d Infections 40 P.S.§ ntrol plan (a) Develo hin 120 days of the calth care facility ar cility shall develop a infection control pla purpose of improving tients and health care A multidisciplinary of	cility failed in 7 and 4. 5 5 5 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	S 033A			

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Pennsylvania Department of Health

	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5144		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 10/11/2019	ΞY
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH (e number: 9HEG8701	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPF	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 8 Based on review of fact with staff (EMP), it wan not have a specific infer PPSP Far Northeast He Findings include: Review on October 11, Control Committee'' m November 2018, Febru 2019, revealed the faci committee was combine health care facilities. F revealed there were no meeting minutes for PH Center. Interview on October 11 EMP1 confirmed the faci committee was combine health care facilities. F confirmed there were re meeting minutes for PH	as determined the face extion control commi- ealth Center. , 2019, of the "Infect eventing minutes, date hary, May, and Augu lity's infection contro- ned with three addition Further review of the specific infection con- PSP Far Northeast H 1, 2019, at 11:37 Al- acility's infection con- ned with three addition further interview with the specific infection con- ned with three addition further interview with the specific infection	tion d ast ol onal e minutes, ontrol ealth M, with ntrol onal th EMP1 control	S 033A			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 10/11/2019	ΞY
	VIDER OR SUPPLIER: NORTHEAST HEALTH	CENTER	STREET ADDRESS	ROAD		1	
STATE LICENS	e number: 9HEG8701		PHILADELP	HIA, PA 19	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 033A	Continued from page 9			S 033A			
	Center.						
S 033F				S 033F			
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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X3) DATE SUR COMPLETED: 10/11/2019	VEY	
	ROVIDER OR SUPPLIER: R NORTHEAST HEALTH	CENTER	STREET ADDRESS, CITY, STA 2751 COMLY ROAD PHILADELPHIA, PA			
STATE LICE	NSE 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 CO PREFIX TAG CORRECTIVE ACTION CROSS-REFERENCED TO		(X5) COMPLETE DATE
5 033F	Continued from page 10		S 033	-		
	553.3 (6) Governing Body Governing Body responsil (6) Adopting policies or p orderly conduct of the AS This REGULATION is no	bilities include: rocedures necessary for th F.		By 11/30/19, PPSP's Di Patient Services will up facility's policies, inclue Quality policies, Aborti manual, Pharmaceutical policies, medical Staff policies, Laboratory pol record policies, and pat rights policies with a co and/or header that is cen PPSP's Board of Directe (governing body) review approves the policies ar procedures for all of PP centers. Adding a cover and/or header will clarit these policies is specific Far Northeast health cen cover sheet and/or head updated every time ther updated policy for PPSI Northeast health center.	date the ding on policy l Services licies, medical ient bill of over sheet nter-specific. ors ws and nd 'SP's health 'sheet fy that each of c to PPSP's nter. The ler will be re is a new or P Far	Completion Date: 11/30/2019 Status: APPROVED Date: 11/12/2019

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULTI A. BLDG: B. WING:		(X3) DATE SURVE COMPLETED: 10/11/2019	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 PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OL FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 033F	Continued from page 11 Based on review of fac and interviews with sta that the facility failed to procedures were consi- identification and the of Findings include: Review on October 11 policies and procedure Abortion policy manua policies, medical Staff medical record policies policy, revealed these PPSP Far Northeast Hor revealed these policies Parenthood Southeaster PPSP Far Northeast Hor Interview with EMP10 PM, confirmed the fac including Quality policies	aff (EMP), it was det to ensure that the pol stent in reflecting the orderly conduct of th , 2019, of the facility s including Quality p al, Pharmaceutical So policies, Laboratory s, and patient bill of policies were not spe ealth Center. Furthe were identified as " ern Pennsylvania" an ealth Center.	ermined icies and e e facility. v's policies, ervices policies, rights ecific to r review Planned d not , at 1:35 rocedures	S 033F			

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Pennsylvania Department of Health

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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: <u></u>		(X3) DATE SURVEY COMPLETED: 10/11/2019		
	VIDER OR SUPPLIER:	-	STREET ADDRESS,	CITY STATE 7	IP CODE:	<u> </u>	
	NORTHEAST HEALTH	CENTER	2751 COMLY		M CODE.		
1151 1/10			PHILADELPH		154		
STATE LICENSE NUMBER: 9HEG8701			IIILADELII	IIA, I A 17	134		
(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 /	OULD BE	(X5) COMPLETE DATE
S 033F	Continued from page 12			S 033F			
	Pharmaceutical Servic policies, Laboratory po policies, and patient bi specific to PPSP Far N Further interview conf identified as "Planned Pennsylvania" and not Center.	blicies, medical reco Il of rights policy, we lortheast Health Cen irmed these policies Parenthood Southea	rd ere not ter. were stern				

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	00	(X3) DATE SURV COMPLETED: 10/11/2019	EY
PPSP FAF	DVIDER OR SUPPLIER: R NORTHEAST HEALTH (SE NUMBER: 9HEG8701	CENTER	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 PREFIX TAG	The tiblic field of conduction (Enteri		(X5) COMPLETE DATE
S 3250	following physical status cr (1) Vital signs. temperature and respiratory for the patient's age or at pr patient. (2) Activity. Th preoperative mobility without function at his usual level c by the surgical procedure. (3) Mental status. functions at his preoperativ (4) Pain. Th controlled with medication.	a discharged from an ASI iteria are met: Blood pressure, heart rate are within the norm eoperative levels for tha ne patient has regained but assistance or syncope onsidering limitations in The patient is awake, e mental status. he patient's pain can be e eeding is controlled and d from the surgical proc ing. Minimal nausea with that expected from	rate, nal range t e, or nposed alert or ffectively redure. or vomiting	S 3250	PPSP policies, Medical Stan and Guidelines 02_18 Recov Care and Abortion Policy M have been updated to include requirement to evaluate (and document) status of nausea a vomiting for all surgical pati prior to discharge (effective The Director of Clinical Ser updated the policies and communicated the required of They will provide training to recovery room nurses as nee At one month, PPSP's RQM Coordinator will audit patier records for PPSP Far Northe patients to evaluate for documentation of nausea/vo assessment prior to discharg PPSP's Director of Patient S will ensure Plan of Correctio implemented and compliance maintained.	very Area anual, e the l and tents 11/1/19). vices changes. o ded. at east's miting e. ervices on is	Completion Date: 11/05/2019 Status: APPROVED Date: 11/12/2019
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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 10/11/2019		
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 PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 3250	Continued from page 14 Based on a review of fa (MR), and interview w determined the facility met the required discha for eight of 15 medical MR7, MR8, MR9, MR 14) Findings include: A request was made to 2019 for a policy that a for nausea and vomitin Review on October 11, MR8, MR9, MR11, M revealed these patients between April 24, 2019 Further review revealed documentation that the were assessed prior to o	ith staff (EMP), it w failed to ensure that arge criteria prior to records reviewed (N 11, MR12, MR13, a EMP1 on October 1 addressed assessing p g. No policy was pr , 2019, of MR6, MR R12, MR13, and MF had procedures at th O, and September 18 d there was no patients' nausea and	as patients discharge MR6, nd MR 1, patients rovided. 7, R 14, he facility , 2019.	S 3250			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG:	IPLE CONSTRUCTION: <u>00</u>	(X3) DATE SURVE COMPLETED: 10/11/2019	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 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 3250	Continued from page 15 Interview on October 1 EMP1 confirmed that in MR6, MR7, MR8, N and MR 14 that the pa were assessed prior to	there was no docume MR9, MR11, MR12, tients' nausea and vo	entation MR13,	S 3250			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 10/11/2019		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			STREET ADDRESS 2751 COMLY PHILADELP	ROAD			
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S 3250	Continued from page 16			S 3250			
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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER NAME OF PROVIDER OR SUPPLIER: 8-5144 PASP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: STATE LICENSE NUMBER: 9HEG8701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)		STREET ADDRESS 2751 COMLY PHILADELP FICIENCY	A. BLDG: B. WING: , CITY, STATE, Z (ROAD	ID PROVIDER'S PLAN OF CORREC		(X5) COMPLETE DATE	
S 5200	Continued from page 17 555.2 Medical staff membe 555.2 Medical Staff Meml A member of the medi membership and the exercis to him. The governing body the recommendations of the privileges to qualified, licer with their training, experien competence and judgement and others granted clinical p licenses to practice in this C This REGULATION is not	cal staff shall be qualified se of clinical privileges g of the ASF, after consider medical staff, may gran used practitioners in accounce and demonstrated . Members of the medicatorivileges shall currently Commonwealth.	granted dering nt clinical ordance als staff	S 5200	By November 30, 2019, PPS Governing Body Responsibi Policy Abortion Policy Man be updated to include certific registered nurse anesthetists (CRNA) to the list of medica that require Board of Director granted clinical privileges ar appointment to the facility's staff. The Director of Patient Serv Director of Human Services update our Abortion Provide Privileging Policy to include additional licensed practition (CRNA staff). All current CRNA staff will presented to the governing b consideration at the next PPS of Directors meeting, schedu 12/19/19. Privileging and Appointment documents will maintained in credential file available for Department rev	lities ual will ed al staff ors- nd medical ices and will er e the ners be ody for SP Board aled for Il be s and	Completion Date: 11/30/2019 Status: APPROVED Date: 11/12/2019

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 10/11/2019		
NAME OF DRC	VIDER OR SUPPLIER:	•	STREET ADDRESS,	CITV STATE 7	ZIP CODE:		
	NORTHEAST HEALTH	CENTER	2751 COMLY		Ell'CODE.		
TISI FAR HORTHEAST HEALTH CENTER			PHILADELPI		154		
STATE LICENSE NUMBER: 9HEG8701			I IIILADELI	una, 1 A 1)	134		
(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 SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5200	Continued from page 18			S 5200			
	Based on review of all (CF), and interview wide determined the facility privileges and appoint the facility's medical shealth credential files CF5) Findings include: Request was made to I to provide a policy or certified registered nun- clinical privileges and medical staff. None wide Review on October 11 CF5 revealed there was these files that these con- anesthetists were grant appointed to the facilit	ith staff (EMP), it way failed to grant clinic allied health practiti taff for three of three reviewed. (CF3, CF4 EMP1 on October 11 bylaws that required rse anesthetists to be be appointed to the vas provided. , 2019, of CF3, CF4 as no documented eve ertified registered nu ted clinical privilege	as cal oners to e allied l, and , 2019, the granted facility's , and idence in rse	3 5250			

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 10/11/2019				
	NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD PHILADELPHIA, PA 19154						
STATE LICENSE NUMBER: 9HEG8701										
(X4) ID PREFIX TAG	MUST BE PRECEED	Γ 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 /	OULD BE	(X5) COMPLETE DATE			
S 5200	Continued from page 19			S 5200						
	Interview with EMP2, on October 11, 2019, at 11:24 AM, confirmed CF3, CF4, and CF5 provide anesthesia services to patients at the facility. EM further confirmed there was no documented evidence in these files that these certified register nurse anesthetists were granted clinical privileges and appointed to the facility's medical staff.		provide y. EMP2 d egistered vileges							
S 6701			S 6701							

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144				(X3) DATE SUR COMPLETED: 10/11/2019	VEY	
	OVIDER OR SUPPLIER: R NORTHEAST HEALTH	CENTER	STREET ADDRESS, CITY, STA 2751 COMLY ROAD PHILADELPHIA, PA			
STATE LICEN	ISE NUMBER: 9HEG8701					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			AG PROVIDER'S PLAN OF CORI CORRECTIVE ACTION S CROSS-REFERENCED TO TH	SHOULD BE	(X5) COMPLETE DATE
6701	Continued from page 20		S 670 ⁻			
	 567.1 Principle CHAPTEL SERVICES 567.1 Principle The ASF shall have a constructed, equipped and maintained t ASF personnel from cross-infection and to protepatients. This REGULATION is no 	sanitary environment, pr o protect surgical patients ect the health and safety o	operly s and	By November 15, 2019, th "Infection Control Plan" w updated to reflect procedu techniques for sterilization instruments used in the AS allow us to identify instrum for patient procedures and a tracking system for invex of infection. Logs used for monitoring quality (autocl monitoring log, procedure be updated to allow for tra loads/instruments to patien the Autoclave Monitoring include total time and con- (temperature, pressure) for load. The Director of Clinical S update and communicate of the Infection Control Plan provide training and suppor facility team as needed. Th person-in-charge is respon implementation and monit new procedures (and logs) facility.	vill be ral of SF that will ments used maintain stigation ave log) will cking mts and Log will dition r each ervices will changes to and ort to the me ASF sible for oring of	Completion Date: 11/15/2019 Status: APPROVED Date: 11/15/2019

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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 ROAD		(X3) DATE SURVI COMPLETED: 10/11/2019	ΞY	
(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 CORRE- CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6701	Continued from page 21		S 6701	log and procedure log) will I audited regularly by PPSP's Coordinator for compliance. Director of Patient Services ensure all corrective actions completed and evidence of a are available for Department	RQM PPSP's will are actions	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 8-5144			A. BLDG: _	00	(X3) DATE SURVI COMPLETED: 10/11/2019	ΞY	
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	CITY. STATE. Z	IP CODE:		
	NORTHEAST HEALTH (CENTER	2751 COMLY				
			PHILADELPI	HIA, PA 19	154		
STATE LICENS	e number: 9HEG8701						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	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 6701	Continued from page 22			S 6701			
5 6701	Based on review of pol facility documents, obs staff (EMP), it was det provide a safe and sani provisions of surgical s Findings include: " Review on October 1 policy and procedure n policy for monitoring e mechanical indicators 1 temperature, and press provide evidence of an showing it ensured a sa established and mainta Observation of the Ster October 11, 2019, at 10 facility had 2 steam au	servations, and inter- ermined the facility itary environment for services. 11, 2019 of the facili- nanual revealed ther- each sterilization loa including total time, ure, and the facility of y other policy or pro- anitary environment ined. "	views with failed to r the ity ' s e was no d with did not ocedures was	5 6/01			
	automated cycle inform		1				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 10/11/2019				
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701			2751 COMLY	TREET ADDRESS, CITY, STATE, ZIP CODE: 751 COMLY ROAD PHILADELPHIA, PA 19154						
(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 6701	MUST BE PRECEEDED BY FULL REGULATORY OR		er 1, two ad being bing ch 1 at is no ad with y w g the total erilization ve used g a l of	S 6701						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER 8-5144 NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u> CITY, STATE, ZIP CODE: ROAD HIA, PA 19154		(X3) DATE SURVEY COMPLETED: 10/11/2019		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI 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 6701	Continued from page 24 time, the temperature and pressure of the sterilization cycle for each load of the instruments. Further interview with EMP1 confirmed there was no documented evidence of the sterilized instruments used for each patient to maintain a tracking system for the investigation of infection.			S 6701			

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Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701 SURVEY EXIT DATE: 10/11/2019

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