

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> 01 </u> B. WING: <u> </u>	(X3) DATE SURVEY COMPLETED: 10/17/2019
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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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(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
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S 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 9HEG8701 Component 01</p> <p>Based on a Relicensure Survey completed on October 17, 2019, it was determined that PPSP Far Northeast Health Center was not in compliance with the following requirements of the Life Safety Code for an existing Ambulatory health care occupancy.</p> <p>This is a one-story, Type V (000), unprotected wood frame construction, which is non-sprinklered.</p>	S 0000		
S 0131		S 0131		

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

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S 0131	<p>Continued from page 1</p> <p>Multiple Occupancies</p> <p>Multiple Occupancies - Sections of Ambulatory Health Care Facilities</p> <p>Multiple occupancies shall be in accordance with 6.1.14. Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following:</p> <ul style="list-style-type: none"> * The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access. * They are separated from the ambulatory health care occupancy by a 1 hour fire resistance rating. <p>Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following:</p> <ul style="list-style-type: none"> * Walls have not less than 1 hour fire resistance rating and extend from floor slab to roof slab. * Doors are constructed of not less than 1-3/4 inches thick, solid-bonded wood core or equivalent and is equipped with positive latches. * Doors are self-closing and are kept in the closed position, except when in use. * Windows in the barriers are of fixed fire window assemblies per 8.3. <p>Per regulation, ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served.</p> <p>20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1, 42 CFR 416.44</p> <p>This REGULATION is not met as evidenced by:</p>	S 0131	<p>Adding firewall inspection is to our annual checklist to make sure deficiency does not recur.</p> <p>Hired contractor to install approved through wall sleeves to make sure penetrations will be sealed properly. any other smaller penetrations will be filled with approved firewall barrier sealant. Correction completed by 12/12/19</p>	<p>Completion Date: 12/12/2019</p> <p>Status: APPROVED</p> <p>Date: 11/20/2019</p>

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S 0131	Continued from page 2 Based on an observation and interview, it was determined the facility failed to ensure tenant separation walls were maintained with a fire resistance rating, affecting one of one tenant separation wall within this component. Findings include: 1. Observation made on October 17, 2019, between 9:35 a.m. and 9:45 a.m., revealed the tenant separation wall between the ambulatory surgical center and the warehouse had multiple penetrations, which were sealed with sprayed-in polyurethane foam. Interview at the exit conference with the Facilities Manager and the Maintenance Director on October 17, 2019, at 10:25 a.m., confirmed the improperly sealed penetrations.	S 0131		

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S 0291	<p>Emergency Lighting</p> <p>Emergency Lighting Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9. 20.2.9.1, 21.2.9.1, 7.9</p> <p>This REGULATION is not met as evidenced by:</p>	S 0291	<p>On 10/18/2019 replaced both batteries in unit and tested to make sure functioning properly. Will continue to test all emergency lighting on a monthly basis to ensure emergency lights are operational.</p> <p>We provided inspector our log that we do a monthly test for 30 seconds and a yearly test of 90 minutes. On 10/18/2019 after installing and charging new batteries We did a monthly 30 second and performed a 90 minute test. Light and spot lights stayed on and both were successful and passed.</p>	<p>Completion Date: 11/11/2019 Status: APPROVED Date: 11/18/2019</p>

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S 0291	Continued from page 4 Based on an observation and interview, it was determined the facility failed to maintain emergency lighting, affecting one of six emergency back-up battery lighting fixtures within this component. Findings include: 1. Observation made on October 17, 2019, at 9:15 a.m., revealed the emergency battery back-up lighting fixture, by the managers office, failed to illuminate when tested. Interview at the exit conference with the Facilities Manager and the Maintenance Director on October 17, 2019, at 10:25 a.m., confirmed the light failed to work.	S 0291		



Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 10/17/2019

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

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