Pennsylvania Department of Health

		I			(X3) DATE SURVEY COMPLETED: 10/17/2019					
STATE LICENS	BE NUMBER: 9HEG8701									
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	(X5) COMPLETE DATE					
S 0000	INITIAL COMMENT			S 0000						
S 0131	 Facility ID# 9HEG8701 Component 01 Based on a Relicensure Survey completed of October 17, 2019, it was determined that PH Far Northeast Health Center was not in comwith the following requirements of the Life Code for an existing Ambulatory health car occupancy. This is a one-story, Type V (000), unprotec wood frame construction, which is non-spring 			S 0131	TITLE:	(X6) DATE:				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:										
State Form		SLBD2	1			IF CONTINUAT	ION SHEET Page 1 of 5			

IF CONTINUATION SHEET Page 1 of 5

Pennsylvania Department of Health

STATE LICENSE NU	DRTHEAST HEALTH C JMBER: 9HEG8701 SUMMARY STATEMENT MUST BE PRECEEDE		STREET ADDRESS, 2751 COMLY PHILADELPH		IP CODE:		
	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (FACH DE	I IIILADELI I	HTA DA 10	154		
ave m	MUST BE PRECEEDE	OF DEFICIENCIES (FACH DE		IIA, I A 19	134		
(X4) ID PREFIX TAG	IDENTIF	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
Cc	ontinued from page 1			S 0131			
G 0131 Continued from page 1 Multiple Occupancies Multiple Occupancies - Sections of Ambulatory Heal Care Facilities Multiple occupancies shall be in accordance with 6.1 Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provi they meet both of the following: * The occupancy is not intended to serve ambulatory health care occupants for treatment or customary acc * They are separated from the ambulatory health care occupancy by a 1 hour fire resistance rating. Ambulatory health care facilities shall be separated f other tenants and occupancies and shall meet all of the following: * Walls have not less than 1 hour fire resistance ratin extend from floor slab to roof slab. * Doors are constructed of not less than 1-3/4 inches solid-bonded wood core or equivalent and is equippe positive latches. * Doors are self-closing and are kept in the closed poexcept when in use. * Windows in the barriers are of fixed fire window assemblies per 8.3. Per regulation, ASCs are classified as Ambulatory H Care Occupancies, regardless of the number of patier served. 20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1,42 CFR 416.44			1.14. vided y cess. re from the ng and s thick, hed with position, Health ents		Adding firewall inspection is annual checklist to make sur- deficiency does not recur. Hired contractor to install ap through wall sleeves to make penetrations will be sealed pi any other smaller penetration be filled with approved firew barrier sealant. Correction co by 12/12/19	e proved e sure roperly. hs will vall	Completion Date: 12/12/2019 Status: APPROVED Date: 11/20/2019

State Form

SLBD21

IF CONTINUATION SHEET Page 2 of 5

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144		LIA (X2) MULTIPLE CONSTRUCTION: A. BLDG:01 B. WING:		<u>01</u>	(X3) DATE SURVEY COMPLETED: 10/17/2019				
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						
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEEI IDENT		ID PREFIX TAG	(X5) COMPLETE DATE					
S 0131	Continued from page 2	:	S 0131						
	Based on an observati determined the facility separation walls were resistance rating, affer separation wall within Findings include:	nant ĩre ant 0, 1 the atory iltiple							
	1. Observation made between 9:35 a.m. and tenant separation wall surgical center and the penetrations, which w polyurethane foam.								
	Interview at the exit c Manager and the Mai 17, 2019, at 10:25 a.n sealed penetrations.	October							

SLBD21

IF CONTINUATION SHEET Page 3 of 5

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG:01 B. WING:		(X3) DATE SURVEY COMPLETED: 10/17/2019				
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						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
S 0291				CROSS-REFERENCED TO THE API S 0291 On 10/18/2019 replaced both batteries in unit and tested to n sure functioning properly. Wil continue to test all emergency lighting on a monthly basis to ensure emergency lights are operational. We provided inspector our log we do a monthly test for 30 set and a yearly test of 90 minutes 10/18/2019 after installing and charging new batteries We did monthly 30 second and perform 90 minute test. Light and spot stayed on and both were succe and passed.	o make /ill cy to og that seconds tes. On nd lid a ormed a ot lights	E DATE Completion Date: 11/11/2019 Status: APPROVED Date: 11/18/2019			

SLBD21

IF CONTINUATION SHEET Page 4 of 5

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/G PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/G 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: (X3) DATE SURVEY A. BLDG:01 COMPLETED: B. WING: 10/17/2019 CITY, STATE, ZIP CODE: ROAD HIA, PA 19154 10/154			ΞY
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH (X: CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DA'			
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.		mergency ack-up hent. at 9:15 tup led to acilities October	S 0291			

SLBD21

IF CONTINUATION SHEET Page 5 of 5



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

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