STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED:  A. BLDG: _01		Y				
NAME OF PROVIDER OR SUPPLIER:				B. WING: 12/11/2012  S, CITY, STATE, ZIP CODE:					
PPSP SURGICAL LOCUST STREET HEALTH CENTER			1144 LOCUST STREET PHILADELPHIA, PA 19107						
STATE LICENS	E NUMBER: <b>00238701</b>								
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI D BY FULL REGULATORY OF FYING INFORMATION)					(X5) COMPLETE DATE		
S 0000	INITIAL COMMENT			S 0000					
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN.	ATURE	<u> </u>	TITLE:	(X6) DATE:			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 01		(X3) DATE SURVEY COMPLETED:	
8-5130			B. WING:	<u></u>	12/11/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
	E NUMBER: 00238701	OF DEFICIENCIES (FACIL DE	EIGIENGV	ID			(V5)
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0000	Continued from page 1			S 0000			
	Facility ID # 00238701 Component 01 Based on an Initial Licensure Survey and						
	Occupancy Survey con	•	.r. 11				
	2012, at Ppsp Surgical	•	-				
	it was determined that		-				
	requirements of the Lif	•					
	ambulatory surgical fac	-					
	National Fire Protectio						
	Code is required by 28		Survey				
	This Occupancy Survey was conducted for miscellaneous alterations for a new Class B fa located on the lower level of a three story med office building. Refer to Drawing Number H-12-1243.						
	This is a three story, with basement, Type II(000) unprotected noncombustible construction buildin which is fully sprinklered.						

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PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIERO IDENTIFICATION NUMBER  8-5130			A. BLDG: _	01	COMPLETED: 12/11/2012	EY	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER  STATE LICENSE NUMBER: 00238701			STREET ADDRESS 1144 LOCUS' PHILADELP	T STREET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN  MUST BE PRECEEDED BY FULL REGULATORY OR LSC  IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
S 0000	Continued from page 2			S 0000			
S 0020	28 Pa. Code § 569.2 Fire Safety Standards  (a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which is currently adopted by the Department.  (b) An ASF previously in compliance with prior editions of the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by the Department.  Vertical openings such as stairways, elevator shaftways, escalators, and building service shaftways are enclosed in accordance with section 8.2.5. 8.2.5.1, 38.3.1  This REGULATION is not met as evidenced by:		which is itions of new by the	S 0020	HOW: All penetrations thro rated wall of the mechanical have been sealed using UL-I fire seal/caulk WHEN: December 14, 2012 COMPLETED BY WHOM: Construction MAINTAINED BY WHOM PPSP director of facilities w the integrity of the enclosure any future construction	shaft Listed  2. Intech I: The ill ensure	Completion Date: 12/18/2012 Status: APPROVED Date: 12/18/2012

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## Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 01		(X3) DATE SURVEY COMPLETED:	
8-5130			B. WING:	<u>ui</u>	12/11/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
	E NUMBER: <b>00238701</b>	OF DEFICIENCIES (F. A. OV. DE	PLOYENION				avs)
(X4) ID PREFIX TAG	MUST BE PRECEEDE IDENTII	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 0020	Continued from page 3			S 0020			
	Based on observation a	and interview, the fa	cility				
	failed to maintain the p	proper fire resistance	rating of				
	vertical openings to lin	-					
	through the building. V		-				
	care occupancy is locat						
	building, vertical openi	-	ed				
	throughout the remaind	der of the building.					
	Findings include:						
	1. Observation on Dec	ember 11, 2012, bet	ween				
	10:00 am and 12:30 pn	n, revealed that there	e was a				
	mechanical shaft that e	xtended from the Lo	ower				
	Level mechanical room	n to the roof of the b	uilding.				
	On the 1st, 2nd, and 3rd floors above the ambulatory health care occupancy, there were heating, ventilating and air-conditioning ducts that penetrated the shaft enclosure. The duct penetrations on these floors lacked						
	through-penetration firestop systems to maintain the						
	integrity of the mechan	ncal shaft enclosure.					
	Interview with the facility architects on December						

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## Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _01		(X3) DATE SURVE COMPLETED:	:	
	8-5130			B. WING: _		12/11/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER  STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET				
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)	
PREFIX TAG	IDENTI	ED BY FULL REGULATORY OF	R LSC	PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	COMPLETE DATE		
S 0020	Continued from page 4			S 0020				
	11, 2012, at 2:30 pm conthrough-penetration fir penetrations.							
S 0067				S 0067				

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:01		(X3) DATE SURVEY COMPLETED:	
8-5130		8-5130				12/11/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER  STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0067	Continued from page 5  28 Pa. Code § 569.2 Fire Safety Standards  (a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which currently adopted by the Department.  (b) An ASF previously in compliance with prior editions the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by th Department.  Heating, ventilating, and air-conditioning comply with the manufacturer's specifications and section 9.2. 20.5.2.1  This REGULATION is not met as evidenced by:		tions of new by the	S 0067	HOW: The existing fire dan have been exercised, tested a comply with NFPA 90A Sec 2-3.4. An electronic copy of certification letter attesting to testing of the dampers and inspection of the fusible link been sent to the Pennsylvania Department of Health, Divis Safety Inspections WHEN: December 17, 2012 COMPLETED BY WHOM: Mechanical, Inc. MAINTAINED BY WHOM PPSP director of facilities will proper maintenance and open the fire damper system, work a licensed mechanical contra perform necessary inspection tests.	and ction a a o the as has a cion of  M-Cat  The cill ensure ration of king with actor to	Completion Date: 12/18/2012 Status: APPROVED Date: 12/18/2012

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## Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:  8-5130			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 12/11/2012	EY	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
STATE LICENSE NUMBER: 00238701  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0067	Based on documentation review and interv facility failed to exercise fusible links of fir to verify proper operation.  Findings include:  Documentation review on December 11, 20 between 2:00 pm and 2:30 pm, revealed the facility lacked documentation verifying that fusible link components of fire dampers had operated to verify that they fully close.  Interview with the facility architects on De 11, 2012, at 2:30 pm confirmed the lack of documentation verifying fire damper maint		012, at the at the ve been	S 0067			

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# **Certified End Page**

### PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701 SURVEY EXIT DATE: 12/11/2012

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 Coble

Deputy Secretary for Quality Assurance

Susan Cople



Rachel L. Levine, MD

Secretary of Health

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH** 

THIS PAGE IS NOW PART OF THIS SURVEY