

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2012
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NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701	STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107
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M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an annual registration survey conducted on December 3, 2012, at the PPSP Surgical Locust Street Health Center. It was determined that 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		

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

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S 0000	Continued from page 1 This report is the result of a full State Licensure survey conducted on December 3, 2012, at PPSP Surgical Locust Street Health Center. It was determined that the facility was in substantial 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. The facility was found to be out of compliance with the following regulations.	S 0000		

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S 5566	<p>555.33 (d)(8)(i-v) Anesthesia Policies and Procedures</p> <p>555.33 Anesthesia policies and procedures</p> <p>(d) Anesthesia procedures shall provide at least the following:</p> <p>(8) Before discharge from the ASF, a patient shall be evaluated for proper anesthesia recovery by an anesthetist, the operating room surgeon, anesthesiologist or dentist. Depending on the type of anesthesia and length of surgery, the postoperative check shall include at least the following:</p> <ul style="list-style-type: none"> (i) level of activity (ii) respirations (iii) blood pressure (iv) level of consciousness (v) oxygen saturation by pulse oximetry. <p>This REGULATION is not met as evidenced by:</p>	S 5566	<p>PPSP's Manager of Center Quality will work with PPSP's Medical Director, who also serves as PPSP's Director of Anesthesia Services, to revise the medical chart form which is used for post-operative assessment documentation to include: respirations, activity level, pain, or nausea and vomiting. This revised form will be put into practice no later than January 30, 2013.</p> <p>In addition, PPSP's IV sedation audit will be revised to include this complete post-operative check as one of the items audited. PPSP's Manger of Center Quality is the person responsible to ensure compliance on this regulation and to report audit findings annually to the agency's Risk and Quality Management Team and Patient Safety Committee.</p>	<p>Completion Date: 12/18/2012</p> <p>Status: APPROVED</p> <p>Date: 01/09/2013</p>

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S 5566	Continued from page 3 Based on a review of medical records (MR) and staff interview (EMP), it was determined the facility failed to provide documentation of the post operative assessment performed on patients following surgery prior to discharge included the minimum criteria for discharge for 14 of 14 medical records reviewed (MR1 through MR14). Findings include: A review on December 3, 2012, of discharge documentation for MR1 through MR14 revealed that respirations, activity level, pain, or nausea and vomiting were not assessed prior to discharge. An interview conducted on December 3, 2012, at 2:00 PM with EMP1 confirmed that MR1 through MR14 did not contain documentation that respirations, activity level, pain, or nausea and vomiting were assessed prior to discharge.	S 5566		

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S 7100		S 7100		

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S 7100	Continued from page 5 571.1 CHAPTER 571 - Construction Standards 571.1 Minimum Standards ASF construction shall be in accordance with the latest edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities," as published by the American Institute of Architects/Academy of Architecture for Health including those guidelines established for various outpatient facilities. In the alternative, a facility shall meet the construction guidelines for specified types of surgical procedures as listed in appendix A. Where renovation or replacement work is performed within an existing facility, all new work or additions shall comply with the requirements for new construction. This REGULATION is not met as evidenced by:	S 7100	PPSP's Manager of Center Quality will work with PPSP's Medical Director, who also serves as PPSP's Director of Anesthesia Services, to revise the medical chart form which is used for post-operative assessment documentation to include: respirations, activity level, pain, or nausea and vomiting. This revised form will be put into practice no later than January 30, 2013. In addition, PPSP's IV sedation audit will be revised to include this complete post-operative check as one of the items audited. PPSP's Manger of Center Quality is the person responsible to ensure compliance on this regulation and to report audit findings annually to the agency's Risk and Quality Management Team and Patient Safety Committee.	Completion Date: 12/18/2012 Status: APPROVED Date: 01/09/2013

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S 7100	Continued from page 6 The facility remains out of compliance with Life Safety and Fire Safety Minimum Standards which are described in detail in the Division of Life Safety survey report dated December 11, 2012.	S 7100		



Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701

SURVEY EXIT DATE: 12/03/2012

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

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