Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-5130			A. BLDG:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		ΞŶ		
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET SE NUMBER: 00238701	`HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETE DATE	
M 0000 INITIAL COMMENT This report is the result of an annual registr survey conducted on December 3, 2012, at PPSP Surgical Locust Street Health Center determined that the facility was in compliand the requirements of the Pennsylvania Depart Health Regulations § 28 Pa Code, Chapter 1 Subchapter D, Ambulatory Gynecological S in Hospitals and Clinics.		the The was nce with urtment of 29, Surgery	M 0000	CROSS-REFERENCED TO THE APPROPRIATE				
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:		
State Form	State Form R1IX11 IF CONTINUATION SHEET Page 1 of 1							

IF CONTINUATION SHEET Page 1 of 1

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED:				
8-5130			B. WING:		12/03/2012				
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET	Г НЕАLTН	STREET ADDRESS, 1144 LOCUST PHILADELP	T STREET		I			
STATE LICENS (X4) ID	E NUMBER: 00238701	Γ OF DEFICIENCIES (EACH DE	FICIENCY	ID			(X5)		
PREFIX TAG	MUST BE PRECEED	ED BY FULL REGULATORY OF		PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE		
S 0000	INITIAL COMMENT			S 0000					
LABORATORY	I I I I LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:								
State Form	tate Form R1IX11 IF CONTINUATION SHEET Page 1 of 7								

age

Pennsylvania Department of Health

, 	1						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: 8-5130			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 12/03/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
	e number: 00238701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	D BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
S 0000	Continued from page 1			S 0000			
	E NUMBER: 00238701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)		PPSP as ial s and s, Annex upters s found				

State Form

R1IX11

IF CONTINUATION SHEET Page 2 of 7

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 12/03/2012			
NAME OF PROVIDER OR SUPPLIER:		•	STREET ADDRESS,	CITY STATE Z	IP CODE:			
	GICAL LOCUST STREET	HEALTH	1144 LOCUST					
CENTER			PHILADELP	HIA, PA 19	107			
				,				
STATE LICENS	E NUMBER: 00238701							
(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 5566	555.33 (d)(8)(i-v) Anesthes	ia Policies and Procedur	es	S 5566			Completion	
					PPSP's Manager of Center Q	Juality	Date:	
	555.33 Anesthesia policies	and procedures			will work with PPSP's Medi	· •	12/18/2012	
	·····	I			Director, who also serves as	PPSP's	Status:	
	(d) Anesthesia procedu	ares shall provide at leas	t the		Director of Anesthesia Servi		APPROVED	
	following:	1			revise the medical chart form	n which	Date:	
	-	arge from the ASF, a pat	ient shall		is used for post-operative		01/09/2013	
	be evaluated for proper ane				assessment documentation to)		
	anesthetist, the operating ro		ogist		include: respirations, activity	/ level,		
	or dentist. Depending on th	-	-		pain, or nausea and vomiting	g. This		
	of surgery, the postoperativ		-		revised form will be put into	practice		
	the following:				no later than January 30, 201	13.		
	(i) level of activ	ity						
	(ii) respirations	5			In addition, PPSP's IV sedat	ion audit		
	(iii) blood pressu	re			will be revised to include thi	S		
	(iv) level of conso				complete post-operative che	ck as		
	. ,	ation by pulse oximetry.			one of the items audited. PP			
		51 5			Manger of Center Quality is	the		
	This REGULATION is not	met as evidenced by:			person responsible to ensure			
		5			compliance on this regulatio			
					report audit findings annuall	y to the		
					agency's Risk and Quality	-		
					Management Team and Patie	ent		
					Safety Committee.			

R1IX11

IF CONTINUATION SHEET Page 3 of 7

Pennsylvania Department of Health

				i			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: 8-5130			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 12/03/2012		
NAME OF PROVIDER OR SUPPLIER:		STREET ADDRESS,	L	TIP CODE:			
	GICAL LOCUST STREET	HFALTH	1144 LOCUST		III CODE.		
CENTER	SIGAL LOCUST STREET	IIEAETH	PHILADELPH		107		
CENTER					107		
	e number: 00238701				i		
(X4) ID PREFIX		OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO		(X5) COMPLETE
TAG		FYING INFORMATION)	(LDC	TREFIX ING	CROSS-REFERENCED TO THE A		DATE
S 5566	Continued from page 3			S 5566			
				-			
	Based on a review of n	nedical records (MR) and				
	staff interview (EMP),	· · · · ·	·				
	· · · · · · · · · · · · · · · · · · ·		2				
	failed to provide docur	nentation of the pos	t				
	operative assessment p	erformed on patients	8				
	following surgery prior	r to discharge includ	ed the				
	minimum criteria for d	-					
		e	+ incuicai				
	records reviewed (MR	1 through MR14).					
	Findings include:						
	A review on December	r 3, 2012, of discharg	ge				
	documentation for MR		-				
		•					
	that respirations, activi						
	vomiting were not asse	essed prior to dischar	ge.				
	An interview conducte	d on Docombor 2-20)12 of				
		· · · · · · · · · · · · · · · · · · ·	,				
	2:00 PM with EMP1 confirmed that MR1						
	MR14 did not contain documentation that						
	respirations, activity level, pain, or nausea		and				
	vomiting were assessed	-					
	vonnung were assessed	a prior to discharge.					

R1IX11

IF CONTINUATION SHEET Page 4 of 7

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-5130			A. BLDG: <u>00</u>		(X3) DATE SURVEY COMPLETED: 12/03/2012			
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER		STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET					
STATE LICENS	SE NUMBER: 00238701							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED	^T 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 4	OULD BE	(X5) COMPLETE DATE	
S 5566	Continued from page 4			S 5566				
S 7100				S 7100				

State Form

R1IX11

IF CONTINUATION SHEET Page 5 of 7

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130 NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 8-5130 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)		STREET ADDRESS, 1144 LOCUST PHILADELPI FICIENCY	A. BLDG: B. WING: CITY, STATE, Z		IOULD BE COMPLETE		
S 7100	Continued from page 5 571.1 CHAPTER 571 - Cor 571.1 Minimum Standards ASF construction shall latest edition of the "Guidel Construction of Hospital an published by the American Architects/Academy of Arc those guidelines established facilities. In the alternative, construction guidelines for s procedures as listed in appe replacement work is perforr new work or additions shall for new construction. This REGULATION is not	be in accordance with t ines for Design and d Health Care Facilities, Institute of hitecture for Health incl for various outpatient a facility shall meet the specified types of surgic ndix A. Where renovation ned within an existing factor	" as uding al on or acility, all	S 7100	PPSP's Manager of Center Q will work with PPSP's Medie Director, who also serves as Director of Anesthesia Servi revise the medical chart form is used for post-operative assessment documentation to include: respirations, activity pain, or nausea and vomiting revised form will be put into no later than January 30, 201 In addition, PPSP's IV sedati will be revised to include thi complete post-operative chere one of the items audited. PP Manger of Center Quality is person responsible to ensure compliance on this regulatio report audit findings annuall agency's Risk and Quality Management Team and Patie Safety Committee.	cal PPSP's ces, to n which y level, g. This practice 3. ton audit s ck as SP's the n and to y to the	Completion Date: 12/18/2012 Status: APPROVED Date: 01/09/2013

State Form

R1IX11

IF CONTINUATION SHEET Page 6 of 7

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: 8-5130			(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY A. BLDG:00 COMPLETED: B. WING: 12/03/2012			ΞY	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
(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 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				

R1IX11

IF CONTINUATION SHEET Page 7 of 7



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

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