

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>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/15/2019
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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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(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
S 0000	INITIAL COMMENT Facility ID# 00238701 Component 01 Based on a Relicensure Survey completed on October 15, 2019, it was determined that PPSP Surgical Locust Street Health Center was not in compliance with the following requirements of the Life Safety Code for an existing Ambulatory health care occupancy. This is a three-story, Type II (000), unprotected non-combustible construction, with a lower level, which is fully sprinklered.	S 0000		
S 0311		S 0311		

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

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S 0311	Continued from page 1 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Vertical openings shall be enclosed or protected per 8.6, unless one of the following conditions exist: 1. Unenclosed vertical openings per 8.6.9.1 are permitted. 2. Unenclosed openings which do not serve as a required means of egress are permitted. 3. Exit access stairs may be unenclosed if they meet the following conditions: Two stories or less a. Building is protected throughout by a supervised sprinkler system per 9.7.1.1(1). b. Total travel distance to outside does not exceed 100 feet. Three stories or less a. Occupant load per story does not exceed 15 people. b. Building is sprinkler protected throughout per 9.7.1.1(1). c. Building contains an automatic smoke detection system per 9.6. d. Activation of the sprinkler system or smoke detection system notifies all occupants of the building. e. Total travel distance to outside does not exceed 100 feet. Floors that are below the street level and are used for storage or any use other than a business occupancy, shall not have any unprotected openings to the business occupancy floors.	S 0311	Added firewall inspection to our annual check list to monitor deficiency does not recur. Contractor has been hired to install through stop system. Correction date will be completed by 12/12/19	Completion Date: 12/12/2019 Status: APPROVED Date: 11/20/2019

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S 0311	Continued from page 2 21.3.1, 39.3.1.1, 39.3.1.2 This REGULATION is not met as evidenced by: Based on an observation and interview, it was determined the facility failed to maintain the fire resistance rating of vertical openings, affecting two of three levels within this facility. Findings include: 1. Observation made on October 15, 2019, between 9:55 a.m. and 10:30 a.m., revealed there were unsealed vertical penetrations of the floor/ceiling assemblies by 3" conduit sleeves, inside the 3rd floor IT room, and the 2nd floor office space. Interview at the exit conference with the Facilities Manager and the Maintenance Director on October 15, 2019, at 11:00 a.m., confirmed the unsealed vertical penetrations.	S 0311		

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S 0914	<p>Electrical Systems - Maintenance and Testing</p> <p>Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For, LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99)</p> <p>This REGULATION is not met as evidenced by:</p>	S 0914	<p>As of November 1st we have created a log to track the testing of electrical receptacles. This includes visual inspection, correct polarity of hot and neutral connections, and tension. We have purchased outlet tester and woodland tension tester as part of the testing. All receptacles have been tested and passed. Going forward we will use new receptacle test log and new equipment to track such electrical receptacles.</p>	<p>Completion Date: 11/01/2019 Status: APPROVED Date: 11/07/2019</p>

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S 0914	Continued from page 4 Based on document review and interview, it was determined the facility failed to maintain testing and inspection of electrical receptacle, affecting the entire ambulatory surgical facility. Findings include: 1. Review of documentation on October 15, 2019, between 8:30 a.m. to 10:30 a.m., revealed electrical receptacles at patient bed locations, and in locations where deep sedation or general anesthesia is administered, were not tested at intervals not exceeding 12 months for non-hospital grade receptacles or based on documented performance data for hospital grade receptacles. Receptacle testing should include the following: a. visual inspection of physical integrity; b. correct polarity of the hot and neutral connections; c. retention force of the grounding blade (except locking-type receptacles) shall not be less than 115 g (4 oz). Interview at the exit conference with the Facilities	S 0914		

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S 0914	Continued from page 5 Manager and the Maintenance Director on October 15, 2019, at 11:00 a.m. confirmed the test was not performed.	S 0914			



Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701

SURVEY EXIT DATE: 10/15/2019

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