STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-5144	A. BLDG: 00 B. WING:	08/19/2015

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: **9HEG8701**	**2751 COMLY ROAD** **PHILADELPHIA, PA 19154**

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M 0000	INITIAL COMMENT This report is the result of an annual Registration survey conducted on August 19, 2015, at PPSP Far Northeast Health Center. It was determined 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.	M 0000		

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

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S 0000	INITIAL COMMENT This report is the result of a full State Licensure survey conducted on August 19, 2015, at PPSP Far Northeast Health Center. It was determined the facility was not in 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.	S 0000		
S 6701		S 6701		

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S 6701	Continued from page 1 567.1 Principle CHAPTER 567 - ENVIRONMENTAL SERVICES 567.1 Principle The ASF shall have a sanitary environment, properly constructed, equipped and maintained to protect surgical patients and ASF personnel from cross-infection and to protect the health and safety of patients. This REGULATION is not met as evidenced by:	S 6701	PPSP is committed to providing a safe and sanitary environment and has made the following corrections: 1. To prevent wet stains on sterilized packs and wraps, starting 9/16/15 the ASF has extended the autoclave dry cycle time and reduced the number of packs/kits per load. The ASF person-in-charge reviewed the new procedures with her team on that day and will conduct increased monitoring of sterilized packs/kits to ensure no further wet stains. If the issue continues, the ASF person-in-charge will work with our medical equipment vendor and our Director of Risk and Quality Management to identify additional changes needed to resolve the issue. By 10/31/15, all ASF staff will receive formal re-training on the ?cleaning, disinfecting, and sterilizing? section of the Infection Control Plan to ensure proper management of the autoclave. The ASF person-in-charge will increase monitoring of sterilization to ensure compliance. In addition, the Director	Completion Date: **10/31/2015** Status: **APPROVED** Date: **09/28/2015**

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S 6701	Continued from page 2	S 6701	of Risk and Quality Management will monitor compliance through scheduled and unannounced site inspections. 2. Starting October 1, 2015, positive and negative controls will be performed with each newly opened bottle of Metricide OPA Test Strips per manufacturer instructions. Manufacturer instructions were obtained and will be maintained on file at the ASF. Staff responsible for the setting up the Metrocide OPA caddy will be trained on how to perform the controls and how to use the new Test Strip Control Log. The ASF person-in-charge is responsible for implementing the new procedure and the control log, as well as monitoring for compliance. Additionally, the Director of Risk and Quality Management will monitor compliance through scheduled and unannounced site inspections. 3. On or before 9/16/15, all CRNAs received written notice from our	

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S 6701	Continued from page 3	S 6701	designated Director of Sedation (their supervisor) that they must not remove syringes or needles from their sterile wrappers until they are going to immediately use them. The ASF person-in-charge will monitor the procedure room activity and check the procedure room medication cabinet with increased regularity to ensure this new procedure is being followed. She will work with the CRNA supervisor if any further incidents of open syringes or needles are found. By 10/15/15, the Infection Control Plan will be updated to include this requirement. Compliance will be monitored through scheduled and unannounced site inspections by our Director of Risk and Quality Management. 4. As of 9/25/15, the multi-dose vial of Zofran has been removed from the procedure room and will be stored in the locked medication cabinet in the hallway. On 9/25/15, all ASF staff were apprised of this change in medication storage and the	

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S 6701	Continued from page 4	S 6701	requirement that that multi-dose vials are not allowed to be stored in patient care areas. The ASF person-in-charge is responsible for ensuring proper storage of all multi-dose vials of medication and will check the procedure room medication cabinet with increased regularity to ensure this new procedure is being followed. Additionally, the Director of Risk and Quality Management will monitor compliance through scheduled and unannounced site inspection. 5. By 10/15/15, the Infection Control Plan will be updated to include reflect the AST guidance on brushes used for cleaning instruments and devices including the requirement to clean and decontaminate brushes daily or when heavily soiled. The ASF person-in-charge is responsible for ensuring all staff receives the updated guidance and monitoring for compliance. The Director of Risk and Quality Management will monitor compliance during regularly	

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S 6701	Continued from page 5	S 6701	scheduled and unannounced site inspections.	

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S 6701	Continued from page 6 Based on observation and interview with staff (EMP), it was determined that the facility failed to provide a safe and sanitary environment. Findings include: 1) Review of the facility's "Infection Control Plan," dated August 1, 2015, revealed " ... Steam Sterilization ... The kits are placed side by side in the autoclave. Do not overfill. ... After the autoclave is complete, the autoclave chamber is vented to permit kits to cool and dry. ... Storage of Clean and Sterilized Instruments ... Instruments are no longer sterile if the packaging is torn, wet or damaged. ... " Observation on August 19, 2015, of the facility's sterile processing room revealed 10 sterilized wraps containing wet stains. Interview on August 19, 2015, at 9:15 AM, with EMP1 confirmed there were wet stains on each of the 10 sterilized wraps.	S 6701		

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S 6701	Continued from page 7 2) Review of the manufactures recommendations for the "MetriCide OPA Plus Test Strips," revealed " ... MetriCide ... 100 test strips testing of positive and negative controls must be performed on each newly opened bottle of MetriCide OPA Plus solution Test Strips. ... " Observation on August 19, 2015, of the facility's exam room, where ultrasounds are performed, revealed an opened bottle of MetriCide OPA Plus Test Strips. A request was made to EMP1 on August 19, 2015, at 9:30 AM, for evidence of positive and negative control test conducted for the opened bottle of MetriCide OPA Test Strips. None was provided. EMP1 revealed that the facility did not have a process in place to perform positive and negative control tests on opened bottles of MetriCide OPA Test Strips to ensure their effectiveness. EMP1 confirmed that a positive and negative control test	S 6701		

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S 6701	Continued from page 8 had not been conducted on the observed opened bottle of MetriCide OPA Test Strips. 3) Review of facility policy,"Pharmaceuticals," dated August 2015, revealed " ...II. ...E. All manufacturer recommendations for storage must be followed. ... " Observation on August 19, 2015, of the medication cabinet in the procedure room revealed twenty three syringes of various sizes with needles attached. The syringes and needles were stored out of their packages. The packages for unopened syringes/needles stored in the medication cabinet were labeled as " ...Sterile if package intact. ... " Interview on August 19, 2015, at 10:15 AM, with EMP1 confirmed that twenty three syringes and needles were stored in the procedure room medication cabinet out of their sterile packaging. 4) Review of facility administrative policy, "Pharmaceuticals," dated August 2015, revealed " ...V. ...B. 1. When a multi-dose vial is used,	S 6701		

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S 6701	Continued from page 9 appropriate infection prevention procedures to prevent contamination should be employed. ... " Review of Centers for Disease Control and Prevention (CDC) recommendations "Safe Injection Practices," dated April 1, 2011, revealed " ... IV.H.7. Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable ..." Observation on August 19, 2015, of the medication cabinet in the procedure room revealed one opened multi-dose vial of Zofran 40 mg/20 ml (intravenous medication that is used to prevent nausea and vomiting) dated August 8, 2015. Interview on August 19, 2015, at 10:25 AM, with EMP1 confirmed that an opened multi-dose vial of Zofran was stored in the procedure room, which is considered a patient care area.	S 6701		

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S 6701	Continued from page 10 5) Review of the CDC guidelines for "Disinfection and Sterilization in Healthcare Facilities" dated 2008, revealed " ... 7. High-Level Disinfection of Endoscopes ... Cleaning items (e.g., brushes, cloth) should be disposable or, if they are not disposable, they should be thoroughly cleaned and either high-level disinfected or sterilized after each use. ... " Review of the Association of Surgical Technologist (AST) "Standards of Practice for the Decontamination of Surgical Instruments," dated April 16, 2009, revealed " ... E. Only brushes designated for use in cleaning instruments and devices should be purchased by the healthcare facility. (1) Reusable brushes create a risk for cross-contamination. Reusable brushes should be cleaned and decontaminated at least daily or when heavily soiled. Brushes that show wear should be discarded. ... " Review of the facility's "Infection Control Plan," dated August 1, 2015, revealed " ... Dirty Instruments ... Sterilize brushes used for cleaning instruments, once weekly ... "	S 6701		

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S 6701	Continued from page 11 Interview on August 19, 2015, at 11:00 AM, with EMP1 revealed that the facility sterilizes brushes used for cleaning instruments, once weekly; which deviated from the acceptable standards of practices as indicated by the CDC and AST.	S 6701		

Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701

SURVEY EXIT DATE: 08/19/2015

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

Christine C. Filipovich, MSN, RN

Christine C. Filipovich, MSN, RN
Deputy Secretary For Quality Assurance

Karen M. Murphy, PhD, RN

Karen M. Murphy, PhD, RN
Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY