	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5130		B. WING: 06/05/2012			
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPI	T STREET			
STATE LICENSE NUMBER: 00238701							
(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 CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0000	This report is the result of an unannounced on-site pre-licensure survey conducted on June 4, 2012, at Planned Parenthood of Southeastern Pennsylvania (1144 Locust St). It was determined that 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			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-5130		B. WING:		06/05/2012	
PPSP SURCENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET E NUMBER: 00238701	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	T STREET			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033H	Continued from page 1  553.3 (8) Governing Body Responsibilities  553.3 Governing Body responsibilities include:  (8) Establishing personnel policies and practices which adequately support sound patient care to include, the following:  This REGULATION is not met as evidenced by:		ces which	S 033H	The effective date for this reis June 19, 2012, and the surplace on June 5, 2012. PPSF Locust has taken the following to ensure compliance:  PPSP's Vice President for Organizational Development develop a policy requiring the proper documentation of the background checks be maint personnel files for every emphired after July 1, 2008. PPS Director of Human Resource conduct an audit every Septe ensure compliance.	vey took P Surgical ng steps  t will tat three ained in bloyee SP's ss will	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		8-5130			<u>uu</u>	06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
	E NUMBER: <b>00238701</b>	OF DEFLOYENCIES (F. ) ON DE	PLOYENION				975
(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 CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033H	Continued from page 2			S 033H			
	Based on review of the	Child Protective Se	ervices				
	Law, facility document						
	interview with staff (El	-					
	facility failed to ensure	* *					
	meet the requirements	for background chec	cks as				
	required by Act 179 of	2006 and Act 73 of	2007.				
	Findings include:						
	"The Child Protective S	Services Law (CPSI	ـ), 23				
	Pa.C.S. § 6344.2 and 6	344(b) requires that	t				
	employees hired after J	July 1, 2008, who ha	ive a				
	significant likelihood o	of regular contact wi	th children				
	in the form of care, gui	-	_				
	must obtain three back	_	ndition				
	of employment. Pennsy		DDIII)				
	Clearance, Department of Public Welfare (						
	Childline Clearance and Federal (FBI) Crin		ninai				
	Background Check."						
	A review on June 4, 20	)12. of personnel file	es				
	revealed no documenta						
	checks were conducted						
		, r	•				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5130			<del></del>	06/05/2012		
PPSP SUR CENTER				CITY, STATE, Z STREET HIA, PA 19				
STATE LICENSE NUMBER: 00238701								
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 033H	Continued from page 3			S 033H				
	An interview conducted on June 4, at 1:30 PM with EMP1 confirmed that the facility performs surgery on pediatric patients and that there was no documentation that all three background checks were conducted on any of the employees.							
S 3240	were conducted on any of the employees.			S 3240				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
		8-5130				06/05/2012	
NAME OF PROPERTY O	VIDER OR SUPPLIER:  GICAL LOCUST STREET  E NUMBER: 00238701  SUMMARY STATEMENT MUST BE PRECEEDE IDENTIFY  Continued from page 4  553.24 Discharge of a Mine 553.24 Discharge of a mine	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)  OF OR Incompetent Patier or or incompetent patier and legally consent to heady of parents, legal guarentis or otherwise directed by the apetent jurisdiction. If the charge be made otherwise directed the statement shall be coal record.	STREET ADDRESS 1144 LOCUST PHILADELP  FICIENCY R LSC  nt  it  it  it  it  e parent te parent se, he	B. WING: , CITY, STATE, Z T STREET	MP CODE:	gulation vey took P Surgical ng steps  ded to the PM) on  ent will en, and	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012
					discharged pursuant to the by order's direction. If the bypa order provides no direction at the minor's discharge, the m be discharged into the care of person who accompanied here.	ypass ass about inor will of the	
					facility, unless the minor pat not receive sedation and cam facility alone, in which case be discharged independently PPSP's Manager for Center is responsible for ongoing	ient did ne to the she may	

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5130			00.	06/05/2012	
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
	E NUMBER: <b>00238701</b>	OF DEFICIENCIES (F. A. CV. DE	PIGIPIGI				975
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 3240	Continued from page 5			S 3240			
					compliance, and will test cor with an annual "Discharge o Patients" audit.	_	
	Based on review of fac						
	with staff (EMP), it was		-				
	to provide a written poincompetent patient.	ncy for discharge of	an				
	Findings include:						
	A review on June 4, 20 revealed no policy that an incompetent person.						
	An interview conducted on June 4, 2012, at AM with EMP1 confirmed that the facility have a policy that addressed the discharge of incompetent patient.		did not				
S 6126				S 6126			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED:	EY
		8-5130	-5130 A. BLDG:00_ B. WING: 06/05/2012				
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER  STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELP	STREET			
STATE LICENS (X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)
PREFIX TAG			R LSC	PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE
S 6126	Continued from page 6			S 6126			
	561.13 Storage  The area in the ASF w periodically checked by a r practitioner and proper logs.  This REGULATION is not	s maintained.			The effective date for this re is June 19, 2012, and the sur place on June 5, 2012. PPSI Locust has taken the followit to ensure compliance:  Our registered nurses and nu anesthetists will continue to maintain the drug inventory signed the drug logs. PPSP' Surgical Locust Center Manensure ongoing compliance. addition, the following stater was added on June 19, 2012 Patient Services' Policy & P Manual and to the Abortion Manual:  The area in the ASF where distored shall be periodically of by a responsible pharmacist practitioner and proper logs maintained.	vey took P Surgical ng steps  urse  and s ager will In ment to the rocedure Policy	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5130		A. BLDG:00_ B. WING: <b>06/05/2012</b>			
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSE NUMBER: 00238701  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG		ED BY FULL REGULATORY OF	R LSC	PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE
S 6126	Continued from page 7			S 6126			
S 636A	Based on review of factobservation and interview determined the facility were checked periodical practitioner.  Findings include:  A review on June 4, 20 revealed the logs for pedrugs were not signed practitioner.  An interview conducte AM with EMP1 confirmed checks of stored drugs pharmacist or practitions.	failed to ensure that ally by a pharmacist of facility docureriodic checks of sto by a pharmacist or d on June 4, 2012, a med that the log of p was not signed by a	), it was t drugs or mentation red t 11:30 periodic	S 636A			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	ER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5130				06/05/2012	
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 636A	Continued from page 8  563.6 (a) Preservation of M  563.6 Preservation of medical records. Medical records or microfilm, shall be kept on file for a medischarge of patient.  This REGULATION is not	ical records  ave a written policy regards  whether original, reprosiminum of 7 years follo	ductions	S 636A	The effective date for this regist June 19, 2012, and the surplace on June 5, 2012. PPSF Locust has taken the following to ensure compliance:  The Patient Services Policy of Procedure Manual addresses retention of records as follows. For inactive clients — archive years of inactivity and kept for minimum of 7 years, or long required by state law or regustive and will be maintained clinic site if the client has registered within the past two consciunative and will be stored of the client has not received set for more than two years. In a charts should be purged annual archiving.  For minors - archived after 2 inactivity and kept until the a majority, plus 7 years, or long required by state law or regustive and viriled and the client has not received set for more than two years. In a charts should be purged annual archiving.	evey took P Surgical ng steps  & sthe ws:  ed after 2 for a ger if dations. dered d at the ceived years. dered ff-site if ervices active ually for	Completion Date: 06/19/2012 Status: APPROVED Date: 06/29/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED:  06/05/2012	
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	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 636A S 6400	Based on review of facinterview with staff (Efacility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the facility failed to have a retention of medical reference of the failed to have a retention of medical reference of the failed to have a retention of medical reference of the failed to have a retention of the failed to have a rete	MP), it was determine written policy regard cords.  112, of facility policies evidence of a written of medical records.  12 d on June 5, 2012, a med the facility did	es and en policy t 12:45 not have	S 636A S 6400	This policy was added to the Abortion Policy Manual on 3 2012.		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5130				06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER  STATE LICENSE NUMBER: 00238701  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DESCRIPTION OF DEFICIENCIES)			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET		CTION (EACH	(X5)
PREFIX TAG		ED BY FULL REGULATORY OF FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A		COMPLETE DATE
S 6400	Continued from page 10  563.10 Ownership  There shall be written policies and procedures which specify who has access to medical records, under what conditions records may be removed from the ASF, and under what conditions medical record information may be released. Medical records are the property of the ASF, and they may not be removed from the premises except for court purposes. Copies may be made available for authorized purposes, such as insurance claims and practitioner review.  This REGULATION is not met as evidenced by:		hat and may be SF, and	S 6400	The effective date for this regis June 19, 2012, and the surplace on June 5, 2012. PPSF Locust has taken the following to ensure compliance:  The Patient Services Policy of Procedure Manual addresses access, removal and release of patient records and medical information in great detail, in "charts shall be secured by low when unattended by personn The policy on medical record security and release was add the Abortion Policy Manual 19, 2012, and is intended to a both planned and emergency situations when the records a attended by personnel.	evey took P Surgical ng steps  & the of record ncluding, ock nel." ds ed to on June address	Completion Date: 06/19/2012 Status: APPROVED Date: 06/29/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/05/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER  STATE LICENSE NUMBER: 00238701		T HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
STATE LICENS (X4) ID PREFIX TAG	ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D IX MUST BE PRECEEDED BY FULL REGULATORY)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 6400	Based on review of fact and interview with state the facility failed to hat who has access to med conditions records can and under what conditions information may be referred.  A review on June 5, 20 procedures revealed the written policy to specific records, under what contemporary records and interview conducted. An interview conducted PM with EMP1 confirmed with EMP1 confirmed and interview to address the records, under what confirmed and interview to address the records and interview	off (EMP), it was determined the every a written policy to dical records, under which it is made to be removed from the items medical record deased.  O12, of policies and there was no policy refly who has access to onditions records can are and under what contains and the facility did not seem to make the facility did not seem to onditions records can are and under what contains and under what contains and under what contains and under what contains a seem of the facility did not seem of the facility did	garding a medical be nditions d. t 12:30 not have a medical be nditions	s 6400			

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5130				06/05/2012	
	VIDER OR SUPPLIER: GICAL LOCUST STREET	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENS	E NUMBER: <b>00238701</b>						
(X4) ID PREFIX TAG	EFIX MUST BE PRECEEDED BY FULL REGULATORY (			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747				S 6747			

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5130				06/05/2012		
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 DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6747	Continued from page 13  567.43 Ventilation System  The ventilation system shal in accordance with the writ ensure that a properly cond minimum filtration, humidi is provided in critical areas recovery suites under  Chapter 571 (relating to continue that a properly is not service).	ten maintenance schedu itioned air supply meetin ty and temperature requ such as the surgical and instruction standards).	le to ng irements	S 6747	The effective date for this resist June 19, 2012, and the surplace on June 5, 2012. PPSF Locust has taken the following to ensure compliance:  Equipment is maintained prosinspected twice a year and Fichanged every 4 to 6 months was created and disseminate documenting HVAC filter of Contract will be amended by 2012 to ensure documentation compliance.  Thermometers and hygrometry purchased and installed on June 2012. Log was created and it as of June 21, 2012.  The following was added to Abortion Policy Manual on June 2012:  The ventilation system shall inspected, maintained, set an monitored in accordance with federal, state and local regular and the written maintenance.	vey took P Surgical ng steps  operly, ilters are s. A log d for nanges. 7 July 13, on of  ters were une 20, is in use  the June 19,  be ad h ations	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
		8-5130				06/05/2012	
NAME OF PROVIDER OR SUPPLIER:  PPSP SURGICAL LOCUST STREET HEALTH  CENTER  STATE LICENSE NUMBER: 00238701		HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)		ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 14			S 6747	schedule to ensure that a proconditioned air supply meetiminimum filtration, humidity temperature requirements is provided in critical areas.  Filters will be changed or cleminimum of every six month changes will be documented Heating and Cooling System Maintenance Log. Air temperand humidity will be monito procedure rooms and will be recorded on the log prior to the commencement of each surgabortion procedure.  PPSP's Director of Facilities responsible for the ongoing compliance of this regulation	eaned a as. Filter on the erature red in the ical	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-5130		B. WING:		06/05/2012	
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 CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Based on review of fact with staff (EMP), it was to ensure the ventilation maintained in accordar maintenance schedule conditioned air supply.  Findings include:  A review on June 4, 20 revealed no policy regatemperature and humider rooms and post anesther.  Observation on June 4, and 2 and the recovery for monitoring temperature and interview conducters. An interview conducters and interview conducters and interview conducters and the recovery for monitoring temperature.	cility documents and as determined the fact in system was inspective with the written to ensure that a proprint critical areas of the original areas or original areas	eility failed eted and erly ne facility.  ments e rating rooms 1 rovision evels.  t 2:00 tenance	S 6747	CROSS-REFERENCED TO THE 7	APPROPRIATE	DATE
	temperature and humid	lity levels in the ope	rating				

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/G PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			COMPLETE		(X3) DATE SURV COMPLETED:	EY			
	, ,	8-5130		A. BLDG: _ B. WING:	00	06/05/2012			
		8-5130				00/05/2012			
PPSP SUR	VIDER OR SUPPLIER: GICAL LOCUST STREET	HEALTH	1144 LOCUST	ADDRESS, CITY, STATE, ZIP CODE:  LOCUST STREET					
CENTER			PHILADELPI	HIA, PA 19	107				
STATE LICENS	e number: <b>00238701</b>								
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  CX COMP DA				
S 6747	Continued from page 16			S 6747					
S 6906	rooms and post anesther 569.13 Testing Fire Warnin 569.13 Testing Fire Warnin Fire safety systems, in extinguishing systems, automatic and manual alarmshall be of an approved type. They shall be condition and inspected by qualified ASF personnel Records of the inspections shall be kept on This REGULATION is not	ng Systems ng Systems cluding automatic fire ns, stand pipes and hose be kept in good operatin I at least every 3 months in file for the licensure per	g s.	S 6906	The effective date for this re is June 19, 2012, and the sur place on June 5, 2012. PPSI Locust has taken the followi to ensure compliance:  Fire safety systems/life safet systems are inspected regula qualified Facilities Department and annually by outside qualinspection/service companie was created so quarterly and inspections can be recorded manual system.  PPSP's Director of Facilities responsible for the ongoing compliance of this regulation will audit compliance annual	vey took P Surgical ng steps  y rly by ent staff lified s. A log annual in a	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  8-5130		(X2) MULTII  A. BLDG: B. WING:		(X3) DATE SURVE COMPLETED: 06/05/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER  STATE LICENSE NUMBER: 00238701		STREET ADDRESS, 1144 LOCUST PHILADELPH	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 CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6906	Based on review of fact interview with staff (Elfacility failed to ensure extinguishing systems, were inspected by qual every three months and were kept on file.  Findings include:  A review on June 4, 20 revealed no procedure inspections of automata automatic and manual least every three month kept on file.  An interview conducte PM with EMP1, confir did not conduct inspections, every three months or linspections on file.	MP), it was determine that automatic fire automatic and manufified ASF personnel direcords of the inspector of the provision of ic fire extinguishing alarms by qualified pass or records of inspector of automatic fire automatic and manufacture in the provision of automatic fire automatic and manufacture in the provision of automatic fire automatic and manufacture in the provision of automatic fire automatic and manufacture in the provision of automatic and manufacture in the provision of automatic fire automatic and manufacture in the provision of automatic	med the ual alarms at least ection  ments systems, personnel ections  t 1:30 esonnel re ual alarms	S 6906			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER  8-5130			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/05/2012			
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET E NUMBER: 00238701	HEALTH	1144 LOCUST	STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	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 6907	569.14 Internal Disaster and Fire Plans  The ASF shall have an internal disaster and fir incorporating evacuation procedures and the safety of both closed records and the records of those patients being evacuated. These plans shall made available to personnel and evacuation diagrams shall be posted throughout the ASF.  This REGULATION is not met as evidenced by:		d I be	S 6907	The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance:  Surgical Locust will revise its existing policies on fire evacuation, bomb threat evacuation and bomb evacuation to include language on the protection of medical records for current and other patients.  PPSP's Surgical Locust Center Manager is responsible for ongoing compliance of this regulation, and will audit compliance annually.		Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5130			<u></u>	06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
	E NUMBER: 00238701	OF DEFICIENCIES (FACH DE	FIGUENCY	ID			OV.5)
PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6907	Continued from page 19  Based on review of fac	ility documents and	interview	S 6907			
	with staff (EMP), it wa						
	to ensure the internal d		,				
	incorporated evacuation	-	e safetv				
	of both closed medical	•	-				
	those patients being ev						
	Findings include:						
	A review on June 4, 20	112, of the facility's i	internal				
	disaster and fire safety	plan revealed no					
	documentation the faci	lity incorporated eva	acuation				
	procedures for the safe	ty of both closed me	edical				
	records and the records	s of those patients be	eing				
	evacuated.						
A interview conducted on with EMP1 on J-2012, at 2:15 PM with EMP1 confirmed th facility's internal disaster and fire safety pla contain documentation the facility incorpor evacuation procedures for the safety of bot medical records and the records of those page			e an did not rated h closed				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		8-5130		A. BLDG: _ B. WING: _	00	06/05/2012	
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET E NUMBER: 00238701	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6907	Continued from page 20			S 6907			
	being evacuated.						
S 6916	569.32 Fire Inspection  The ASF shall request an annual inspection by its local fire department.  This REGULATION is not met as evidenced by:		vits	S 6916	The effective date for this regis June 19, 2012, and the surplace on June 5, 2012. PPSF Locust has taken the following to ensure compliance:  A letter to the Philadelphia F Department requesting an an inspection was sent on June 2012. On July 12, 2012 the F Department will be able to set their 2012 visit. A policy for requesting annual inspection local fire department will be developed.  PPSP's Director of Facilities responsible for the ongoing compliance of this regulation requesting our annual inspection	vey took P Surgical ng steps  Fire nual 14, Fire chedule r by the	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:		
		8-5130		B. WING:		06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
	E NUMBER: <b>00238701</b>			i			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6916	Continued from page 21			S 6916			
	Based on review of fac	ility documentation	and				
	interview with staff (E	MP), it was determine	ned the				
	facility failed to reques	t an annual inspection	on by the				
	local fire department.						
	Findings include:						
	A review on June 4, 20 revealed no procedure inspection by the local	for requesting an an					
S 7100	An interview conducted on June 4, 2012, at 2:30 PM with EMP1 confirmed the facility did not request an annual inspection by the local fire department.			S 7100			

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		EY
		8-5130				06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER  STATE LICENSE NUMBER: 00238701  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)  S 7100  Continued from page 22  571.1 CHAPTER 571 - Construction Standards 571.1 Minimum Standards			CITY, STATE, Z	CIP CODE:	CTION (EACH OULD BE APPROPRIATE	(X5) COMPLETE DATE  Completion Date: 07/13/2012	
	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," as luding e cal on or facility, all		place on June 5, 2012. PPSF Locust has taken the following to ensure compliance:  PPSP's architect has conferred a representative of the Division Safety Inspection about this regulation at length. PPSP is process of conferring with its architect to discuss possible alterations to the Surgical Lochealth center to satisfy the requirements for these items architect will engage in furth conversations with the Division Safety Inspection upon the development of an acceptable solution. PPSP Surgical Locintends to seek limited exception the Guidelines as necestfurtherance of a renovation calteration that is agreeable to Division of Safety Inspection  PPSP's architect has conferred a representative of the Division Safety Inspection about this	ed with ion of s in the s feasible ocust  PPSP's her ion of lee cust otions ssary in or o the h.	Status: APPROVED Date: 06/29/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		8-5130			00	06/05/2012	
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 (FACH DE	FICIENCY	ID	DROVIDED'S DI AN OE CODRE	CTION (EACH	(X5)
PREFIX TAG	FIX MUST BE PRECEEDED BY FULL REGULATORY			PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE
					regulation at length. PPSP S Locust intends to seek excep the Guidelines requirements minimum operating room siz PPSP Surgical Locust is in the process of conferring with its architect to discuss possible	of ces.	
					for installing cubicle curtains patient privacy, and will hav conversations with the Divis Safety Inspection upon furth planning related to this item.	s for e further ion of er	
					PPSP's architect has conferred a representative of the Divisi Safety Inspection about this regulation at length. PPSP's an exception to the requirem hands-free scrub sinks be out the procedure room on April 2012, and the Department dedecision on that request by ledated June 1, 2012. PPSP St. Locust intends to submit furtinformation to the Departme support of its pending except request.	ought ent that tside 30, eferred etter urgical ther nt in	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 06/05/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET					
CENTER			PHILADELPI		107			
STATE LICENS	E NUMBER: <b>00238701</b>							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
S 7100	Continued from page 24		S 7100					
	1) The current edition		•					
	Construction of Hospital and Health Care Factorial 3.1-3.4.3.5 Special design elements indicates Architectural details (a) The ceiling shall be monolithic" and (b) "The floor shall be smoo							
	sealed seams".							
	Observation on June 4, 2012 of Operating 1 & 2 revealed ceilings that were not mono							
	the floors did not have							
	An interview conducto	+ 2.15						
	An interview conducte PM with EMP2 confirm							
	monolithic and the floo							
	2) The current edition	sign and						
	Construction of Hospital and Health Care I							
	3.7-3.3.1.3 Class B Op							
	"Class B operating rooms shall have a minimum clear floor area of 250 square feet (23.23 square							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:		
8-5130			B. WING:		06/05/2012			
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					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHORES FROM THE ACTION THE ACTION THE ACTION THE ACTION TO THE ACTION OF THE	OULD BE	(X5) COMPLETE DATE	
S 7100	Continued from page 25  meters) with a minimum clear dimension of 15 feet (4.57 meters)."  Observation on June 4, 2012, of Operating Room 1 revealed an approximate room size of 140 square feet. The room was not in compliance with the required guidelines of 250 square feet.  Observation on June 4, 2012, of Operating Room 2 revealed an approximate room size of 144 square feet. The room was not in compliance with the required guidelines of 250 square feet.  An interview conducted on June 4, 2012, at 2:15 PM with EMP2 confirmed that the size of the two operating rooms was not 250 square feet.  3) The current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.8-3.4.2.2 indicates "Cubicle curtains or other provisions for privacy during post-operative care		Room 1 square the Room 2 square the t 2:15 he two	S 7100				

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PLAN OF CORRECTION (POC) IDI		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130	LIA (X2) MULTIPLE CONSTRUCTION:  A. BLDG:00_ B. WING:		00_	(X3) DATE SURVEY COMPLETED: 06/05/2012	
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					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 7100	Continued from page 26  shall be provided."  Observation on June 4, 2012, of the recovery revealed nine recliner chairs for post operative There were no cubicle curtains for privacy be the nine recliner chairs.  An interview conducted on June 4, 2012, at 2 PM with EMP2 confirmed that the recliner chairs the recovery room did not have cubicle curtain privacy.  4) The current edition of Guidelines for Designates Construction of Hospital and Health Care Fagure 3.8-3.6.5.1 indicates "Hands-free scrub station shall be provided outside of but near the entre each operating room".  Observation on June 4, 2012, of Operating rooms.		tive care. between  t 2:30 chairs in tains for  sign and cacilities, tion(s) trance to	S 7100			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:  8-5130			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/05/2012		
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				
(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	An interview conducted on June 4, 2012, at 2:15 PM with EMP2 confirmed that hands-free scrub sinks were not located outside the operating rooms.		S 7100				

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# **Certified End Page**

#### PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701 SURVEY EXIT DATE: 06/05/2012

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

Christine C. Filipovich, Man, RM

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

Karen M. Murphy, PhD, RN Secretary of Health



THIS IS A CERTIFICATION PAGE

# PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY