Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDENTIFICATION NU 8-5130		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5130	:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 08/13/2015			
	VIDER OR SUPPLIER: GICAL LOCUST STREET	'HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET					
STATE LICENSE NUMBER: 00238701									
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG		(X5) COMPLETE DATE			
M 0000 M 0015	TAG IDENTIFYING INFORMATION) 4 0000 INITIAL COMMENT This report is the result of a Special Monitorir survey completed on August 13, 2015, at PPS Surgical Locust Street Health Center. It was determined the facility was not in compliance the requirements of the Pennsylvania Departm Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Sur in Hospitals and Clinics.		PPSP as nce with artment of 29,	M 0000 M 0015	G CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE				
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE	•	TITLE:	(X6) DATE:			
State Form		Q3UN1	1			IF CONTINUAT	ION SHEET Page 1 of 8		

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5130			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 08/13/2015		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICEN (X4) ID PREFIX TAG	MUST BE PRECEED	ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
M 0015	ENGMBER. 00200701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 1 29.33(15) Requirements for Abortion All tissues obtained from abortions not subject to paragraph (8) shall be refrigerated, frozen, submersed in a proper preservative solution, and transported to a hospital laboratory, or incinerator on a regular basis for disposition This REGULATION is not met as evidenced by:		ospital,	M 0015	In compliance with 29.33(15 Requirements for Abortion, states that "all tissues obtain abortions not subject to para (8) shall be refrigerated, froz submersed in proper preserv solution, and transported to a hospital, laboratory, or incin on a regular basis," the Surg Locust Street Health Center taken the following actions? By 9/18/15, the locking mec on the environmental service door will be repaired to ensu proper working order which prevent unauthorized access biohazardous materials. A v order was submitted to the P Director of Facilities in 8/28 Director of Facilities is respo for the repair and the ASF person-in-charge will monito completion of this work prio 9/18/15. In addition, the ASF person-in charge will review requirement to keep the door and locked with her team an status of the door regularly f	which ed from graph zen, ative a erator ical has hanism es closet re will to vork PSP 8/15. The onsible or for r to F the closed d check	Completion Date: 09/18/2015 Status: APPROVED Date: 09/10/2015

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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 DEFINITION OF DEFINIT		STREET ADDRESS, 1144 LOCUST PHILADELPF FICIENCY	A. BLDG: _ B. WING: _ CITY, STATE, Z	COMPL BLDG:00 WING: STATE, ZIP CODE: EEET PA 19107 D PROVIDER'S PLAN OF CORRECTION (E.			
TAG M 0015	Continued from page 2	FYING INFORMATION)		M 0015	cross-referenced to the A Quality Management will mo compliance during scheduled unannounced site visits to the Surgical Locust Street Health Effective 9/1/15, the daily pr were revised to ensure the bi storage freezer remains locke unless being accessed. Access includes but is not limited to unloading, temperature adjus quality inspections, and maintenance. The ASF person-in-charge is responsib training staff on this requiren monitoring for compliance d Director of Risk and Quality Management will monitor fo compliance during scheduled unannounced site visits to the Surgical Locust Center. On 8/28/2015, the biohazard freezer was defrosted. The bi storage freezer will be monit the ASF person-in-charge for issues. If ice build-up contin be a problem the freezer will	Risk and onitor for 1 and e 1 Center. occedures ohazard ed ss loading, stment, ble for nent and aily. The r 1 and e storage iohazard ored by r further uses to	DATE

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	OF DEFICIENCIES AND						
STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-5130			(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY A. BLDG:00 COMPLETED: B. WING: 08/13/2015		Ŷ		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER		STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET				
STATE LICENSE	e number: 00238701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	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	DULD BE	(X5) COMPLETE DATE
	OO15 Continued from page 3			M 0015	replaced. The Director of Ris Quality Management will ch freezer for ice build-up durin scheduled and unannounced visits to the Surgical Locust & Center. During an unannounced site 9/1/15, the biohazard storage was checked by the Director and Quality Management and build-up was present. On 8/28/15, daily procedures revised to require that all red biohazard bags will be labeled the date of procedure before securely stored in the biohazar storage freezer. Freezer cont (POCs) are picked up weekly waste management vendor.	eck the g site Street visit on freezer of Risk d no ice were ed with being ard rents y by our The	
					Asr person-in-charge is resp for training staff on this requ and monitoring for complian to start, then weekly). The D of Risk and Quality Manager monitor for compliance durin scheduled and unannounced visits to the Surgical Locust Health Center.	irement ce (daily irector ment will ng site	

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5130		A. BLDG	TIPLE CONSTRUCTION: - <u>00</u>	(X3) DATE SURVEY COMPLETED: 08/13/2015		
	ROVIDER OR SUPPLIER: RGICAL LOCUST STREET R	F HEALTH	STREET ADDRESS, CITY, STAT 1144 LOCUST STREE PHILADELPHIA, PA	ſ		
STATE LICE (X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		G PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
M 0015	Continued from page 4		M 0015			
 Based on observations, review of facility do and interviews with employees (EMP), it we determined that the facility failed to proper human pathological waste. Findings include: Review on August 13, 2015, of facility politives "Infection Control Plan," dated June 25, 20 revealed " Medical Waste Management A infectious waste must be disposed of in acc with the disposal regulations of the state of Pennsylvania. Proper handling of waste is reto ensure employees safety, public and 			vas ly store icy 115, All cordance necessary			
	environmental safety, and state laws for was waste includes, but is Human pathological w or medical procedure, frozen or otherwise container, including w products. Items contar	te disposal Infecti not limited to the foll vaste removed during including biological Specimens of body f vaste blood and blood	ous lowing: surgery tissue- fluids in a			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-5130		LIA	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 08/13/2015		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSE NUMBER: 00238701							
(X4) ID PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE
M 0015	Continued from page 5			M 0015			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION) Continued from page 5 contact with blood and other bodily fluids, it all sharps discarded equipment and, wa was contaminated with pathogens in any typ laboratory work PPSP Waste Disposal Me Substance All tissue (including POC), bod fluids, blood container: Red Bags Disposal Methods: Off-site incineration On-site ste waste prior to treatment and disposal should with the following guidelines: Human pat waste removed during surgery or a medical procedure shall be bagged and frozen or pac in formalin and stored until it is picked-up b waste hauler Access to the storage area is locked and limited to authorized medical per Medical waste must be picked up no less free than once every thirty days. Each clinic loca should arrange with the medical waste haule particular day for pick-up" Interview on August 13, 2015, at 11:15 AM EMP1 revealed that biohazards, including h pathological waste (such as products of conte POCs) are picked up weekly, either on Mon		aste that pe of fethods ody torage of d comply thological ckaged by the is ersonnel. equently ation ers the f, with numan nception-				

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-5130					(X3) DATE SURVEY COMPLETED: 08/13/2015		
	ROVIDER OR SUPPLIER: RGICAL LOCUST STREE {	T HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
STATE LICE	INSE NUMBER: 00238701						
(X4) ID PREFIX TAG	MUST BE PRECEED	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O FIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
M 0015	Continued from page 6		M 0015				
	Tuesday, by a contracted waste manageme company.						
	Observation on Augus EMP1, revealed an en containing used bioha environmental service appeared that the lock working properly in o access to biohazardou	e closet ed and not					
	Observation on Augus with EMP1, revealed storage freezer located Observation of the fre accumulation of ice an freezer bags containin biohazard bags contai	urd y several					
	Two of the red biohaz EMP1 revealed that th weeks. However, this EMP1 also indicated t	et two ned.					

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CL PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: 8-5130			(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVE A. BLDG:00 B. WING: 08/13/2015		EY		
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
M 0015	Continued from page 7 containing POCS, are not usually labeled with a date. The facility failed to properly store human pathological waste.		M 0015				

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Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 SURVEY EXIT DATE: 08/13/2015

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, Man, RM

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

Karen M. Murphy, BhD, R.

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