STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-5130	A. BLDG: 00 B. WING:	08/20/2015

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: **00238701**	**1144 LOCUST STREET** **PHILADELPHIA, PA 19107**

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M 0000	INITIAL COMMENT This report is the result of an annual Registration survey conducted on August 20, 2015, at PPSP Surgical Locust Street Health Center. It was determined that 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 20, 2015, at PPSP Surgical Locust Street Health Center. 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		
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. On 9/18/15 the lab refrigerator was defrosted and all ice build-up was removed. To ensure this is maintained, the ASF instituted a new weekly procedure on 9/21/15 that requires staff monitoring the lab refrigerator (which is used for storing controls) and POC freezer for ice build-up and defrosting as necessary. The ASF person-in-charge informed her staff of this new procedure on 9/21/15 and will be responsible for ensuring compliance. The Director of Risk and Quality Management will monitor compliance through scheduled and unannounced site inspections. 2. The patient bench cushion has been recovered with vinyl material and was returned to the patient care area on 9/24/15. The ASF person-in-charge will inspect this bench and all furniture used in the ASF monthly and arrange for repair	Completion Date: **11/30/2015** Status: **APPROVED** Date: **10/19/2015**

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S 6701	Continued from page 2	S 6701	or replacement as needed. The ASF person-in-charge works with agency Purchasing Manager and medical equipment vendor for any needed repair/replacements. Unresolved issues will be brought to the attention of Patient Services Administration (Director of Risk and Quality Management or Director of Center Operations) who will ensure compliance. Additionally, the Director of Risk and Quality Management will monitor for compliance through scheduled and unannounced site inspections. 3. 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	

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S 6701	Continued from page 3	S 6701	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. 4. As of 9/18/15, the gauze sponge packets were removed from underneath the sink. During a staff meeting on 9/22/15, all ASF staff members were reminded that no patient care supplies or paper products are to be stored under sinks. The ASF person-in-charge will check underneath sinks for improper storage of supplies and address issues immediately. In addition, the Director of Risk and Quality Management will monitor compliance through scheduled and unannounced site inspections. 5. To prevent wet stains on sterilized packs and wraps, we have added perforated trays to the autoclave to ensure better air flow and reduced	

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S 6701	Continued from page 4	S 6701	the number of packs/kits per load. The ASF person-in-charge will provide increased monitoring of sterilized packs/kits to ensure no further wet stains. If problem continues, the ASF person-in-charge will work with our medical equipment vendor and our Director of Risk and Quality Management to resolve the issue by making additional changes. On 9/22/15, the ASF person-in-charge reviewed the proper loading of the autoclave and inspection of sterilized packs with her team. 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 of Risk and Quality Management will monitor compliance through scheduled and unannounced site inspections. 6. By 10/15/15, the Infection Control	

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S 6701	Continued from page 5	S 6701	Plan will be updated to include the instructions for sterilization of metal containers. Metal Containers that require sterilization will be wrapped appropriately with an indicator strip placed inside prior to placement in autoclave. Additionally, we plan to replace the metal container to a smaller size which will make it easier to fully wrap and autoclave. The ASF person-in-charge is responsible for proper sterilization and inspection of medical instruments, trays and containers and will increase monitoring of sterilization activities to ensure compliance. She will also ensure 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 by 10/31/15. The ASF person-in-charge will increase monitoring of sterilization to ensure compliance. In addition, the Director of Risk and Quality Management will monitor compliance through scheduled and unannounced site inspections.	

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S 6701	Continued from page 6	S 6701	7. By 10/15/15, PPSP's Director of Facilities will submit plans to replace the carpet to Plan Review including the narrative and ICRA as required. Once plans for carpet replacement are approved, we can begin the work as soon as 11/2/15. We can complete the project by 11/30/15. The carpeted areas will continue to be vacuumed regularly as indicated in the Infection Control Plan. The Director of Facilities is responsible for ensuring this work is completed and the ASF person-in-charge will monitor for timely activity and will report any issues or delays. 8. The ASF?s Infection Control Plan, as approved by the HAIP section of PA Department of Health, includes the following guidance for the cleaning and sterilization of surgical instruments. ?Steam Sterilization - When a surgical kit is returned after use to the autoclave area, the equipment is manually cleaned with detergent and cool water. All blood, tissue and body fluids are removed	

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S 6701	Continued from page 7	S 6701	by mechanical means. The equipment is rinsed and dried. ? Surgical instruments are placed in the basin with water and Aprilguard Powdered Organisol Detergent to keep wet while waiting for manually cleaning. The Organisol is mixed per the manufacturer instructions and there is no specified soaking time, however instruments stay in the Organisol for 5-10 minutes before being manually cleaned using additional Organisol and water. By 10/15/15, the Infection Control Plan will be updated to include the procedure for keeping wet by soaking in Organisol (or other detergent) prior to cleaning and sterilization.	

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S 6701	Continued from page 8 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) Observation on August 20, 2015, of the facility's lab refrigerator / freezer, for storing control tests, revealed the refrigerator / freezer had a build up of ice within the refrigerator. Interview on August 20, 2015, at 9:15 AM, with EMP1 confirmed that the lab refrigerator / freezer had a build up of ice within the refrigerator / freezer. 2) Observation on August 20, 2015, of the area, where the patients height and weight are obtained, revealed a patient bench. The cushion of the bench had multiple darkened stains. Interview on August 20, 2015, at 9:20 AM, with EMP1 confirmed the bench had multiple darkened stains.	S 6701		

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S 6701	Continued from page 9 3) 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 20, 2015, of the facility's procedure room revealed an opened bottle of MetriCide OPA Plus Test Strips. A request was made to EMP1 on August 20, 2015, at 9:25 AM for evidence of a positive and negative control test that was 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 positive and negative control test had not	S 6701		

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S 6701	Continued from page 10 been conducted on the observed opened Metricide OPA Test Strips. 4) Observation on August 20, 2015, of the facility's procedure room, where local procedures are conducted, revealed 20 Gauze Sponges packets stored underneath the sink. Interview on August 20, 2015, at 10:00 AM, with EMP1 confirmed the above mentioned Gauze Sponges packets were stored underneath the sink. 5) 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 20, 2015, of the facility's sterile processing room revealed six sterilized wraps	S 6701		

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S 6701	Continued from page 11 and five sterilized pouches. The sterilized wraps and pouches were observed with wet stains. Interview on August 20, 2015, at 10:15 AM, with EMP1 confirmed there were wet stains on each of the sterilized wraps and pouches. 6) Review of the facility's "Infection Control Plan," dated August 1, 2015, revealed " ... Steam Sterilization ... Clean instruments are packaged in kits using disposable sterilization wraps, sterilizer tape and a chemical indicator of sterilization. Instruments in trays must have adequate space between them and are used for the same procedure. Instruments in small pack should be in the open, unlocked position with adequate space. ... " Observation on August 20, 2015, of the facility's sterile processing room revealed an unwrapped metal container with a lid. It was noted that the metal container had been sterilized with the lid on. A request was made to EMP1, on August 20,	S 6701		

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S 6701	Continued from page 12 2015, at 10:30 AM, for a facility policy regarding the sterilization of the metal containers. None was provided. 7) Review of the facility's "Infection Control Plan," dated August 1, 2015, revealed " ... Carpeted Areas ... Shall be vacuumed regularly and when noticeably soiled; after each clinical day is ideal. ... " Observation on August 20, 2015, of the facility's recovery area revealed multiple darkened stained areas on the carpeted floor. Interview on August 20, 2015, at 11:00 AM, with EMP1 confirmed the recovery area's carpeted floor had multiple darkened stained areas. 8) Observation on August 20, 2015, of the soiled decontamination room revealed a water filled basin mixed with "AprilGuard Powdered Organisol Detergent." EMP2 was observed placing used surgical instruments in the basin. A request was made to EMP1, on August 20,	S 6701		

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S 6701	Continued from page 13 2015, at 11:15 AM, for a facility policy based on evidence based guidelines or manufacturer recommendations regarding the length of time that the instruments are required to soak in order to effectively dissolve, suspend and digest contaminants. EMP1 did not provide a facility policy on the amount of time the surgical instruments are to soak in the basin.	S 6701		

Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701

SURVEY EXIT DATE: 08/20/2015

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