

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>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 11/16/2011
--	---	---	--

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 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
M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an initial registration survey conducted on November 16, 2011, at Planned Parenthood of South Eastern Pa- Locust Street Philadelphia. 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.</p>	M 0000		
M 9999		M 9999		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 11/16/2011
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107		
STATE LICENSE NUMBER: 00238701				
(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
M 9999	Continued from page 1 No POC Required Recommendation This REGULATION is not met as evidenced by:	M 9999	POC is optional and not required. Bags of .9% Sodium Chloride are now dated. They were never placed in the heating cabinet more than a week in advance of scheduled need, but now that is verifiable. A temperature log for the freezer was put into practice the day after the visit and is regularly maintained and monitored. The Director of Facilities is securing platforms and shelving so that nothing is stored directly on the floor in the Biohazard, Storage or Recovery Rooms. Staff have been reminded of how to properly respond to a sharps container spill. All sharps containers have been mounted on the wall, which should also prevent further spills.	Completion Date: 12/22/2011 Status: APPROVED Date: 02/07/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 11/16/2011
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107		
STATE LICENSE NUMBER: 00238701				
(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
M 9999	Continued from page 2 A tour of the facility on November 16, 2011 resulted in the following recommendations. Submission of a plan of correction is encouraged, but not required. Findings: Ultrasound Room - A heating cabinet contained two 1000 ml bags of .9% Sodium Chloride used for intravenous use. The bags were not labeled with dates and it could not be determined how long they were in the warmer. The current temperature of the heating cabinet was 100%. Cleaning Room - Temperature logs were not maintained for the freezer. Biohazard Room - Several cardboard biohazard boxes were stored directly on the floor. There were containers of used needles on the floor with the needles spilled and scattered on the floor. Storage Room - The following items were stored	M 9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 11/16/2011
--	---	---	--

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 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
--------------------	--	---------------	--	--------------------

M 9999	Continued from page 3 directly on the floor: One carton of toilet paper, one carton of 1000 ml. bags of Ringers Lactate IV solution, two cartons of paper cups, four cartons of latex gloves and one carton of exam table rolls. Recovery Room - A container of used needles was stored directly on the floor.	M 9999		
--------	--	--------	--	--



Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701

SURVEY EXIT DATE: 11/16/2011

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*



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY