

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: 05/01/2013
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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
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S 0000	INITIAL COMMENT This report is the result of an unannounced revisit survey conducted on May 1, 2013, following an unannounced revisit on December 3, 2012, following an unannounced onsite pre-licensure survey completed on June 5, 2012, at Planned Parenthood Southeastern PA (PPSP)- Locust Street. It was determined that the facility was in substantial 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 6126		S 6126		

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

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S 6126	Continued from page 1 561.13 Storage 561.13 Storage The area in the ASF where drugs are stored shall be periodically checked by a responsible pharmacist or practitioner and proper logs maintained. This REGULATION is not met as evidenced by:	S 6126	Our registered nurses and nurse anesthetists will continue to maintain the drug inventory and signed the drug logs. The areas in the ASF where drugs are stored shall be checked at least once a month by a PPSP physician starting no later than June 1, 2013. All outstanding ASF drug logs will be reviewed by PPSP's Medical Director and signed off by June 1, 2013. PPSP Surgical Locust Street Center Manager is responsible for the ongoing compliance of this regulation at this location.	Completion Date: 05/21/2013 Status: APPROVED Date: 05/29/2013

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S 6126	Continued from page 2 Based on a review of facility documents, observation, and interview with staff (EMP), it was determined the facility failed to ensure the area where drugs were stored was periodically checked by a pharmacist or practitioner. Findings include: Review of facility policy "Periodic Provider Drug Checks," last updated April 2013, revealed " ... The area in the ASF where drugs are stored shall be periodically checked by a responsible pharmacist or practitioner and proper logs maintained. At Surgical Locust and Surgical West Chester, the area in the ASF where drugs are stored will be checked at least once a month by PPSP's Medical Director (and/or Physician provider). The Center Manager (ASF person-in-charge) is responsible for ongoing compliance. ... " Observation on May 1, 2013, of the facility's crash cart revealed the following medications: Calcium Chloride, Adenosine, Albuterol, Amiodarone,	S 6126		

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S 6126	Continued from page 3 Amoxicillin, Atropine, Benadryl, Brevibloc, Dextrose Injection, Dextrose 5% in water, Diazepam, Dopamine, Ephedrine, Epinephrine, Flumenazil, Furosemide, Glycopyrrolate, Ketorolac, Labetalol, Lactated Ringer's, Lidocaine, Magnesium Sulfate, Methergine Ampoule, Narcan, Ondansetron, Pitocin, Solucortef, Solumedrol, Anectine, Vasopressin, and Verapamil, Interview conducted on May 1, 2013, at 12:00 PM with EMP1 confirmed that the above area where drugs were stored had not been checked periodically by a responsible pharmacist or practitioner or proper logs maintained. 28 PA Code 561.13 Storage Continuing deficiency 6/5/2012 and 12/03/2012	S 6126		
S 6747		S 6747		

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S 6747	Continued from page 4 567.43 Ventilation System The ventilation system shall be inspected and maintained in accordance with the written maintenance schedule to ensure that a properly conditioned air supply meeting minimum filtration, humidity and temperature requirements is provided in critical areas such as the surgical and recovery suites under Chapter 571 (relating to construction standards). This REGULATION is not met as evidenced by:	S 6747	PPSP's Recovery Room Temperature & Humidity Log was revised 5/1/13 to reflect the 2010 Facility Guidelines and the log mandates that the Recovery Room temperature must be between 70 – 75 degrees Fahrenheit. PPSP's Surgical Locust Street Center Manager is responsible for the ongoing compliance of this regulation. The Center Manager checks documented readings weekly on the log and the Lab Auditor audits the readings on the log every quarter.	Completion Date: 05/20/2013 Status: APPROVED Date: 05/29/2013

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S 6747	Continued from page 5 Based on a review of facility documents, and interview with staff (EMP), it was determined the facility failed to maintain temperatures in accordance with established guidelines in the Recovery Area. Findings include: Review of facility policy "Inspection, Maintenance and Monitoring of Ventilation System," last updated January 2013, revealed " The ventilation system shall be inspected, maintained, set and monitored in accordance with federal, state and local regulations ... A log will be maintained in the recovery room and temperature and humidity will be logged daily ... " Review of the 2010 edition of Guidelines For Design and Construction of Health Care Facilities (Facility Guidelines) revealed " ... Table 7-1 Design Parameters ... Function of Space ... Recovery Room ... Design Temperature ... 70 - 75 [degrees Fahrenheit] ... " 1) Review on May 1, 2013 of facility log " Room	S 6747		

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S 6747	Continued from page 6 Temperature & Humidity Log ... Recovery Room," revealed " ... Temperature must be between 65 [degrees] to 78 [degrees Fahrenheit] ... " Interview on May 1, 2013, with EMP1 confirmed that the 2010 Facility Guidelines requirements for Design Temperature are 70 - 75 degrees Fahrenheit for a recovery area and the facility allowable Temperature parameters are 65 - 78 degrees Fahrenheit. 2) Review on May 1, 2013 of the facility's "Room Temperature & Humidity Log ... Recovery Room," for the following days revealed the following temperature recordings: January 4, 2013, the temperature was recorded as 69 degrees F; January 12, 2013, the temperature was recorded as 68 degrees F; January 19, 2013, the temperature was recorded as 69 degrees F; January 24, 2013, the temperature was recorded as 66 degrees F; and April 24, 2013, the temperature was recorded as 67 degrees F.	S 6747		

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S 6747	Continued from page 7 An interview conducted on May 1, 2013, at 12:05 PM with EMP1 confirmed the above temperature recordings were outside of the allowable design temperatures range as listed in the 2010 Facility Guidelines. 28 PA Code 567.43 Ventilation System Continuing deficiency 6/5/2012 and 12/3/2012	S 6747		
S 7100	571.1 CHAPTER 571 - Construction Standards 571.1 Minimum Standards 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	S 7100	Remaining penetrations into the vertical mechanical shaft found at the basement and second floor levels found during the 2/19/13 inspection by DIS were sealed using UL-listed fire stop materials/systems before March 31, 2013.	Completion Date: 05/21/2013 Status: APPROVED Date: 05/29/2013

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S 7100	Continued from page 8 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: The facility remains out of compliance with Life Safety and Fire Safety Minimum Standards which are described in detail in the Division of Life Safety survey report dated December 11, 2012, and February 19, 2013.	S 7100		



Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701

SURVEY EXIT DATE: 05/01/2013

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