COF

New Jersey Department of Health
Health Facility Survey & Field Operations

SURVEY & CERTIFICATION APPROVAL REPORT

TO:	☐ J. Brown	☐ F. Harris	☒ (	DATE: 9/28/2018
THROUGH:	Susan Kelley, Director			
9/28/18	Louise Steska, Program Manager, Acute Care			
HFS&FO RECOMMENDATION:	☒ Approval	☐ Denial	☐ Initial License	☐ Amended License

Name of Applicant **Cherry Hill Women's Center**	CN or Reference Number **22445**
Applicant Address **502 Kings HWY, North** **Cherry Hill, NJ 08002**	Work Site Address **Surgical Suite**
Contact Person **Jenifer Groves, MEd, MBA**	Contact Title **Regional Executive Director**
Contact Email Address **jgroves@thewomanscenters.com**	Telephone Number **(856) 834-0100**

Visit Conducted by **E. DeCicco**	Date of Visit **9/26/2018**	Date of Revisit Select date.

Description
New heating and air conditioning system installed throughout the surgical suite.

Waiver Requested	☐ YES ☒ NO	☐ Approved ☐ Disapproved	**WAIVER No.: N/A DATE ISSUED:** Select date.

This is an approval visit for **Cherry Hill Women's Center** *(Name of Facility)*

providing **ambulatory surgical services** *(Services)*

Area of Approval / Findings
New heating and air conditioning system (HVAC) for the surgical suite including the relocation of heating and cooling units from the basement to the roof.

DCA Approved Plans	☒ YES ☐ NO **EXPLAIN: 5013-18**
Staffing Reviewed and Adequate	☐ YES ☒ NO **EXPLAIN: No new staff.**

Certificate of Occupancy **TOWNSHIP: Cherry Hill Township DATE ISSUED: 9/24/2018**	Temporary Certificate of Occupancy **TOWNSHIP:** **DATE ISSUED:** Select date. **EXPIRES:** Select date.

Policies and Procedures ☒ **Reviewed and adequate for services provided.** ☐ **Not applicable for this approval survey.**

Deficiencies
Due to excessive humidity levels throughout the facility (Sterile Processing Room – 86%, OR #1 - 76%, OR #2 - 78%) monitoring was put in place. Portable dehumidifiers were put in place to reduce the humidity. Portable dehumidifiers were removed on 9/27/18 at 6:00 AM. Results of this monitoring was provided to HFS&FO for the past 24 hours and the building's HVAC is maintaining humidity within an acceptable range. Monitoring results are attached.

Other

New Jersey Department of Health
Health Facility Survey & Field Operations

HEALTH CARE FACILITY APPROVAL REPORT (Continued)

Signature of Surveyor	Surveyor Recommendation ☒ Approval ☐ Denial
Supervisor of Inspections ☐ D. Gorski-Galla ☒ L. Kiernan ☐ A. Sousa	☒ Check if additional sheets are attached.

CHERRY HILL TOWNSHIP
820 Mercer Street, Room 205
Cherry Hill, NJ 08002

COPY

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 9/24/2018
Control Number 106595
Permit Number 20181513
Permit Issue Date 6/7/2018
Certificate Number 20181513

Identification

Block: 286.18 Lot: 12 Qual:

Work Site Location: 502 KINGS HWY N CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: CHERRY HILL WOMEN'S CENTER

Owner Address: 502 KINGS HWY N CHERRY HILL NJ 08002

Telephone: (856) 667-5910

Contractor HUTCHINSON

Address 621 CHAPEL AVENUE CHERRY HILL NJ 08002

Telephone: (856) 429-5007 Fax: (856) 795-1995

License Number or Builders Registration Number: 34EI01325500
36BI00504100
19HC0022700

Federal Emp. Number: 223766253

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: TYPE VB Use Group: B

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
REPLACE RTUs - 4 UNITS - THE WOMEN'S CENTER
(LESS 20% DCA PLAN REVIEW)

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

U.C.C. F260 (rev. 08/05)

Fee: $0.00

Check Number:

Collected By:

Date Printed: 9/24/2018

Cherry Hill Women's Center

Plan of Correction

Objectives: Monitor humidity levels to ensure acceptable range

Terminal cleaning of any areas that may have been impacted

1. Due to HVAC upgrades, the humidity levels have been out of range. Per the Joint Commission, alongside AAMI, the acceptable humidity range of the sterile corridor and operating suites is between 30-60%. Per the CDC, the acceptable temperature range is between 68-73 degrees F.

Action plan:

We got de-humidifiers. We created a log to track the temperature and humidity in the sterile corridor to ensure that the climate is getting to and staying within an acceptable range. The data collection includes DicksonOne Temperature/Humidity Wall monitors as well as wall thermometers, both of which are inspected and calibrated yearly. Once the data stays within the acceptable temperature/humidity ranges for 12 consecutive hours, we will consider the system to be functioning properly, without any additional support (i.e. de-humidifier).

Because the Sterile Corridor registered data that was outside of the acceptable temperature/humidity ranges, the area needs to be thoroughly cleaned/sanitized to ensure a workspace that supports good infection control programming. First, the de-humidifiers will be removed from the premises, and then all surfaces in these spaces will be terminally cleaned.

COPY

COPY

State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 367
TRENTON, N.J. 08625-0360

www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SHEREEF M. ELNAHAL, MD, MBA
Commissioner

October 9, 2018

Jenifer Groves
Regional Executive Director
Cherry Hill Women's Center
502 Kings Highway North
Cherry Hill, NJ 08034

Dear Ms. Groves:

Thank you for the courtesy and cooperation extended during the Approval Survey conducted September 26, 2018 by surveyors from the New Jersey Department of Health.

Enclosed is a copy of them State Deficiency Form indicating that no deficiencies were found during the survey. Please sign the first page of the State Deficiency Form and return the original copy to my attention. It is important to return the form promptly to this office.

If you have questions concerning this letter, please do not hesitate to contact me at (609) 292-9900.

Sincerely,

Eric DeCicco
Surveyor Physical Plant/Life Safety
Survey and Certification

Encl.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	22445	A. BUILDING: _____ B. WING _____	09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY HILL WOMENS CENTER	502 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034

(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 DEFICIENCY)	(X5) COMPLETE DATE
A 000	INITIAL COMMENTS This was an Approval Survey conducted on 9/26/18 for the installation of a new heating and air conditioning system. The facility is in compliance with N.J.A.C. Title 8 Chapter 43A-Standards for Licensure of Ambulatory Care Facilities for this Approval Survey only.	A 000		

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

CHERRY HILL WOMEN'S CENTER
TEMPERATURE/HUMIDITY LOG – STERILIZATION

TEMPERATURE NORMAL RANGE: 68°F - 73°F
HUMIDITY NORMAL RANGE: 30% - 60%
Please report any abnormal findings to the supervisor

DATE: 9/27/18

TIME	TEMP	HUMIDITY %	INITIALS	NOTES
6:30 A	68°	49%	OT	reading @ opening
9:30 A	69°	51%	OT	2 people in rm
11:30 A	68°	51%	OT	temp check
2:30pm	70°	52%	DH	Autoclaves A+B running

Cherry Hill Women's Center

Temperature/Humidity Log – OR 1

Temperature Normal Range: 68°F - 73°F
Humidity Normal Range: 30% - 60%
(Please report any abnormal findings to your supervisor)

DATE: 9/27/18

TIME	TEMPERATURE	HUMIDITY %	INITIALS	NOTES
10:40am	68.2	52.2%	KB	Readings at opening
9:30am	72.2	46.6%	KB	Temp check Ø activity
11:30am	71.8	50.4%	KB	Temp check Ø activity
2:32pm	71.3	53.9%	[illegible]	no activity in room, 2 staff

COPY

Cherry Hill Women's Center

Temperature/Humidity Log – Decontamination

Temperature Normal Range: 60°F - 65°F

Humidity Normal Range: 30% - 60%

(Please report any abnormal findings to your supervisor)

DATE: 9/27/18

TIME	TEMPERATURE	HUMIDITY %	INITIALS	NOTES
6:30A	64°	48%	OT	reading @ opening
9:30A	64°	49%	OT	3 people in room
11:30A	65°	50%	OT	temp check
2:30pm	63°	50%	[illegible]	no activity

COPY

CHERRY HILL WOMEN'S CENTER
TEMPERATURE/HUMIDITY LOG - PACU

TEMPERATURE NORMAL RANGE: 68°F - 73°F
HUMIDITY NORMAL RANGE: 30% - 60%
Please report any abnormal findings to the supervisor

DATE 9/27/18

TIME	TEMP	HUMIDITY %	INITIALS	NOTES
6:30am	70°F	52%	ym	readings at opening
9:30am	71°F	51%	ym	8 staff members in room
11:30am	72°F	52%	ym	6 staff members in room
2:33pm	71°F	52%	ym	temp check

COPY

Cherry Hill Women's Center

Temperature/Humidity Log – OR 2

Temperature Normal Range: 68°F - 73°F

Humidity Normal Range: 30% - 60%

(Please report any abnormal findings to your supervisor)

DATE: 9/27/18

TIME	TEMPERATURE	HUMIDITY %	INITIALS	NOTES
6:30 am	68.7°F	49.9%	Dm	readings at opening
9:30 am	71.8°F	46.1%	Dm	no activity in room
11:30 am	69.6°F	54.6%	Dm	temp. check
2:30pm	68.2°F	55.1%	Dm	no activity in room, 2 staff

COPY

CHERRY HILL WOMEN'S CENTER

Biological Testing Record

Month: Sept 2018

BI= Biological Test ***CV= Control Vial***

DATE	Ster.#	Load#	BI Lot#	Time BI put in Inc.	Date BI Removed	Time BI Removed	BI Result	Control Vial Lot#	Date CV in Inc.	Time CV in Inc.	Date CV Removed	CV Results	Tech Initials	COMMENTS
9/25	H	1	675 exp 5/20	9:00A	9/26	9:00A	—	675 exp 5/20	9/25	9:00A	9/26	+	MCJ	—
9/25	B	1	675 exp 5/20	9:00A	9/26	9:00A	—	675 exp 5/20	9/25	9:00A	9/26	+	MCJ	—
9/25	C	1	675 exp 5/20	9:00A	9/26	9:00A	—	675 exp 5/20	9/25	9:00A	9/26	+	MCJ	—
9/26	A	1	675 exp 5/20	8:00A	9			675 exp 5/20	9/26					
9/26	B	1	675 exp 5/20	8:00A				675 exp 5/20	9/26					
9/26	C	1	675 exp 5/20	8:00A				675 exp 5/20	9/26					

COPY

Cherry Hill Women's Center

Temperature/Humidity Log – OR 1

Temperature Normal Range: 68°F - 73°F
Humidity Normal Range: 30% - 60%
(Please report any abnormal findings to your supervisor)

DATE: 9/28/18

TIME	TEMPERATURE	HUMIDITY %	INITIALS	NOTES
10:36am	71.1°F	50.2%	[illegible]	readings at opening
9:39am	70.7°F	50.2%	[illegible]	Ø activity in room

Cherry Hill Women's Center

Temperature/Humidity Log – OR 2

Temperature Normal Range: 68°F - 73°F
Humidity Normal Range: 30% - 60%
(Please report any abnormal findings to your supervisor)

DATE: 9/28/18

TIME	TEMPERATURE	HUMIDITY %	INITIALS	NOTES
6:35 am	70.2°F	59.9%	Den	readings at opening
9:35 am	71.1°F	47.7%	Den	Ø activity in room

COPY

Cherry Hill Women's Center

Temperature/Humidity Log – Decontamination

Temperature Normal Range: 60°F - 65°F
Humidity Normal Range: 30% - 60%
(Please report any abnormal findings to your supervisor)

DATE: 9/28/18

TIME	TEMPERATURE	HUMIDITY %	INITIALS	NOTES
10:32am	64°F	53%	Dg	readings at opening
9:37am	65°F	54%	Dg	no activity in room

COPY

CHERRY HILL WOMEN'S CENTER
TEMPERATURE/HUMIDITY LOG - PACU

TEMPERATURE NORMAL RANGE: 68°F - 73°F
HUMIDITY NORMAL RANGE: 30% - 60%
Please report any abnormal findings to the supervisor

DATE 9/28/18

TIME	TEMP	HUMIDITY %	INITIALS	NOTES
6:37am	71°F	50%	DB	readings at opening
9:40am	71°F	51%	DB	3 staff in room

CHERRY HILL WOMEN'S CENTER
TEMPERATURE/HUMIDITY LOG – STERILIZATION

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HUMIDITY NORMAL RANGE: 30% - 60%
Please report any abnormal findings to the supervisor

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Cherry Hill Women's Center

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Because the Sterile Corridor registered data that was outside of the acceptable temperature/humidity ranges, the area needs to be thoroughly cleaned/sanitized to ensure a workspace that supports good infection control programming. First, the de-humidifiers will be removed from the premises, and then all surfaces in these spaces will be terminally cleaned.

CHERRY HILL WOMEN'S CENTER
INFECTION PREVENTION AND CONTROL PROGRAM
REVISED 4/2018

The Infection Control Program includes ongoing surveillance, investigation, prevention, and control of infections and communicable diseases while adhering to safe practices for patients, employees, medical staff, and all other visitors. In addition, as a result of consideration and selection by Cherry Hill Women's Center's Infection Control Committee, the Infection Control and Prevention Program in this facility has been designed and implemented according to CDC (Centers for Disease Control and Prevention) guidelines, a major component of the Department of Health and Human Services. The facility also follows OSHA and AAMI guidelines. The goal is to identify and minimize the risks of acquiring and transmitting infections and communicable diseases among patients, employees, physicians and other licensed independent practitioners, contract workers, volunteers, students, and visitors. The Program is based on current scientific knowledge, accepted practice guidelines, and applicable law and regulation.

Key Functions of Plan:

- Providing a safe environment for all patients, including adequate safeguards to protect the patient from cross-infection by ensuring the provision of adequate space, equipment, supplies and personnel.
- Prevent, identify, minimize and manage infections and communicable diseases.
- Immediate implementation of corrective action and preventive measures that result in performance improvements.
- Development and implementation of infection control activities related to all CHWC personnel including but not limited to: medical staff, employees, any on-site contract workers (i.e. housekeepers, etc.) and others.
- Mitigation of risks associated with healthcare-associated infections (HAI's, which are the same as nosocomial infections evidenced by education and active surveillance).
- Monitoring compliance with all policies, procedures, protocols and other infection control program requirements
- Program evaluation and revision of the program by the Governing Body (annually and as indicated)
- Coordination as required by law with federal, state and local emergency preparedness and health authorities to address communicable and infectious disease threats and outbreaks
- Compliance with reportable disease requirements of the local, state and federal health authorities.

Structure of Infection Control Plan:
The Infection Control Program, which is governed by the facility's Quality Improvement Committee, Governing Body, and pertinent State and Local regulations, is responsible for

providing a plan of action for preventing, identifying and managing infections and communicable diseases as well as immediate implementation of corrective and preventive measures that result in improvement. This Program remains to be an integral part of the facility's quality assessment and performance improvement plan.

Infection Control Officer (Infection Preventionist):
The Infection Control Officer (Infection Preventionist), a designated, qualified healthcare professional who has training and current competence in infection control) is in charge of information gathering, coordination of the program, and education of the staff.

PROCEDURE:

I. Scope of Responsibility:
   - A. Written policies and procedures will be maintained defining all Program elements and infection control precautions required.
   - B. Written department-specific policies and procedures will be developed and implemented by department managers describing the departmental role in infection prevention and control activities. This shall be reviewed at least annually and revised as necessary.
   - C. Adherence to professionally accepted standards of practice, manufacturer recommendations, state and federal regulations including but not limited to: cleaning, disinfection and sterilization of instruments, equipment, supplies and implants.
   - D. Maintenance of a functional and sanitary environment for the provision of services.
   - E. Identifying infections
   - F. Mitigation of risks associated with patient infections present upon admission
   - G. A Sharps Injury prevention program shall be implemented and maintained.
   - H. Development of specific policies pertaining to housekeeping for patient care areas.
   - I. Ensuring that a process has been established for the isolation or immediate transfer of patients with communicable disease.
   - J. A safe environment for treating patients shall be provided with the implementation of safeguards to protect the patient from supplies and personnel for the provision of patient care.
   - K. A surveillance plan will be in place to monitor facility infections for unusual epidemics, clusters of infections, those due to unusual pathogens and any nosocomial infection rate that exceeds the usual baseline levels.
   - L. Active surveillance shall also be used to assess hand hygiene, safe injection practices and precautions used to minimize communicable disease exposure involving patients, employees, medical staff and others; ongoing education based on identified needs shall be provided.
   - M. Definitions will be provided for surgical site infections and other nosocomial infections* for surveillance purposes to provide for uniform identification and reporting of infections.

N. A Performance Improvement Plan for trending and tracking of pertinent data will be in place with recommendations and actions providing for re-evaluation after initiation of actions.

O. All Infection Control Program policies and procedures will be reviewed and evaluated at least annually by the Infection Control professional and revised as necessary to reflect new or modified tasks, procedures or regulations.

P. The facility will provide for necessary laboratory support, supplies/equipment to accomplish goals and policies/procedures of the Program.

Q. Appropriate education will be provided to all new employees and to all employees on an annual (and as needed basis). This education will include their role in the ICP, prevention and control activities; including, but not limited to, hand hygiene,, adherence to bloodborne pathogens standard and exposure control plan, evaluation of safer medical devices and tuberculosis.

R. The Exposure Control Plan shall remain in compliance with the OSHA Bloodborne Pathogen standard and shall be evaluated by the Governing Body on a yearly basis.

(*Infections that are a result of treatment in a hospital or other type of healthcare service provider. Infections are considered nosocomial if they first appear 48 hours or more after hospital or other type of healthcare facility admission or within 30 days after discharge. This type of infection is also known as a hospital-acquired infection or, in generic terms, healthcare-associated infection).

- All Nosocomial Infections shall be considered an occurrence and followed up through the established Infection Control Program process.

- The Medical Director shall be kept informed of all Nosocomial Infections.

- Corresponding, pertinent information shall be reported to the Patient Care Committee, Quality Improvement Committee and forwarded to the Governing Body for final review and follow-up discussions as needed.

II. Infection Control Reporting Procedures:

A. The Infection Control Program will consist of the Medical Director or designee, the Infection Control Officer, and representatives or persons available on, at least, a consulting basis, as needed, from various areas of the facility.. A physician shall be involved on a current and ongoing basis to assure the effectiveness of the Program.

B. The Infection Control Officer will provide at least quarterly, compiled nosocomial infection reports, including employee health reports and other pertinent facility issues; reports will include conclusions, recommendations and actions.

C. The Infection Control Officer will delegate actions of preventative and corrective programs or policies to minimize the spread of infection including education, interventions and studies.

D. The Infection Control Officer will review, revise and enforce infection control policies and procedures for all service areas.

E. The Infection Control Officer will monitor and provide advice concerning the employee health activities in the facility.

F. The Infection Control Officer will provide reports including conclusions, recommendations and actions to the medical staff through the Medical Director (where applicable), and Administrator, and finally to the Governing Body. This information will be made available as appropriate.

G. The Infection Control Officer has the authority, through the Infection Control Committee, to carry out the above functions and institute any appropriate control measures or studies when there is reasonably considerable danger to any patient or persons.

H. The Infection Control Officer will support and participate in the current facility performance improvement plans and activities.

III. Education:

A. A coordinated education plan will be in place regarding infection control in accordance with applicable State and Federal guidelines, as well as facility needs determined by the patient population, high risk, high volume events, new policies and procedures, and as deemed necessary by the Infection Control Officer.

IV. Orientation of employees will include at least:

A. Infection Control Program overview and role of employee in Program
B. Hand Hygiene practices
C. OSHA/Bloodborne Pathogens and Exposure Control Plan
D. Hazardous Communication
E. Tuberculosis Exposure Control Plan
F. Employee Health
G. Area-specific Infection Control Education by the corresponding Manager
H. Bio-Medical Waste Management
I. Review Risk Management Plan
J. Review Safety Plan

V. Annual education will include at least:

A. Hand Hygiene
B. OSHA/Bloodborne Pathogens (including Exposure Control Plan)
C. Review of Infection Control Plan
D. Review Risk Management Plan
E. Review of Safety Plan
F. Evaluation of Safer Medical Devices

G. Tuberculosis
H. Bio-Medical Waste management update

VI. Risk Reduction:

A. Annually (and as needed) the Infection Control Professional will conduct a risk assessment. This assessment will include but is not limited to:
   1. Communicable disease exposures
   2. Blood /body fluids exposures patient
   3. Blood/body fluids exposures staff
   4. Epidemic related to infections
   5. Isolation precautions
   6. Antibiotic resistant organisms of epidemiological significance
   7. Targeted surgical site infections
   8. Construction hazards
   9. Environmental rounds
   10. Hand Hygiene monitoring

B. This facility shall also utilize an Infection Control Surveyor Worksheet along with additional tools for self-assessment of various corresponding areas.

C. Reporting: The results of the above Risk Assessment and Infection Control Surveyor Worksheet shall be reported to the appropriate quality and medical leadership committees as well as the Governing Body for final review, discussion and determination of needed follow-up actions.

BUTLER BALANCING CO. INC.

AABC Certified Testing & Balancin

DATE: 9/18 PAGE: ____

UNIT PROFILE

SYSTEM = RTU-4 LOCATION = Roof MODEL = 48HCEB07A2A5A6F0A0

MANUFACTURER = Carrier SERIAL = 3318P81111

STATIC PROFILE

	STATIC	APPARATUS
FILTER SP IN =	-0.41"	filter
COIL SP IN =		DX Coil
COIL SP IN =		
COIL SP IN =		
FAN SUCTION SP =	-0.69"	
FAN DISCHARGE IN SP =	+0.77"	Gas Heat
COIL SP OUT =		

29.5

CFM ANALYSIS	DESIGN	ACTUAL
SUPPLY FAN TRAVERSE =	2400	Not Duct Conn
TERMINAL =	2350	2314
RETURN TERMINAL =	1605	1302
OUTSIDE AIR =	865	868
RELIEF AIR=	0	—
DRIVE PACKAGE		
FAN PULLEY PD =	----------	8.5"
FAN SHAFT DIAMETER =	----------	1"
FAN RPM =	None	897
MOTOR FULL PITCH =	----------	4.75
FINAL MOTOR PITCH =	----------	4.25"
MOTOR SHAFT DIAM =	----------	0.875"
MOTOR RPM =	1725	1768
DIRECT DRIVE FINAL SPEED=	----------	—
FILTER DATA		
NUMBER OF FILTERS =	----------	2
SIZE =	----------	16x25x2
CONDITION OF FILTERS =	----------	Clean

SUPPLY FAN	DESIGN	ACTUAL
VOLTAGE =	208-230	210-211-21
AMPERAGE =	8.8-9.6	5.4-5.6-5.8
SERVICE FACTOR =	----------	1.15
FRAME NUMBER =	----------	56HZ
MOTOR MANUFACTURER =	----------	Marathon
PRINT DESIGN HP =	1.05	—
MOTOR TAG HP =	----------	JJL
APPROXIMATE BHP=	----------	N/A
FINAL HZ SET PT.=	----------	—
FINAL SP SET PT.=	----------	—
MIN. SP SET PT.=	----------	—
BELT INFORMATION		
BELT SIZE =	----------	AX57
BELT QTY =	----------	1
CENTERLINE =	----------	17.625"
CARRIAGE ADJ. =	----------	+1.50"-1.0
IDLER PULLEY YES / NO	----------	N/C

TEMPERATURES	DRY BULB	WET BULB
OUTSIDE AIR =	78.6	48.1
MIXED AIR =	69.8	—
RETURN AIR =	68.6	64.0
SUPPLY AIR =	57.9	52.1

BUTLER BALANCING CO. INC.

AABC Certified Testing & Balancing

DATE: 3/18 PAGE: ____

UNIT PROFILE

SYSTEM = RTU-1 LOCATION = Roof MODEL = 48KCEB04A2A5A1F0A0

MANUFACTURER = Carrier SERIAL = 3318C89510

STATIC PROFILE

	STATIC	APPARATUS
FILTER SP IN =	-0.40"	Filters
COIL SP IN =		DX Coil
COIL SP IN =		
COIL SP IN =		
FAN SUCTION SP =	-0.161"	
FAN DISCHARGE IN SP =	+0.64"	Gas Heat
COIL SP OUT =		

CFM ANALYSIS	DESIGN	ACTUAL
SUPPLY FAN TRAVERSE =	1400	VA Duct Conf.
TERMINAL =	1250	1208
RETURN TERMINAL =	1125	938
OUTSIDE AIR =	225	208
RELIEF AIR=	—	—
DRIVE PACKAGE		
FAN PULLEY PD =	----------	4.25"
FAN SHAFT DIAMETER =	----------	0.6225"
FAN RPM =	None	1272
MOTOR FULL PITCH =	----------	3.125
FINAL MOTOR PITCH =	----------	3.125"
MOTOR SHAFT DIAM =	----------	0.625"
MOTOR RPM =	1725	1747
DIRECT DRIVE FINAL SPEED=	----------	—
FILTER DATA		
NUMBER OF FILTERS =	----------	7
SIZE =	----------	16x25x2
CONDITION OF FILTERS =	----------	Clean

	DESIGN	ACTUAL
SUPPLY FAN		
VOLTAGE =	208-230	211-211-210
AMPERAGE =	5.2-4.6	3.0-3.1-3.2
SERVICE FACTOR =	----------	1.15
FRAME NUMBER =	----------	56HZ
MOTOR MANUFACTURER =	----------	Marathon
PRINT DESIGN HP =	1.42	—
MOTOR TAG HP =	----------	N/L
APPROXIMATE BHP=	----------	N/A
FINAL HZ SET PT.=	----------	—
FINAL SP SET PT.=	----------	—
MIN. SP SET PT.=	----------	—
BELT INFORMATION		
BELT SIZE =	----------	A x 38
BELT QTY =	----------	1
CENTERLINE =	----------	14.125"
CARRIAGE ADJ. =	----------	+0.75"/-1.75"
IDLER PULLEY YES / NO	----------	No
TEMPERATURES	**DRY BULB**	**WET BULB**
OUTSIDE AIR =	71.0°F	61.2°F
MIXED AIR =	68.0°F	—
RETURN AIR =	67.5°F	60.2°F
SUPPLY AIR =	55.7°F	49.5°F

BUTLER BALANCING CO. INC.

AABC Certified Testing & Balancing

DATE: 9/18 PAGE: _____

TRAVERSE DATA SHEET

THIS PAGE WILL SHOW A CFM (CUBIC FEET PER MINUTE) MEASUREMENT AT A PRECISE POINT IN THE DUCT SYSTEM. THIS MEASUREMENT IS USED FOR DETERMINING CAPACITY FOR BRANCHES, MAINS OR THE ENTIRE SYSTEM. FROM THIS POINT A DETERMINATION CAN BE MADE FOR TOTAL AIR (CFM) AVAILABLE DOWN STREAM OF THE READING TO BE BALANCED. IT CAN ALSO BE USED FOR A COMPARISON TO DETERMINE IF DUCT LEAKAGE OR AIR LOSS IS OCCURRING.
THE MEASUREMENTS WILL BE EITHER BY PITOT TUBE INSERTIONS IN THE DUCT SYSTEM OR BY FACE VELOCITY READINGS AT FILTER BANKS, COIL FACES ETC.

THE AIR SYSTEM THAT IS ASSOCIATED WITH THIS TRAVERSE = RTU-1

THE MODE OF AIR BEING TRAVERSED = _____
supply, return, outside air, mixed, exhaust, relief

THE LOCATION OF THIS TRAVERSE = Roof (intake)

THE AREA OF THE BUILDING THAT THIS TRAVERSE SERVES = RTU-1

THE CFM DESIGN FOR THIS TRAVERSE POINT = 225

THE ACTUAL CFM (VELOCITY X FREE AREA) AT THE TRAVERSE = 208

THE SIZE OF THE O.E.D. AT THIS TRAVERSE POINT = 28 X 14.25

THE FREE AREA (LENGTH X WIDTH DIVIDED BY 144) = 2.77

THE AVERAGE FPM (VELOCITY) AT THE TRAVERSE POINT = 75

THE STATIC PRESSURE AT THE TRAVERSE POINT = -0.004"

THE AIR TEMPERATURE AT THE TRAVERSE POINT = 71.0°F

INSTRUMENT USED= Velgrid

93	99	94							
56	60	50							

452 ÷ 6 = 75

BUTLER BALANCING CO. INC.

AABC Certified Testing & Balancing

DATE: 9/18 PAGE: _____

AIR TERMINAL DATA SHEET

SYSTEM: RTU-1

TERMINAL NUMBER	TERMINAL SIZE	ROOM NAME	DESIGN AK	DESIGN FPM	DESIGN CFM	TEST CFM	FINAL CFM	FPM	NOTES
1	48" x 24"	ORI			250	165	235		
2	"	"			250	162	250		
3	"	"			250	188	246		
4	"	"			250	224	241		
5	"	"			250	229	236		
					1250	968	1208		
Return 1	1410	ORI			375	258	317		
2	"	"			375	246	315		
3	"	"			375	165	306		
					1125	669	938		

BUTLER BALANCING CO. INC.

AABC Certified Testing & Balancir

(10)

DATE: 9/18 PAGE: ____

UNIT PROFILE

SYSTEM = RTU-2 LOCATION = Roof MODEL = 48KLEF04A2A5AF0A0

MANUFACTURER = Carrier SERIAL= 3318C89511

STATIC PROFILE

	STATIC	APPARATUS
FILTER SP IN =	-0.30"	filters
COIL SP IN =		Dx Coil
COIL SP IN =		
COIL SP IN =		
FAN SUCTION SP =	-0.53"	
FAN DISCHARGE IN SP =	0.55"	Gas Heat
COIL SP OUT =		

CFM ANALYSIS	DESIGN	ACTUAL
SUPPLY FAN TRAVERSE =	1400	N/A Duct 6 ft
TERMINAL =	1250	1229
RETURN TERMINAL =	1125	957
OUTSIDE AIR =	225	211
RELIEF AIR=	—	—
DRIVE PACKAGE		
FAN PULLEY PD =	----------	4.25"
FAN SHAFT DIAMETER =	----------	0.625"
FAN RPM =	None	1114
MOTOR FULL PITCH =	----------	3.125"
FINAL MOTOR PITCH =	----------	2.75"
MOTOR SHAFT DIAM =	----------	0.625"
MOTOR RPM =	1725	1763
DIRECT DRIVE FINAL SPEED=	----------	
FILTER DATA		
NUMBER OF FILTERS =	----------	2
SIZE =	----------	16x25x2
CONDITION OF FILTERS =	----------	Clean

SUPPLY FAN	DESIGN	ACTUAL
VOLTAGE =	208-230	209-211-216
AMPERAGE =	5.2-4.6	2.5-2.6-2.7
SERVICE FACTOR =	----------	1.15
FRAME NUMBER =	----------	56HZ
MOTOR MANUFACTURER =	----------	Marathon
PRINT DESIGN HP =	1.42	—
MOTOR TAG HP =	----------	N/L
APPROXIMATE BHP=	----------	N/A
FINAL HZ SET PT.=	----------	—
FINAL SP SET PT.=	----------	—
MIN. SP SET PT.=	----------	—
BELT INFORMATION		
BELT SIZE =	----------	AX38
BELT QTY =	----------	1
CENTERLINE =	----------	14.3125
CARRIAGE ADJ. =	----------	1.5-3.25
IDLER PULLEY YES / NO	----------	NO
TEMPERATURES	**DRY BULB**	**WET BULB**
OUTSIDE AIR =	71.0°F	61.2°F
MIXED AIR =	68.1°F	—
RETURN AIR =	67.7°F	59.7°F
SUPPLY AIR =	55.3°F	49.4°F

BUTLER BALANCING CO. INC.

AABC Certified Testing & Balancing

DATE: 9/18 PAGE: _____

TRAVERSE DATA SHEET

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THE MEASUREMENTS WILL BE EITHER BY PITOT TUBE INSERTIONS IN THE DUCT SYSTEM OR BY FACE VELOCITY READINGS AT FILTER BANKS, COIL FACES ETC.

THE AIR SYSTEM THAT IS ASSOCIATED WITH THIS TRAVERSE = RTU-2

THE MODE OF AIR BEING TRAVERSED = _____
supply, return, outside air, mixed, exhaust, relief

THE LOCATION OF THIS TRAVERSE = Roof (intake)

THE AREA OF THE BUILDING THAT THIS TRAVERSE SERVES = RTU-2

THE CFM DESIGN FOR THIS TRAVERSE POINT = 225

THE ACTUAL CFM (VELOCITY X FREE AREA) AT THE TRAVERSE = 211

THE SIZE OF THE O.A.D. AT THIS TRAVERSE POINT = 28.0" x 14.25"

THE FREE AREA (LENGTH X WIDTH DIVIDED BY 144) = 2.77

THE AVERAGE FPM (VELOCITY) AT THE TRAVERSE POINT = 76

THE STATIC PRESSURE AT THE TRAVERSE POINT = -0.005"

THE AIR TEMPERATURE AT THE TRAVERSE POINT = 71.0°F

INSTRUMENT USED= Velgrid

101	93	97							
55	52	51							

453 ÷ 6 = 76 x 2.77

BUTLER BALANCING CO. INC.

AABC Certified Testing & Balancing

DATE: 9/18 PAGE: _____

AIR TERMINAL DATA SHEET

SYSTEM: RTU-2

TERMINAL NUMBER	TERMINAL SIZE	ROOM NAME	DESIGN AK	DESIGN FPM	DESIGN CFM	TEST CFM	FINAL CFM	FPM	NOTES
1	48"x24"	OR II			250	243	248		
2	"	"			250	215	238		
3	"	"			250	180	235		
4	"	"			250	265	248		
5	"	"			250	227	260		
					1250	1130	1229		
Return									
1	14x10	OR II			375	304	323		
2	"	"			375	233	316		
3	"	"			375	302	318		
					1125	839	957		

BUTLER BALANCING CO. INC.

AABC Certified Testing & Balancing

(1) DATE: 9/18 PAGE: ____

UNIT PROFILE

SYSTEM = RTU-3 LOCATION = Roof MODEL = 48KCEB06A2A5H5F0H0

MANUFACTURER = Carrier SERIAL = 3318C89518

STATIC PROFILE

	STATIC	APPARATUS
FILTER SP IN =	-0.32"	Filters
COIL SP IN =		DX Coil
COIL SP IN =		
COIL SP IN =		
FAN SUCTION SP =	-0.54"	
FAN DISCHARGE IN SP =	+0.46"	Gas Heat
COIL SP OUT =		

CFM ANALYSIS	DESIGN	ACTUAL
SUPPLY FAN TRAVERSE =	1200	NA Duct Offs
TERMINAL =	1330	1370
RETURN TERMINAL =	1100	955
OUTSIDE AIR =	300	318
RELIEF AIR=	—	—
DRIVE PACKAGE		
FAN PULLEY PD =	----------	4.25"
FAN SHAFT DIAMETER =	----------	0.625"
FAN RPM =	None	1125
MOTOR FULL PITCH =	----------	3.75
FINAL MOTOR PITCH =	----------	2.75
MOTOR SHAFT DIAM =	----------	0.875
MOTOR RPM =	1725	1774
DIRECT DRIVE FINAL SPEED=	----------	
FILTER DATA		
NUMBER OF FILTERS =	----------	4
SIZE =	----------	16x16x2
CONDITION OF FILTERS =	----------	Clean

	DESIGN	ACTUAL
SUPPLY FAN		
VOLTAGE =	208-230	210-209-210
AMPERAGE =	8.8-8.6	4.1-4.3-4.6
SERVICE FACTOR =	----------	1.15
FRAME NUMBER =	----------	Sc. HT.
MOTOR MANUFACTURER =	----------	Marathon
PRINT DESIGN HP =	2.72	—
MOTOR TAG HP =	----------	N/L
APPROXIMATE BHP=	----------	N/A
FINAL HZ SET PT.=	----------	—
FINAL SP SET PT.=	----------	—
MIN. SP SET PT.=	----------	—
BELT INFORMATION		
BELT SIZE =	----------	AX38
BELT QTY =	----------	1
CENTERLINE =	----------	14.5"
CARRIAGE ADJ. =	----------	+1.0" 1.625
IDLER PULLEY YES / NO	----------	
TEMPERATURES	**DRY BULB**	**WET BULB**
OUTSIDE AIR =	71.0°F	61.2°F
MIXED AIR =	67.1°F	—
RETURN AIR =	66.0°F	60.6°F
SUPPLY AIR =	57.5°F	51.8°F

BUTLER BALANCING CO. INC.

AABC Certified Testing & Balancing

DATE: 9/18 PAGE: ____

TRAVERSE DATA SHEET

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THE MEASUREMENTS WILL BE EITHER BY PITOT TUBE INSERTIONS IN THE DUCT SYSTEM OR BY FACE VELOCITY READINGS AT FILTER BANKS, COIL FACES ETC.

THE AIR SYSTEM THAT IS ASSOCIATED WITH THIS TRAVERSE = RTU-3

THE MODE OF AIR BEING TRAVERSED = (supply) return, outside air, mixed, exhaust, relief

THE LOCATION OF THIS TRAVERSE = Roof (Intake)

THE AREA OF THE BUILDING THAT THIS TRAVERSE SERVES = RTU-3

THE CFM DESIGN FOR THIS TRAVERSE POINT = 300

THE ACTUAL CFM (VELOCITY X FREE AREA) AT THE TRAVERSE = 318

THE SIZE OF THE D.E.D. AT THIS TRAVERSE POINT = 28.25 X 14

THE FREE AREA (LENGTH X WIDTH DIVIDED BY 144) = 2.74

THE AVERAGE FPM (VELOCITY) AT THE TRAVERSE POINT = 116

THE STATIC PRESSURE AT THE TRAVERSE POINT = -0.008"

THE AIR TEMPERATURE AT THE TRAVERSE POINT = 71.0°F

INSTRUMENT USED= Veldrel

134	131	126							
110	97	96							

694 ÷ 6 = 116

BUTLER BALANCING CO. INC.

AABC Certified Testing & Balancing

DATE: 9/18 PAGE: _____

AIR TERMINAL DATA SHEET

SYSTEM: RTU-3

TERMINAL NUMBER	TERMINAL SIZE	ROOM NAME	DESIGN AK	DESIGN FPM	DESIGN CFM	TEST CFM	FINAL CFM	FPM	NOTES
1	24x8	Recovery			185	208	186		
2	"	"			190	220	200		
3	"	"			185	235	195		
4	12x6	TLT.			45	117	98		
5	"	entrance			85	88	97		
6	"	Corridor			30	87	31		
7	"	Utility Rm			45	92	46		
8	24x8	Recovery			190	214	189		
9	"	"			185	229	193		
10	"	"			190	213	190		
					1330	1703	1370		
Return									
1	24x24	Recovery			275	185	248		
2	"	"			275	299	240		
3	"	"			275	318	239		
4	"	"			275	253	228		
					1100	1055	955		

Plan Review Release Notification

Attention Jacqueline:

Thank you for using ePlans, the State of New Jersey's electronic plan review system.

Congratulations, drawings and/or specifications on Project **5013-18** have been issued a final release.

1. Please login to ProjectDox below to access the released drawings and documents. These can be found in the "Released" folder.
2. You may download and/or print the released documents for your use.

Project:	5013-18
-	Cherry Hill Womens Center /NJPRP-1893
Assigned by:	Susan Soffel
Online Plan Review System	

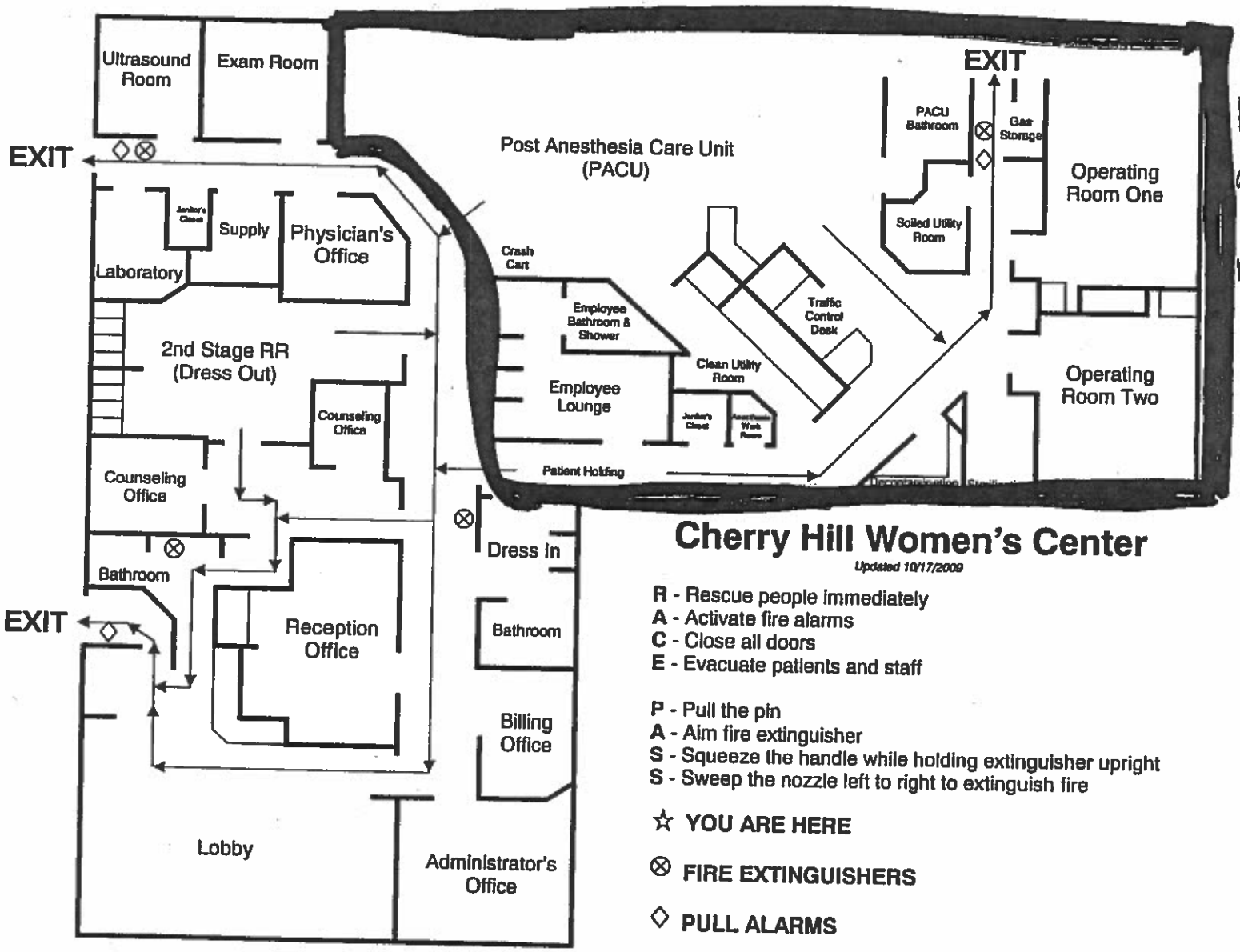
THIS NOTIFICATION IS NOT A CONSTRUCTION PERMIT

All prior approvals must be secured, all permit fees must be paid, and a construction permit must be applied for and issued before any work can be performed. Construction plans and specifications for the subject structure proposed to be built have been reviewed and released in conformance with the provisions of the Regulations for the New Jersey Uniform Construction Code, N.J.A.C. 5:23.

If you do not have access to the specified folder or have questions related to this plan review, please contact us at (609) 633-0800 or at planreviewintake@dca.nj.gov.

For any technical issues please contact the System Administrator at planreviewintake@dca.nj.gov.

This is an automated email notification and this email account is not monitored. Please do not reply to this email.



highlighted area to the left is renovated area

Cherry Hill Women's Center

Updated 10/17/2009

R - Rescue people immediately
A - Activate fire alarms
C - Close all doors
E - Evacuate patients and staff

P - Pull the pin
A - Aim fire extinguisher
S - Squeeze the handle while holding extinguisher upright
S - Sweep the nozzle left to right to extinguish fire

☆ **YOU ARE HERE**

⊗ **FIRE EXTINGUISHERS**

◇ **PULL ALARMS**

CHERRY HILL WOMEN'S CENTER

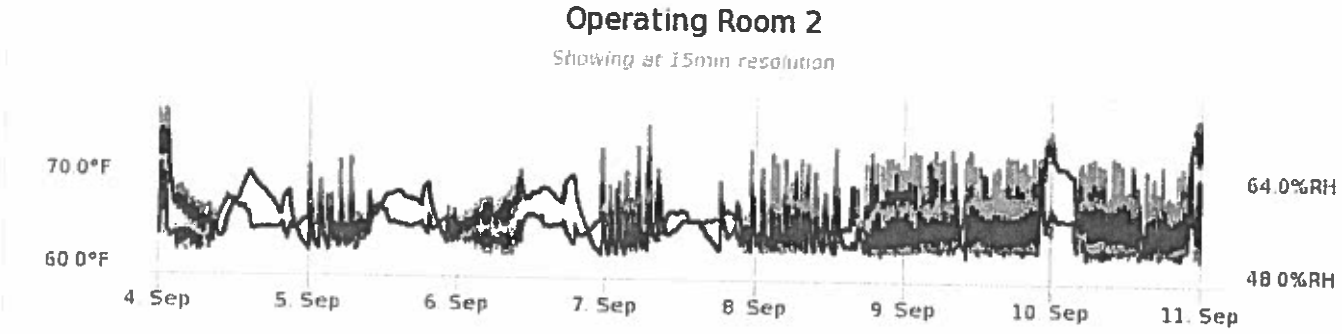
Biological Testing Record

Month: Sept 2018

BI= Biological Test *CV= Control Vial*

DATE	Ster.#	Load#	BI Lot#	Time BI put in Inc.	Date BI Removed	Time BI Removed	BI Result	Control Vial Lot#	Date CV in Inc.	Time CV in Inc.	Date CV Removed	CV Results	Tech Initials	COMMENTS
9/25	A	1	675 exp 5/20	9:00A	9/26	9:00A	—	675 exp 5/20	9/25	9:00A	9/26	+	MCS	—
9/25	B	1	675 exp 5/20	9:00A	9/26	9:00A	—	675 exp 5/20	9/25	9:00A	9/26	+	MCS	—
9/25	C	1	675 exp 5/20	9:00A	9/26	9:00A	—	675 exp 5/20	9/25	9:00A	9/26	+	MCS	—
9/26	A	1	675 exp 5/20	8:00A	9			675 exp 5/20	9/26					
9/26	B	1	681 exp 5/20	8:00A				675 exp 5/20	9/26					
9/26	C	1	675 exp 5/20	8:00A				675 exp 5/20	9/24					

Operating Room 2



Channel	Average	Minimum	Maximum	Mean Kinetic Temp
Dew Point	51.0°F	46.3°F	64.0°F	50.9°F
Temperature	66.5°F	62.3°F	77.7°F	66.4°F
Relative Humidity	57.5%RH	51.9%RH	74.4%RH	N/A

Annotation At	Channel	Comment

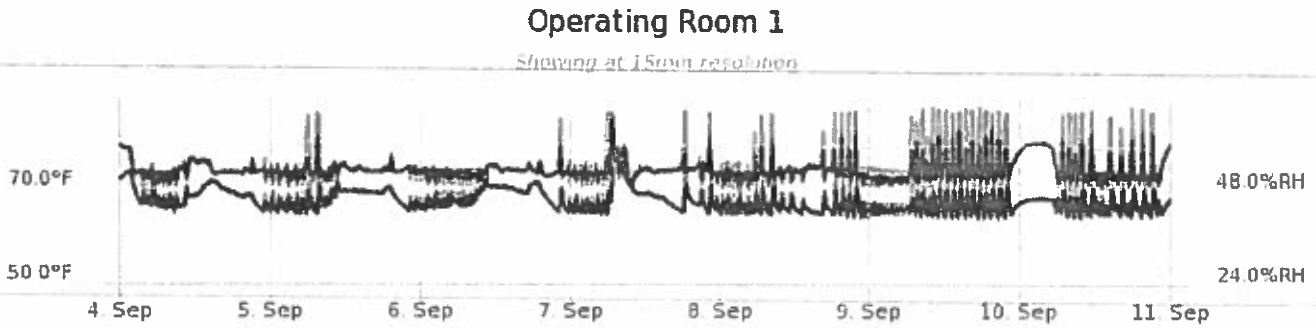
There were no annotations for this time period

DicksonOne

09/04/2018 - 09/10/2018

Temperature and Humidity Operating Room (1&2) log

Operating Room 1



Channel	Average	Minimum	Maximum	Mean Kinetic Temp
Temperature	67.7°F	63.9°F	79.8°F	67.7°F
Relative Humidity	53.1%RH	48.0%RH	69.1%RH	N/A
Dew Point	49.9°F	45.9°F	62.6°F	49.9°F

Annotation At	Channel	Comment

There were no annotations for this time period

Phone: 1-800-757-3747 **Fax:** 1-800-676-0498 **Email:** support@dicksonone.com

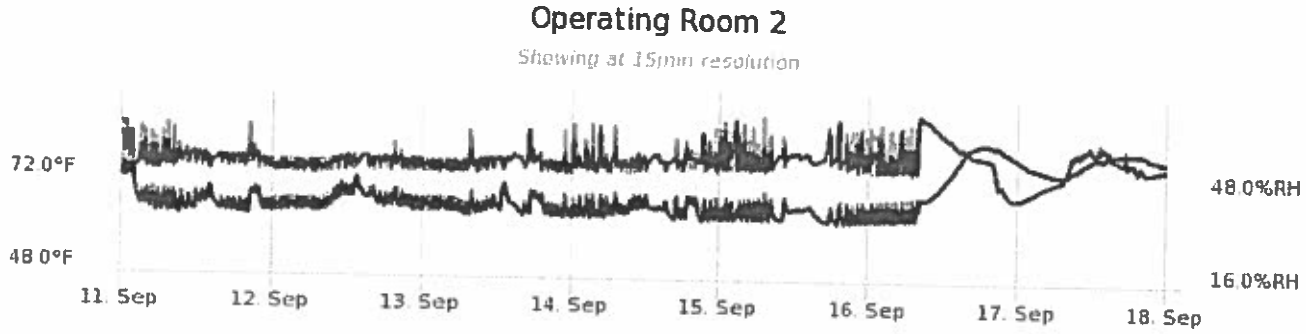
For calls outside the US please call: 1-630-543-3747

DicksonOne

09/11/2018 - 09/17/2018

Temperature and Humidity Operating Room (1&2) log

Operating Room 2



Channel	Average	Minimum	Maximum	Mean Kinetic Temp
Dew Point	52.9°F	46.5°F	67.2°F	52.8°F
Temperature	69.1°F	62.5°F	83.3°F	69.1°F
Relative Humidity	56.6%RH	44.2%RH	73.1%RH	N/A

Annotation At	Channel	Comment

There were no annotations for this time period

Phone: 1-800-757-3747 **Fax:** 1-800-676-0498 **Email:** support@dicksonone.com

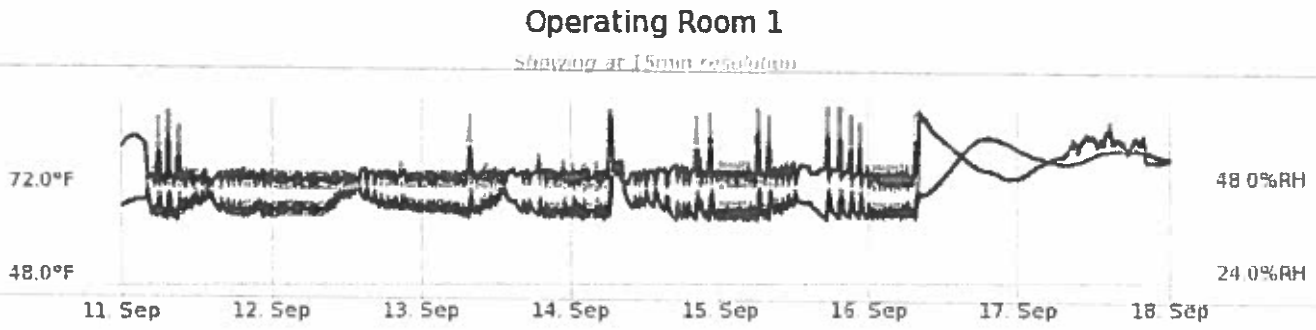
For calls outside the US please call: 1-630-543-3747

DicksonOne

09/11/2018 - 09/17/2018

Temperature and Humidity Operating Room (1&2) log

Operating Room 1



Channel	Average	Minimum	Maximum	Mean Kinetic Temp
Temperature	70.6°F	63.8°F	85.0°F	70.5°F
Relative Humidity	53.2%RH	47.5%RH	69.2%RH	N/A
Dew Point	52.7°F	46.2°F	68.7°F	52.6°F

Device Not Reporting	
Triggered	09/12/2018 10:28:06 PM EDT
Duration	1 hr, 37 mins
Comments	0

Annotation At	Channel	Comment

There were no annotations for this time period

Phone: 1-800-757-3747 Fax: 1-800-676-0498 Email: support@dicksonone.com

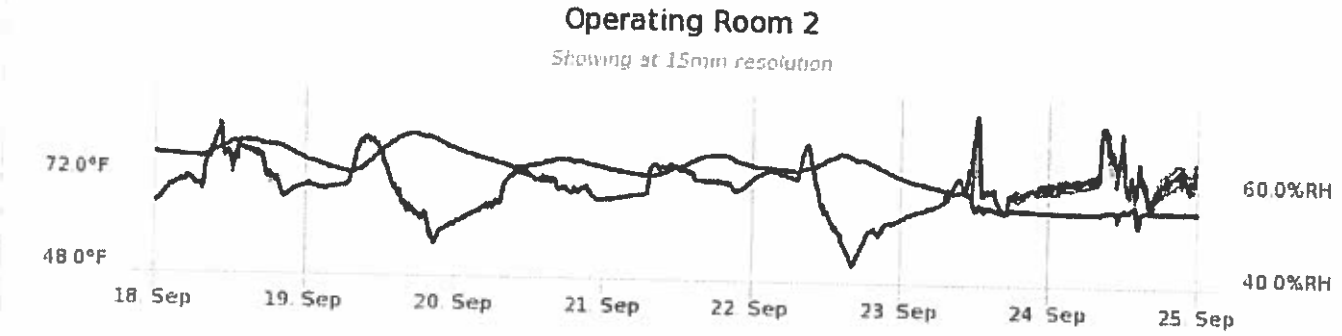
For calls outside the US please call: 1-630-543-3747

DicksonOne

09/18/2018 - 09/24/2018

Temperature and Humidity Operating Room (1&2) log

Operating Room 2



Channel	Average	Minimum	Maximum	Mean Kinetic Temp
Dew Point	60.4°F	50.1°F	70.8°F	60.3°F
Temperature	75.7°F	63.4°F	84.8°F	75.7°F
Relative Humidity	60.9%RH	43.8%RH	76.2%RH	N/A

Annotation At	Channel	Comment

There were no annotations for this time period

Phone: 1-800-757-3747 **Fax:** 1-800-676-0498 **Email:** support@dicksonone.com

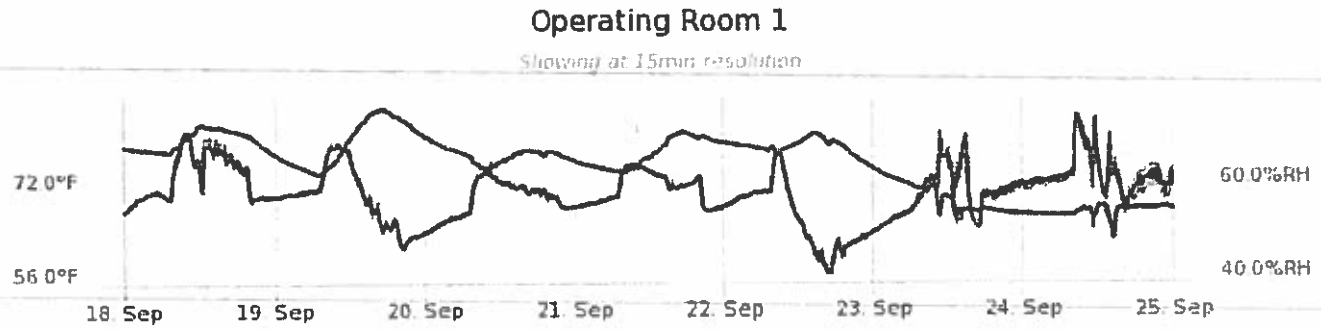
For calls outside the US please call: 1-630-543-3747

DicksonOne

09/18/2018 - 09/24/2018

Temperature and Humidity Operating Room (1&2) log

Operating Room 1



Channel	Average	Minimum	Maximum	Mean Kinetic Temp
Temperature	76.2°F	63.2°F	85.6°F	76.2°F
Relative Humidity	59.1%RH	41.7%RH	75.7%RH	N/A
Dew Point	60.7°F	49.2°F	72.4°F	60.7°F

Annotation At	Channel	Comment

There were no annotations for this time period

Phone: 1-800-757-3747 Fax: 1-800-676-0498 Email: support@dicksonone.com

For calls outside the US please call: 1-630-543-3747

CHERRY HILL WOMEN'S CENTER
INFECTION CONTROL PROGRAM
REVISED 3-2010, Revised, 12-11

Cherry Hill Women's Center Infection Control Mission Statement:
Cherry Hill Women's Center (CHWC) is dedicated to giving high-quality patient care in a constantly changing field and environment. CHWC is always working on ways to improve in the area of patient care and infection control. Our mission is to promote a healthy and safe environment by preventing transmission of infectious agents among patients, staff and visitors. This will be accomplished in an efficient and cost-effective manner by the continual assessment and modification of our services based on regulations, standards, guidelines, scientific studies, and internal evaluations.

CHWC offers a variety of gynecological services and abortion care up to 24.6 weeks in a safe, kind, compassionate, and non-judgmental environment. CHWC believes that every patient (woman) has the right to make decisions about her healthcare and well-being based on her beliefs, experiences and circumstances; and that this decision should be done in a private, compassionate, dignified, and safe manner. CHWC is dedicated to providing these services even under the unique position of dealing with protestor activity by people with opposing views on this very controversial topic. CHWC sees beyond the controversy and strives to understand the heart of a woman as she makes this decision. . CHWC is here to see that every woman seeking an abortion has the right to quality healthcare in an environment that offers support, guidance and options to women in need.

In an effort to exceed these standards of quality service CHWC has agreements in place with a Sterilization/Decontamination Consultant as well as an Infection Control Consultant. Each consultant meets with CHWC at least annually, or as needed, to review all policies and procedures, ensure staff and physicians are adhering to the written policies, and advise CHWC on any new rules, regulations, or requirements in compliance with AAMI, OSHA, and current CDC guidelines.

The program includes written policies for Hazard Communication, Exposure Control Plan, Communicable Disease Reporting to the Department of Health, Hand washing, Housekeeping, Linens, Record Keeping, OSHA and Regulated Medical Waste. These policies will all be reviewed, updated and revised annually.

Cherry Hill Women's Center Tracking/Monitoring System:
The tracking system is designed to track any and all patterns, issues, and complications. It is to be used as a teaching tool for staff, physicians, Administration and Governing Body. It is also a useful tool to help in revisions or implementation of new procedures based on findings. Some of the tracking forms included but are not limited to:
Complication Tracking Form
Hotline Tracking Form
Ineligible Patient Log

Sterilization Tracking Log
Environmental Log
Housekeeping Logs
Medical Record Review Form
Physician Peer Review Form
Hand washing Form

GOALS AND OBJECTIVES:

Cherry Hill Women's Center's ongoing goals are to ensure patients are cared for and safely treated according to our written protocols and guidelines for staff, doctors, patients and visitors. CHWC will review the following topics in relation to abortion care to ensure our systems, policies and practices are being adhered to.

CHWC will start in the area of sterilization and decontamination. CHWC will ensure that all packs, peels, and instruments are clearly labeled, initialed, dated, etc. We will conduct biological indicators to ensure the sterilization process is functioning according to manufacturer's instructions. This will ensure the sterilization of all instruments is at optimum performance for patient care and safety. This will be monitored and checked weekly until we reach the desired outcome and then changed to a quarterly basis. The Director of Nursing and/or designee will randomly supervise the sterile technician once d a month to ensure his/her testing is meeting with CHWC, state, and federal standards, and he/she is maintaining the sterility and environment set forth by CHWC. These monthly reports will be given to the Administrator on a quarterly basis; or as needed, to discuss and review. The Administrator is responsible for reviewing this with the Governing Body quarterly.

Another goal and objective for CHWC is to ensure our SOP for hand washing is being adhered to and monitored for all staff, physicians and visitors. This will be done monthly by the Director of Nursing and/or designee and the reports will be given to the Administrator on a quarterly basis. The Administrator will then be responsible for supplying the Governing Body with our findings on sterility and decontamination on a quarterly basis. Topics will be chosen as each goal is met to our satisfaction.

CHWC's other goal and objective is a challenge as CHWC is a small ASC performing surgery five days a week. We seek to incorporate staff in our QI and Infection Control. We are aware that we have such a tremendous impact on so many women's lives; and the input and ideas from staff are welcomed and encouraged. We plan on selecting topics for staff to become involved in and educate other staff members and the community. As we know the community to which we serve is very diverse and we see an overwhelming amount of women living in poverty who can benefit from education. Some examples include birth control, smoking during pregnancy, malignant hyperthermia, drug use and risk factors during pregnancy and abortion care.

In addition, to the topics above CHWC will also maintain:

Employee Health Records
Inform and Educate staff on Communicable Diseases as well as reporting to DOH
Track and log any and all infections/Fevers
Maintain policy on Handwashing
Maintain all logs for temperature and humidity control
Maintain a log on environmental issues
Maintain an ongoing monthly checklist and review with housekeeping
Traffic patterns
Proper attire
Patient Records and maintenance

Annually CHWC will present the surveillance gathered to the Infection Control committee for review and discussion. Our Infection Control Committee meets quarterly, where most of the information gathered weekly and submitted monthly to the Administrator will be brought for review. The Infection Control Consultant is required to attend one of our quarterly meetings in addition to her annual facility walkthrough and policy and procedure check. Yearly tracking information will also be given the Governing Body for review and discussion. The goals and objectives for the year will be brought to the committee with our tracking system and documents to support the findings. At the final quarter, new objectives and goals will be set for the following year to ensure growth and care for the patients, staff, physicians and facility.

CHWC QI and Infection Control Program is an integral part in the care and safety we provide to patients, staff and visitors. These programs will be constantly monitored, tracked and revised as medicine changes, state and federal requirements change, our own findings change and as we change and grown within our own organization.

Cherry Hill Women's Center
Policy and Procedure Manual

Policy: Temperature, Air Flow and Humidity Levels	Date Effective: 8/22/2011 Date Revised/Reviewed: 1/23/12, 6/19/12
Approved By: Administrator	File Under: Sterilization Folder

POLICY: Temperature and humidity levels shall be monitored daily whenever the facility is open to ensure compliance with recommended environmental conditions. Air flow should be verified if there are issues with compliance.

PROCEDURE:

1. The Decontamination Area requires the following:
   Temperature of 60-65°F
   Humidity – 30-60%
   Air flow – 10 air exchanges per hour under **negative pressure.** This air is not to be re-circulated.

2. The Prep/Packaging/Sterilization area requires the following:

   Temperature of 68-73°F
   Humidity – 35-60% (NOTE: While AAMI states 30-60%, the **ideal humidity for the prep/packaging area is 50% with a minimum of 35%. These levels will prevent dehydration of packaging materials which can interfere with steam sterilization.**
   Air flow – 10 air exchanges per hour under positive pressure. This air can be re-circulated.

3. Each day the facility is open, the sterile processing staff is required to document the temperature and humidity in the Decontamination and Prep/Packaging/Sterilization areas in note books kept in each area (separate books for Decontam ,Prep/Pkg/Sterilization, and Sterile Storage).

4. Any variance from the above norms should immediately be reported to the Head Nurse or facility Administrator for corrective action.

5. The action taken should be documented in the log book.

TITLE: Temperature, Humidity and Air Flow Requirements for the Processing Areas

REFERENCE: AAMI "Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities ST-79" 2006.

REVIEWED: Every 3 years: 4/2009

Developed 8/21/07

REVISED: 8/22/11

B. Operating Rooms

- The operating rooms are to allow for clean air exchange at a rate of twenty times per hour with a temperature range of 68 to 76 degrees F with a relative humidity of 30% -60% based on CDC recommendations.
- All general OR rooms are equipped with piped oxygen which is indexed specifically of O2 lines. In the GAS STORAGE AREA outside the OR near the EMERGENCY EXIT is a valve, which is labeled and controls the oxygen flow to that specific operating room this valve is to be turned off.
- Oxygen gauges for the flow and volume are located in the FRONT OFFICE RECEPTION AREA. These gauges are quipped with visual and audible alarms to indicate a low reserve of liquid oxygen. The alarms are set to sound when the reserve falls to a specific level. O2 tanks are checked daily, prior to the start of surgery. In addition, we have a back -up tank reserve of six cylinders; type E, in the event that the oxygen supply is completely depleted.

C. Fire

- A fire hazard manual is located in the Department of Anesthesia and reviewed by all personnel. In the event of a fire occurring in the general surgical area, all doors to the operating room are closed and no personnel are allowed to move in or out without special permission, Generally speaking, no change in the regular operating schedule occurs, however, no new operative procedures are begun until an all-clear is sounded. In the event that we are notified of a serious problem, attempts should be made to terminate any operative procedures as soon as safely possible.

D. Electrical Equipment

- All electrical anesthetic equipment must be properly grounded and checked for safety by biomedical engineers prior to its use/operation in the operating room. The line isolation monitor should immediately indicate any electrical leakage defects of the equipment while in use in the operating area, This will be discussed at greater length further on in the manual. The equipment is periodically checked for proper functioning, grounding and leakage. Also defibrillator equipment is checked by the biomedical engineers to insure function and determine adequate output. The condition of all electrical used by the Department of Anesthesia is inspected periodically and written records are kept on fine in the administrator's office.

WHEN DEFECT IN THE ELECTRICAL EQUIPMENT IS DISCOVEREDM THE ITEM IS TO BE IMMEDIATELY DISCONNECTEDM REMOVED FROM THE OPERATING ROOM AREA, LABELED AS TO DEFECTM AND REPORTED FOR REPAIRS.

E. Anesthetic Machines

1. the anesthesia machines are standardized and equipped with required safety features such as pressure gauges, as well as flow meter and inhalation/exhalation valves. In addition, the anesthesia machines are equipped with the following:

- Pin Index System
- Oxygen Analyzers e.g. Pulse oxymeter
- Oxygen tanks with at least one being full
- EKG monitor
- Ct CO_2 monitor

Cherry Hill Women's Center

Temperature/Humidity Log – Decontamination

Temperature Normal Range: 60°F - 65°F

Humidity Normal Range: 30% - 60%

(Please report any abnormal findings to your supervisor)

Month: SEPT. 2018

DATE	TEMPERATURE	HUMIDITY %	INITIALS	NOTES
9-1-18	65°F	60%	[illegible]	
9-4-18	65°F	60%	[illegible]	
9-5-18	65F	60%	[illegible]	
9/6/18	65F	60%	[illegible]	
9/7/18	66F	60%	[illegible]	
9/8/18	61°F	60%	[illegible]	
9/11/18	60F	60%	[illegible]	
9/12/18	60°F	60%	[illegible]	
9/13/18	60°F	60%	[illegible]	
9/14/18	60°F	59%	[illegible]	
9/15/18	60.F	58%	[illegible]	
9/18/18	closed			
9/19/18	"			
9/20/18	"			
9/21/18	"			
9/22/18	"			
9/25/18	"			
9/26/18	"			
9/27/18				
9/28/18				
9/29/18				

Rationale: Items with torn or wet packaging are considered contaminated. Wet packaging might indicate problems with package composition, loading procedures, sterilizer performance or operation, or the steam generation and distribution system.

8.9 Sterile storage

8.9.1 Sterility maintenance covers

Sterility maintenance covers (dust covers) may be used to protect and extend the shelf life of properly packaged and sterilized items that could be subjected to environmental challenges or multiple handling before use. Only products specifically labeled as sterility maintenance covers should be used for this purpose. A sterility maintenance cover or dust cover should be clearly designated as such to prevent its being mistaken for a sterile wrap. Sterility maintenance covers are designed to provide protection against outside elements (e.g., dust), not to provide a microbiological barrier. If sterility maintenance covers are to be applied to sterilized packages, they should be applied as soon as possible after sterilization, but not before the items are thoroughly cool and dry. Sterilized packages should be handled as little as possible.

The sterility maintenance cover is sealed using either a heat sealer designed to seal plastic to plastic or an alternative method that is similarly effective; a self-sealing cover also may be used. The lot or load control number and expiration statement should be visible through the sterility maintenance cover, or an additional label should be used on the sterility maintenance cover. (See also 10.3.)

Rationale: Plastic provides a barrier to moisture and dust; this barrier might be necessary to preserve the sterile integrity of the package, especially one that is not going to be used immediately or that will be subjected to uncontrolled environments (e.g., during transport between facilities). Because a sterility maintenance cover is applied after sterilization, the outer surface of the actual packaging material should be considered contaminated for purposes of sterile presentation.

Applying sterility maintenance covers soon after sterilization enhances sterility maintenance. However, placing a sterility maintenance cover on a package that is not cool and dry could result in condensation inside the sterility maintenance cover and, because the sterility maintenance cover is not sterile, contaminate the package contents. To be an effective barrier, the sterility maintenance cover has to be sealed. The sterility maintenance cover is only a protective device; the identity and traceability of the package within has to be maintained.

8.9.2 Storage facilities

Sterile items should be stored in a manner that reduces the potential for contamination. In general, the temperature in storage areas should be approximately 24°C (75°F). There should be at least 4 air exchanges per hour, and relative humidity should be controlled so that it does not exceed 70% (AIA, 2006). Traffic should be controlled to limit access to sterile items to those individuals who know how to handle them properly. Sterile items should be stored far enough away from the floor, the ceiling, and outside walls to allow for adequate air circulation, ease of cleaning, and compliance with local fire codes. Sterile items should be stored at least 8 to 10 inches above the floor, at least 18 inches below the ceiling or the level of the sprinkler heads, and at least 2 inches from outside walls. The items should be positioned so that packaging is not crushed, bent, compressed, or punctured and so that their sterility is not otherwise compromised. Medical and surgical items, including those packaged in rigid sterilization container systems, should not be stored next to or under sinks, under exposed water or sewer pipes, or in any location where they could become wet. Supplies should not be stored on floors, on windowsills, or in areas other than designated shelving, counters, or carts. Heavy instrument trays should be stored on middle shelves (but not stacked) for ease of handling by staff; transport trays with solid or perforated bottoms may be used to prevent tears in wrappers during handling. (See also 3.3.7.4.)

Closed or covered cabinets are recommended for the storage of seldom-used supplies. Open shelving may be used, but requires special attention to traffic control, area ventilation, and housekeeping. Shelving or carts used for sterile storage should be maintained in a clean and dry condition. For sterile and clean supplies stored on the bottom shelf of an open-shelf (wire) cart, there should be a physical barrier between the shelf and traffic or housekeeping activities. Outside shipping containers and corrugated cartons should not be used as containers in sterile storage areas. (See also 5.2.1.)

Shelving or racks used for the storage of rigid sterilization container systems should be designed for the weight and configuration of the containers. The racks or shelves should be kept clean and dry in a controlled environment. When stacking container systems, the user should take care to ensure that they are firmly seated one upon another and that they can be removed easily. Written policies and procedures for the storage, handling, rotation, and labeling of container systems should be developed and enforced.

COPY

State of New Jersey
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PO BOX 367
TRENTON, N.J. 08625-0360
www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SHEREEF M. ELNAHAL, MD, MBA
Commissioner

October 9, 2018

Jenifer Groves
Regional Executive Director
Cherry Hill Women's Center
502 Kings Highway North
Cherry Hill, NJ 08034

Dear Ms. Groves:

Thank you for the courtesy and cooperation extended during the Approval Survey conducted September 26, 2018 by surveyors from the New Jersey Department of Health.

Enclosed is a copy of them State Deficiency Form indicating that no deficiencies were found during the survey. Please sign the first page of the State Deficiency Form and return the original copy to my attention. It is important to return the form promptly to this office.

If you have questions concerning this letter, please do not hesitate to contact me at (609) 292-9900.

Sincerely,

Eric DeCicco
Surveyor Physical Plant/Life Safety
Survey and Certification

Encl.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	22445	A. BUILDING: _____ B. WING _____	09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY HILL WOMENS CENTER	502 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034

(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 DEFICIENCY)	(X5) COMPLETE DATE
A 000	INITIAL COMMENTS	A 000		
	This was an Approval Survey conducted on 9/26/18 for the installation of a new heating and air conditioning system. The facility is in compliance with N.J.A.C. Title 8 Chapter 43A-Standards for Licensure of Ambulatory Care Facilities for this Approval Survey only.		COPY	

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