STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: 01 B. WING:	01/28/2019

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: **00178701**	**777 APPLETREE STREET, 7TH FLOOR** **PHILADELPHIA, PA 19106**

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S 0000	INITIAL COMMENT Facility ID# 00178701 Component 01 Based on a Relicensure Survey completed on January 28, 2019, it was determined that Philadelphia Women's Center, Inc. was not in compliance with the following requirements of the Life Safety Code for an existing Ambulatory health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 28 Pa Code § 569.2. This is an eight-story, Type II (222), fire resistive structure, with a basement, which is fully sprinklered.	S 0000		
S 0211		S 0211		

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

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S 0211	Continued from page 1 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full instant use in case of emergency, unless modified by 20/21.2.2 through 20/21.2.11. 20.2.1, 21.2.1, 7.1.10.1 This REGULATION is not met as evidenced by:	S 0211	The center received requested Fire Report from the building management company on 2/8/19. The building and system was shown to have passed fire inspection. The deficiency will be corrected as it relates to the individual by working with building management to ensure that formal annual testing of fire doors occur and are documented as such. To ensure the further protection of patients and staff going forward, administrator has requested in writing that building management utilize ASHE Fire Door Assembly & Inspection worksheet.	Completion Date: **02/08/2019** Status: **APPROVED** Date: **02/22/2019**

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S 0211	Continued from page 2 Based on document review and interview, it was determined the facility failed to ensure fire rated doors were inspected annually, affecting the entire component. Findings include: 1. Document review on January 28, 2019, at 8:00 am, revealed the facility could not provide documentation that fire rated doors within the component were inspected within the previous 12 months. Interview at the exit conference with the Administrator, on January 28, 2019, at 9:50 am, confirmed the documentation was not available at the time of the survey.	S 0211		

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S 0211	Continued from page 3	S 0211		
S 0345	Fire Alarm System - Testing and Maintenance Fire Alarm Systems - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5 This REGULATION is not met as evidenced by:	S 0345	The center received requested Fire Report from the building management company on 2/8/19. The building and system was shown to have passed fire inspection. The deficiency will be corrected as it relates to the individual by working with building management to ensure that semi annual visual inspection of fire alarms occur and are documented as such. To ensure the further protection of patients and staff going forward, administrator has requested in writing that building management forward results of findings semi-annually.	Completion Date: **02/08/2019** Status: **APPROVED** Date: **02/22/2019**

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S 0345	Continued from page 4 Based on document review and interview, it was determined the facility failed to maintain the fire alarm system, affecting the entire component. Findings include: 1. Document review on January 28, 2019, at 8:00 am, revealed the facility could not produce documentation that a fire alarm semi-annual visual inspection had been performed. Interview at the exit conference with the Administrator, on January 28, 2019, at 9:50 am, confirmed the documentation was not available at the time of the survey.	S 0345		
S 0353		S 0353		

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S 0353	Continued from page 5 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REGULATION is not met as evidenced by:	S 0353	The deficiency was corrected on the date of survey by the administrator as the fourth quarter inspection of the automatic sprinkler system occurred just prior to 4th quarter deadline. To ensure the further protection of patients and staff going forward, quarterly inspection dates for the automatic sprinkler system will be scheduled for the year and documented on the center calendar. Administrator will follow up with inspection company on any missed/early appointments to ensure the center is in compliance with the regulations. The center did have 4 inspections done in 2018 but the last one was too early to fall into the 4th quarter – we will be more diligent about the scheduling in the future	Completion Date: **02/08/2019** Status: **APPROVED** Date: **02/22/2019**

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S 0353	Continued from page 6 Based on document review and interview, it was determined the facility failed to maintain the automatic sprinkler system, affecting the entire component. Findings include: 1. Document review on January 28, 2019, at 8:00 am, revealed the facility could not produce a quarterly sprinkler inspection report for the 4th quarter of 2018. Interview at the exit conference with the Administrator, on January 28, 2019, at 9:50 am, confirmed the documentation was not available at the time of the survey. 2. Document review on January 28, 2019, at 8:00 am, revealed the facility could not produce documentation the facility's electric fire pump was tested monthly. Interview at the exit conference with the	S 0353		

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S 0353	Continued from page 7 Administrator, on January 28, 2019, at 9:50 am, confirmed the documentation was not available at the time of the survey.	S 0353		
S 0355	Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 20.3.5.3, 21.3.5.3, 9.7.4.1, NFPA 10 This REGULATION is not met as evidenced by:	S 0355	The center received requested Fire Report from the building management company on 2/8/19. The building, fire extinguishers and overall system was shown to have passed fire inspection. The deficiency will be corrected as it relates to the individual by working with building management to ensure that annual inspections occur and are documented as such. To ensure the further protection of patients and staff going forward, administrator has requested in writing from building management that the documentation of portable extinguishers be forwarded to the center immediately upon completion.	Completion Date: **02/08/2019** Status: **APPROVED** Date: **02/22/2019**

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S 0355	Continued from page 8 Based on documentation review and interview, it was determined the facility failed to maintain portable fire extinguishers, affecting the entire component. Findings include: 1. Document review on January 28, 2019, at 8:00 am, revealed the facility could not provide documentation an annual portable fire extinguisher inspection had been performed. Interview at the exit conference with the Administrator, on January 28, 2019, at 9:50 am, confirmed the documentation was not available at the time of the survey.	S 0355		
S 0923		S 0923		

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S 0923	Continued from page 9 Gas Equipment -Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage *Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. *Greater than 300 but less than 3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hour fire protection rating. *Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders	S 0923	The deficiency was corrected by as it relates to the individual by the center ordering, receiving and installing required signage on 2/15/19. Signage now states "Caution: Oxidizing Gas(e's) Stored Within, No Smoking." Additionally, "empty/full" signage was purchased and installed as required. To ensure the further protection of patients and staff going forward, administrator has requested that staff visually inspect for these signs when monthly checks are being done internally related to fire safety.	Completion Date: **02/15/2019** Status: **APPROVED** Date: **02/22/2019**

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S 0923	Continued from page 10 are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REGULATION is not met as evidenced by:	S 0923		

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S 0923	Continued from page 11 Based on observation and interview, it was determined the facility failed to maintain oxygen storage locations, affecting the entire component. Findings include: 1. Observation made on January 28, 2019, at 8:58 am, revealed the door to the portable oxygen cylinder storage room did not have signage stating "Caution: Oxidizing Gas(e's) Stored Within, No Smoking." Interview at the exit conference with the Administrator, on January 28, 2019, at 9:50 am, confirmed the required signage was not posted. 2. Observation made on January 28, 2019, at 9:00 am, revealed inside the portable oxygen cylinder storage room, there was no signage discerning full and empty cylinders. Interview at the exit conference with the Administrator, on January 28, 2019, at 9:50 am,	S 0923		

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S 0923	Continued from page 12 confirmed the required signage was not posted.	S 0923		

Certified End Page

PHILADELPHIA WOMEN'S CENTER, INC.

STATE LICENSE NUMBER: 00178701

SURVEY EXIT DATE: 01/28/2019

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

Susan Coble
Deputy Secretary for Quality Assurance

Rachel L. Levine, MD
Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY