

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/11/2019</b>
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NAME OF PROVIDER OR SUPPLIER: <b>PHILADELPHIA WOMEN'S CENTER, INC.</b>  STATE LICENSE NUMBER: <b>00178701</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106</b>
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(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
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S 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 00178701 Component 01</p> <p>Based on a Revisit to 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.</p> <p>This is an eight-story, Type II (222), fire resistive structure, with a basement, which is fully sprinklered.</p>	S 0000		
S 0353		S 0353		

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

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S 0353	Continued from page 1  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 after follow-up with building maintenance, who located the monthly fire pump log. Documentation shows that monthly testing of the electric fire pump was conducted throughout 2018. To ensure the further protection of patients and staff going forward, administrator will check the log monthly to ensure that it is being maintained and is centrally located in an area accessible to inspectors. Administrator will follow up with building maintenance on any missing or deficient documentation to ensure the center is in compliance with the regulations.	Completion Date: <b>03/25/2019</b> Status: <b>APPROVED</b> Date: <b>04/01/2019</b>

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S 0353	<p>Continued from page 2</p> <p>Based on document review and interview, it was determined the facility failed to maintain the automatic sprinkler system, affecting the entire component.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> <p>Interview at the exit conference with the</p>	S 0353		

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S 0353	<p>Continued from page 3</p> <p>Administrator, on January 28, 2019, at 9:50 am, confirmed the documentation was not available at the time of the survey.</p> <p>*****</p> <p>Based on document review and interview during an onsite Revisit conducted on March 11, 2019, between 8:00 am and 8:30 am, revealed the following:</p> <p>Item 2. Not Completed. The facility could not produce documentation the electric fire pump was tested monthly.</p> <p>Interview at the exit conference with the Administrator on March 11, 2019, at 8:25 am, confirmed testing of the electric fire pump could not be confirmed.</p> <p>All other deficiencies listed under this tag were corrected.</p>	S 0353		



# Certified End Page

**PHILADELPHIA WOMEN'S CENTER, INC.**

**STATE LICENSE NUMBER: 00178701**

**SURVEY EXIT DATE: 03/11/2019**

**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**

Handwritten signature of Susan Coble in cursive.

*Susan Coble*  
*Deputy Secretary for Quality Assurance*

Handwritten signature of Rachel L. Levine, MD in cursive.

*Rachel L. Levine, MD*  
*Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY