

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: 02/10/2020
--	--	---	--

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

(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
--------------------	--	---------------	--	--------------------

S 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 00178701 Component 01</p> <p>Based on a Relicensure Survey completed on February 10, 2020, 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 0345		S 0345		

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:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2020
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106		
STATE LICENSE NUMBER: 00178701				
(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
S 0345	Continued from page 1 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	Plan of Correction: 1. The deficiency will be corrected as it relates to the individual by ensuring that building ownership maintains annual fire alarm inspection within previous 12 months at all times. 2. To protect patients and staff in similar situations, PWC Deputy Administrator will add fire alarm inspection to annual Quality Improvement Plan Calendar. 3. To ensure the problem does not recur, PWC Deputy Administrator will add fire alarm inspection to annual Quality Improvement Plan Calendar. 4. To ensure these solutions are sustained, PWC Deputy Administrator will add fire alarm inspection to annual Quality Improvement Plan Calendar. 5. This corrective action will be completed by 4.15.2020.	Completion Date: 04/15/2020 Status: APPROVED Date: 03/24/2020

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: 02/10/2020
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106		
STATE LICENSE NUMBER: 00178701				
(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
S 0345	Continued from page 2 Based on document review and interview, it was determined the facility failed to perform an annual fire alarm system inspection within the required time frame, affecting the entire facility. Findings include: 1. Documentation reviewed on February 10, 2020, at 8:15 a.m., revealed the facility did not perform an annual fire alarm inspection within the previous 12 months. Interview at the exit conference with the Administrator on February 10, 2020, at 9:50 a.m., confirmed the facility did not perform annual fire alarm inspection within the previous 12 months.	S 0345		
S 0355		S 0355		

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: 02/10/2020	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701		STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106		
(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
S 0355	Continued from page 3 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	Plan of Correction: 6. The deficiency will be corrected as it relates to the individual by requesting that building ownership have portable extinguishers re-inspected by a certified inspector and providing a copy of proper documentation of certification. 7. To protect patients and staff in similar situations, PWC Deputy Administrator will request that building ownership have portable extinguishers re-inspected by a certified inspector and providing a copy of proper documentation of certification. 8. To ensure the problem does not recur, PWC Deputy Administrator will request proof of certification from building ownership annually at the time of inspection. 9. To ensure these solutions are sustained, PWC Deputy Administrator will request proof of certification from building ownership annually at the time of inspection. 10. This corrective action will be completed by 4.15.2020	Completion Date: 04/15/2020 Status: APPROVED Date: 03/24/2020

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: 02/10/2020	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701		STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106		
(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
S 0355	<p>Continued from page 4</p> <p>Based on document review and interview, it was determined the facility failed to ensure the annual portable fire extinguisher inspector was certified, affecting the entire facility.</p> <p>Findings include:</p> <p>1. Documentation reviewed on February 10, 2020, at 8:15 a.m., revealed the facility could not provide certification for the portable fire extinguisher inspector who performed the facility's annual portable fire extinguisher inspection in September 2019.</p> <p>Interview at the exit conference with the Administrator on February 10, 2020, at 9:50 a.m., confirmed documentation was not available.</p>	S 0355		
S 0914		S 0914		

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: 02/10/2020	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701		STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106		
(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
S 0914	Continued from page 5 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For, LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REGULATION is not met as evidenced by:	S 0914	1. The deficiency will be corrected as it relates to the individual by ensuring that building ownership maintains the testing requirements identified for all hospital and non-hospital grade receptacle testing within previous 12 months at all times. 2. To protect patients and staff in similar situations, PWC Deputy Administrator will add hospital and non-hospital grade receptacle testing to annual Quality Improvement Plan Calendar. 3. To ensure the problem does not recur, PWC Deputy Administrator will add hospital and non-hospital grade receptacle testing to annual Quality Improvement Plan Calendar. 4. To ensure these solutions are sustained, PWC Deputy Administrator will add hospital and non-hospital grade receptacle testing to annual Quality Improvement Plan Calendar.	Completion Date: 04/30/2020 Status: APPROVED Date: 04/06/2020

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: 02/10/2020
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106		
STATE LICENSE NUMBER: 00178701				
(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
S 0914	Continued from page 6	S 0914	5. This corrective action will be completed by 4.30.2020.	

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: 02/10/2020	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701		STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106		
(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
S 0914	<p>Continued from page 7</p> <p>Based on document review and interview, it was determined the facility failed to ensure electrical receptacles were tested at patient care locations, affecting the entire facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Document review on February 10, 2020, at 8:15 a.m., revealed electrical receptacles at patient care locations were not tested for non-hospital grade receptacles at intervals not exceeding 12 months, and hospital grade receptacles based on documented performance data, minimally not exceeding 12 months. Receptacle testing should include the following: <ol style="list-style-type: none"> a. Patient care areas; b. visual inspection of physical integrity; c. correct polarity of the hot and neutral connections; d. retention force of the grounding blade (except locking-type receptacles) shall not be less than 115g (4 oz). 	S 0914		

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: 02/10/2020
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106		
STATE LICENSE NUMBER: 00178701				
(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
S 0914	Continued from page 8 Interview at the exit conference with the Administrator on February 10, 2020, at 9:50 a.m., confirmed the documentation was not available.	S 0914		



Certified End Page

PHILADELPHIA WOMEN'S CENTER, INC.

STATE LICENSE NUMBER: 00178701

SURVEY EXIT DATE: 02/10/2020

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 black ink.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in black ink.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY