STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: 00 B. WING:	02/12/2020

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
M 0000	INITIAL COMMENT This report is the result of an Annual Registration survey conducted on February 12, 2020, at Philadelphia Women's Center. It was determined the facility was not in compliance with Section 3205 of the Pennsylvania Abortion Control Act, 18 Pa.C.S. §3205.	M 0000		
M 3205		M 3205		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
M 3205	Continued from page 1 3205 Informed Consent 3205 Informed consent (a) General rule.--No abortion shall be performed or induced except with the voluntary and informed consent of the woman upon whom the abortion is to be performed or induced. Except in the case of a medical emergency, consent to an abortion is voluntary and informed if and only if: (1) At least 24 hours prior to the abortion, the physician who is to perform the abortion or the referring physician has orally informed the woman of: (i) The nature of the proposed procedure or treatment and of those risks and alternatives to the procedure or treatment that a reasonable patient would consider material to the decision of whether or not to undergo the abortion. (ii) The probable gestational age of the unborn child at the time the abortion is to be performed. (iii) The medical risks associated with carrying her child to term. (2) At least 24 hours prior to the abortion, the physician who is to perform the abortion or the referring physician, or a qualified physician assistant, health care practitioner, technician or social worker to whom the responsibility has been delegated by either physician, has informed the pregnant woman that: (i) The department publishes printed materials which describe the unborn child and list agencies which offer alternatives to abortion and that she has a right to review the printed materials and that a copy will be provided to her	M 3205	The Philadelphia Women's Center will ensure patient and parental consent in accordance with section 3205, prior to the initiation of an abortion procedure. As relates to this deficiency as noted in our site survey; 1. Contain elements detailing how the facility will correct the deficiency as it relates to the individual; Philadelphia Women's Center Governing Body review of language in existing consent states "I understand how an abortion will be performed and understand the procedures that are likely to be used". Because the Mifepristone comes directly from the manufacturer, PWC will add a reference to the manufacturer's form on the facility informed consent form. 2. Indicate how the facility will act to protect patients in similar situations; The center will continue to ensure both patient and parental consent in accordance with section 3205, prior to the initiation of an abortion procedure. Because the Mifepristone	Completion Date: **04/30/2020** Status: **APPROVED** Date: **04/06/2020**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
M 3205	Continued from page 2 free of charge if she chooses to review it. (ii) Medical assistance benefits may be available for prenatal care, childbirth and neonatal care, and that more detailed information on the availability of such assistance is contained in the printed materials published by the department. (iii) The father of the unborn child is liable to assist in the support of her child, even in instances where he has offered to pay for the abortion. In the case of rape, this information may be omitted. (3) A copy of the printed materials has been provided to the pregnant woman if she chooses to view these materials. (4) The pregnant woman certifies in writing, prior to the abortion, that the information required to be provided under paragraphs (1), (2) and (3) has been provided. This REGULATION is not met as evidenced by:	M 3205	comes directly from the manufacturer, PWC will add a reference to the manufactures form on the facility informed consent form 3. Include the measures the facility will take or the systems it will alter to ensure that the problem does not recur; The center will ensure both patient and parental consent in accordance with section 3205, prior to the initiation of an abortion procedure. Because the Mifepristone comes directly from the manufacturer, PWC will add a reference to the manufactures form on the facility informed consent form. PWC will do a random chart review of 25 charts starting on 4/30/20 to ensure that the revised consent forms have been implemented. 4. Indicate how it plans to monitor its performance to make sure that solutions are sustained; The center will continue to ensure both patient and parental consent in accordance with section 3205, prior to the initiation of an abortion procedure. Because the Mifepristone	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
M 3205	Continued from page 3	M 3205	comes directly from the manufacturer, PWC will add a reference to the manufactures form on the facility informed consent form. The results of the random chart review will be reported to the Quality Assurance Committee. The Administrator will be responsible for ensuring the chart review and its report to the QA Committee. Provide dates when corrective action will be completed. 4.30.20	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
M 3205	Continued from page 4 Based on review of medical records (MR) and staff interview (EMP), it was determined the facility failed to ensure parental informed consent was received for medications that are included in the termination of a pregnancy in five of ten pediatric medical records reviewed (MR1, MR2, MR3, MR4, and MR5). Findings include: A request was made to EMP1 on February 12, 2020, for a policy that addressed parental consent for medications that are included in the termination of a pregnancy for pediatric patients. None was provided. Review on February 12, 2020, of MR1 revealed this pediatric patient had an abortion on May 10, 2019. Further review of MR1 revealed this pediatric patient signed a "Consent for Misoprostol (Cytotec)." Misoprostol is a medication that is used to end a pregnancy (abortion). Further review of	M 3205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
M 3205	Continued from page 5 MR1 revealed there was no parental or legal guardian consent for the use of Misoprostol. Further review of MR1 revealed this pediatric patient also signed a consent for Mifepristone. Mifepristone is also a medication that is used to end a pregnancy (abortion). Further review of MR1 revealed there was no parental or legal guardian consent for the use of Mifepristone. Review on February 12, 2020, of MR2 revealed this pediatric patient had an abortion on November 23, 2019. Further review of MR1 revealed this pediatric patient signed a "Consent for Misoprostol (Cytotec)." Misoprostol is a medication that is used to end a pregnancy (abortion). Further review of MR2 revealed there was no parental or legal guardian consent for the use of Misoprostol. Review on February 12, 2020, of MR3 revealed this pediatric patient had an abortion on July 5, 2019. Further review of MR3 revealed this pediatric patient signed a "Consent for Misoprostol (Cytotec)." Misoprostol is a medication that is used	M 3205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: 00 B. WING:	02/12/2020

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
M 3205	Continued from page 6 to end a pregnancy (abortion). Further review of MR3 revealed there was no parental or legal guardian consent for the use of Misoprostol. Review on February 12, 2020, of MR4 revealed this pediatric patient had an abortion on February 19, 2019. Further review of MR4 revealed this pediatric patient signed a consent for Mifepristone. Mifepristone is a medication that is used to end a pregnancy (abortion). Further review of MR4 revealed there was no parental or legal guardian consent for the use of Mifepristone. Review on February 12, 2020, of MR5 revealed this pediatric patient had an abortion on June 6, 2019. Further review of MR5 revealed this pediatric patient signed a "Consent for Misoprostol (Cytotec)." Misoprostol is a medication that is used to end a pregnancy (abortion). Further review of MR5 revealed there was no parental or legal guardian consent for the use of Misoprostol. Interview with EMP1, on February 12, 2020,	M 3205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
M 3205	Continued from page 7 confirmed the pediatric patients in MR1, MR2, MR3, MR4, and MR5 all had abortions at the facility. EMP1 further confirmed there was no documented evidence that there was parental consent for medications that are used in the termination of a pregnancy (abortion) in MR1, MR2, MR3, MR4, and MR5.	M 3205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	INITIAL COMMENT This report is the result of a State licensure survey conducted on February 12, 2020, at Philadelphia Women's Center, Inc. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.	S 0000		
S 033A		S 033A		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 033A	Continued from page 1 553.3 (1) Governing Body Responsibilities 553.3 Governing Body responsibilities include: (1) Conforming to all applicable Federal, State, and local laws. This REGULATION is not met as evidenced by:	S 033A	Plan of Correction: Philadelphia Women's Center will hold three distinct committee meetings quarterly- Quality Improvement Committee, Infection Control Committee and Patient Safety Committee. Each meeting will officially adjourn prior to starting the next. Meeting minutes for these three meetings will be kept separately from one another As relates to this deficiency as noted in our site survey; 1. Contain elements detailing how the facility will correct the deficiency as it relates to the individual; - Philadelphia Women's Center will hold Infection Control Committee meetings quarterly. Each meeting will have its own agenda and meeting minutes. - Philadelphia Women's Center will hold Patient Safety Committee meetings quarterly. Each meeting will have its own agenda and meeting minutes.	Completion Date: **04/01/2020** Status: **APPROVED** Date: **04/06/2020**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 033A	Continued from page 2	S 033A	2. Indicate how the facility will act to protect patients in similar situations; Philadelphia Women's Center will formally convene and adjourn each individual committee meeting maintaining the minutes of each separately (Quality Improvement Committee, Infection Control Committee and Patient Safety Committee) - Philadelphia Women's Center will hold Infection Control Committee meetings quarterly. Each meeting will have its own agenda and meeting minutes. - Philadelphia Women's Center will hold Patient Safety Committee meetings quarterly. Each meeting will have its own agenda and meeting minutes. 3. Include the measures the facility will take or the systems it will alter to ensure that the problem does not	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 033A	Continued from page 3	S 033A	recur; Philadelphia Women's Center will formally convene and adjourn each individual committee meeting maintaining the minutes of each separately (Quality Improvement Committee, Infection Control Committee and Patient Safety Committee) - Philadelphia Women's Center will hold Infection Control Committee meetings quarterly. Each meeting will have its own agenda and meeting minutes. - Philadelphia Women's Center will hold Patient Safety Committee meetings quarterly. Each meeting will have its own agenda and meeting minutes. 4. Indicate how it plans to monitor its performance to make sure that solutions are sustained; The Deputy Administrator is responsible for ensuring that the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 033A	Continued from page 4	S 033A	convening and adjourning of each meeting is audibly clear and that separate meetings are formally held and that minutes are maintained for each committee(Quality Improvement Committee, Infection Control Committee and Patient Safety Committee) . This will begin with our next quarterly meeting series. Center Administrator will ensure task is completed as stated above. Provide dates when corrective action will be completed 04.01.2020	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 033A	Continued from page 5 Based on a review of facility documents and interview with staff (EMP), it was determined the facility failed to conform to all applicable State regulation. The Philadelphia Women's Center was not in compliance with the following state regulation: "Act 13 of 2002 MEDICAL CARE AVAILABILITY AND REDUCTION OF ERROR (MCARE) ACT Section 307. Patient safety plans. (a) Development and compliance--A medical facility shall develop, implement and comply with an internal patient safety plan that shall be established for the purpose of improving the health and safety of patients. The plan shall be developed in consultation with the licensees providing health care services in the medical facility. (b) Requirements--A patient safety plan shall: (1) Designate a patient safety officer as set forth in	S 033A		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 033A	Continued from page 6 section 309. (2) Establish a patient safety committee as set forth in section 310. (3) Establish a system for the health care workers of a medical facility to report serious events and incidents which shall be accessible 24 hours a day, seven days a week. (4) Prohibit any retaliatory action against a health care worker for reporting a serious event or incident in accordance with the act of December 12, 1986 (P.L.1559, No.169), known as the Whistleblower Law. (5) Provide for written notification to patients in accordance with section 308(b). Section 310. Patient safety committee. (b) Responsibilities.--A patient safety committee of a medical facility shall do all of the following: (1) Receive reports from the patient safety officer pursuant to section 309. (2) Evaluate investigations and actions of the patient safety officer on all reports.	S 033A		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 033A	Continued from page 7 (3) Review and evaluate the quality of patient safety measures utilized by the medical facility. A review shall include the consideration of reports made under sections 304(a)(5) and (b), 307(b)(3) and 308(a). (4) Make recommendations to eliminate future serious events and incidents. (5) Report to the administrative officer and governing body of the medical facility on a quarterly basis regarding the number of serious events and incidents and its recommendations to eliminate future serious events and incidents. Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to establish a patient safety committee, as required by The Medical Care Availability and Reduction of Error Act of 2002 (MCARE). Findings include: Request was made on February 12, 2020, for facility's Patient Safety Meeting Minutes. Provided	S 033A		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: 00 B. WING:	02/12/2020

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 033A	Continued from page 8 "Philadelphia Women's Center, Inc ... QI [Quality Improvement] Meeting-2019 Q1[Quarter 1] ... ." Review on February 12, 2020, of facility's Patient Safety Meeting Minutes, "Philadelphia Women's Center, Inc ... QI Meeting -2019 ... ," dated Q1, Q2, Q3, Q4 , revealed, facility was holding combined Patient Safety, Infection Control and Quality Meetings. Further revealed Patient Safety Meeting Minutes, Infection Control Meeting Minutes and Quality Meeting Minutes were combined. Review on February 12, 2020, of facility's, "Patient Safety Plan," no date, revealed, " ... II. Patient Safety Committee (PSC) ... ." Interview conducted on February 12, 2020, at 12:00 PM with EMP1 confirmed that the facility did not establish a Patient Safety Committee as required to meet regulations. Further confirmed Patient Safety Meeting Minutes were combined with Infection Control Meeting Minutes and Quality	S 033A		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 033A	Continued from page 9 Meeting Minutes _____ Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to conform to all applicable State laws. Philadelphia Women's Center was not in compliance with the following State law: "Act 52 of 2007, Medical Care Availability and Reduction of Error (MCARE) Act Chapter 4. Health Care-Associated Infections 40 P.S. § 1303.403. Infection control plan ... (1) A multidisciplinary committee including .... ." This is not met as evidenced by: Based on review of facility documents and interview with staff (EMP), it was determined that the facility failed to establish an infection control committee. Review on February 12, 2020, of facility's,	S 033A		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 033A	Continued from page 10 "Infection Control Plan," no date, revealed, " ... The Infection Control Coordinator will report to the multidisciplinary Infection Control Committee ... ." Request was made on February 12, 2020, for facility's Infection Control Meeting Minutes. Provided "Philadelphia Women's Center, Inc ... QI [Quality Improvement] Meeting-2019 Q1[Quarter 1] ... ." Review on February 12, 2020, of facility's Infection Control Meeting Minutes, "Philadelphia Women's Center, Inc ... QI Meeting -2019 ... ," dated Q1, Q2, Q3, Q4 , revealed, facility was holding combined Patient Safety, Infection Control and Quality Meetings. Further revealed Patient Safety Meeting Minutes, Infection Control Meeting Minutes and Quality Meeting Minutes were combined. Interview conducted on February 12, 2020, at 12:00 PM with EMP1 confirmed that the facility did not establish an Infection Control Committee as	S 033A		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**02/12/2020**

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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 033A	Continued from page 11 required to meet regulations. Further confirmed Infection Control Meeting Minutes were combined with Patient Safety Meeting Minutes and Quality Meeting Minutes.	S 033A		

Certified End Page

PHILADELPHIA WOMEN'S CENTER, INC.

STATE LICENSE NUMBER: 00178701

SURVEY EXIT DATE: 02/12/2020

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

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