STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUP IDENTIFICATION N 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/13/2015		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH STATE LICENSE NUMBER: 9HEG8701	STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD PHILADELPHIA, PA 19154						
PREFIX MUST BE PRECEE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
survey completed on Northeast Health Cer facility was not in co of the Pennsylvania I Regulations § 28 Pa D, Ambulatory Gyne and Clinics.	This report is the result of a Special Monitor survey completed on August 13, 2015, at PP Northeast Health Center. It was determined facility was not in compliance with the requi of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subc. D, Ambulatory Gynecological Surgery in Ho		M 0000	TITI E-	(VA DATE:		
LABORATORY DIRECTOR'S OR PROVIDER/SUPI	PLIER REPRESENTATIVE'S SIGN	NATURE		TITLE:	(X6) DATE:		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/13/2015		
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		STREET ADDRESS, CITY, STATE, ZIP CODE: 2751 COMLY ROAD PHILADELPHIA, PA 19154					
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M 0015	All tissues obtained from a paragraph (8) shall be refri proper preservative solutio laboratory, or incinerator o	MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		M 0015	In compliance with 29.33(15) Requirements for Abortion, states that "all tissues obtain abortions not subject to para (8) shall be refrigerated, froz submersed in proper preserv solution, and transported to a hospital, laboratory, or incin on a regular basis," PPSP Not Health Center purchased a lof freezer on Friday, August 28 No later than 9/10/2015, all at tissue that is not being sent of laboratory testing will be sto the freezer prior to weekly be pickup by our contracted bio waste management vendor. Tabortion tissue specimens (health pathological waste) will be double-bagged in red biohaz bags, labeled with the date of procedure, and placed in the at the end of each procedure PPSP will continue to store specimens over 12 week ges formalin prior to being sent to off-site laboratory for testing required by PA regulations)	which ed from graph zen, rative a erator ortheast ockable 8th. abortion out for ored in riohazard The tuman zardous of freezer day. station in to g (as	Completion Date: 09/10/2015 Status: APPROVED Date: 09/10/2015

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M 0015	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 2			M 0015	disposal. The ASF-person in charge is responsible for ensuring the is in place and in working or will train staff on the new sto procedure and monitor week compliance. The Director of Quality Management will more compliance during scheduled unannounced site visits to the Northeast Health Center.	freezer der. She orage ly for Risk and onitor for l and	

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PLAN OF CORRECTION (POC) ID		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/13/2015		
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(X4) ID PREFIX TAG	,			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
M 0015	Based on observations, review of facility do and interviews with employees (EMP), it w determined that the facility failed to proper human pathological waste. Findings include: Review on August 13, 2015, of facility poli "Infection Control Plan," dated June 25, 20 revealed " Medical Waste Management A infectious waste must be disposed of in acc with the disposal regulations of the state of Pennsylvania. Proper handling of waste is reconsure employees safety, public and environmental safety, and compliance with and state laws for waste disposal Infection waste includes, but is not limited to the foll Human pathological waste removed during or medical procedure, including biological frozen or otherwise Specimens of body for container, including waste blood and blood products. Items contaminated or that have of the state of the foll than the container of the state of the products. Items contaminated or that have of the state of the foll products. Items contaminated or that have of the follows the state of the follows are the state of the follows		icy 015, All cordance finecessary a federal ious lowing: g surgery tissue- fluids in a	M 0015				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 8-5144			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/13/2015		
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M 0015			vaste that vpe of Methods ody storage of d comply athological l ackaged by the is ersonnel. requently eation lers the M, with	M 0015			

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M 0015	Interview on August 13, 2015, at 1:20 PM, EMP1, revealed that the facility did not have freezer or a refrigerator to store human path waste. Interview on August 13, 2015, at 1:25 PM, EMP2, revealed that anything over 12 week placed in Formalin and sent out, via FedEx, contracted laboratory site. Anything under weeks is rinsed, verified and then placed in biohazard bag, without preservative, and plate red biohazard container (box) to await p from the contracted waste management contracted waste management contracted waste.		with ve a hological with ks is a, to the 12 a a red laced in pick-up	M 0015			

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Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701 SURVEY EXIT DATE: 08/13/2015

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

Christine C. Filipovich, MEN, AN

Christine C. Filipovich, MSN, RN
Deputy Secretary For Quality Assurance

Karen M. Murphy, PhD, RN

Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY