| PLAN OF CORRECTION (POC) | | IDENTIFICATION NUMBER: | | | A. BLDG:00 | | COMPLETED: | | | |
|---|---|--|-------------|--|---|------------|--------------------------|--|--|--|
| 8-5130 | | | | B. WING: | | | | | | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER | | | 1144 LOCUST | STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 | | | | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE D BY FULL REGULATORY OF YING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | | (X5) COMPLETE DATE | | | |
| M 0000 | This report is the result of a Special Monitoring survey completed on August 13, 2015, at PPSP Surgical Locust Street Health Center. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of | | | М 0000 | | | | | | |
| M 0015 | Health Regulations § 2 Subchapter D, Ambula in Hospitals and Clinic | 8 Pa Code, Chapter tory Gynecological | 29, | M 0015 | | | | | | |
| LABORATORY I | DIRECTOR'S OR PROVIDER/SUPPLII | ER REPRESENTATIVE'S SIGN | ATURE | | TITLE: | (X6) DATE: | | | | |
| | | | | | | | | | | |

State Form Q3UN11 IF CONTINUATION SHEET Page 1 of 8

| | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
|---|---|---|--|---|--|--------------------------------|---|
| | | 8-5130 | | B. WING: | | 08/13/2015 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | |
| (X4) ID PREFIX TAG | EFIX MUST BE PRECEEDED BY FULL REGULATORY O | | | ID PREFIX TAG | CORRECTIVE ACTION SHO | OULD BE | (X5) COMPLETE DATE |
| M 0015 | Continued from page 1 29.33(15) Requirements for Abortion All tissues obtained from abortions not subject to paragraph (8) shall be refrigerated, frozen, submersed in a proper preservative solution, and transported to a hospital, laboratory, or incinerator on a regular basis for disposition. This REGULATION is not met as evidenced by: | | ospital, | M 0015 | In compliance with 29.33(15) Requirements for Abortion, which states that "all tissues obtained from abortions not subject to paragraph (8) shall be refrigerated, frozen, submersed in proper preservative solution, and transported to a hospital, laboratory, or incinerator on a regular basis," the Surgical Locust Street Health Center has taken the following actions? By 9/18/15, the locking mechanism on the environmental services closet door will be repaired to ensure proper working order which will prevent unauthorized access to biohazardous materials. A work order was submitted to the PPSP Director of Facilities on 8/28/15. The Director of Facilities is responsible for the repair and the ASF person-in-charge will monitor for completion of this work prior to 9/18/15. In addition, the ASF person-in charge will review the requirement to keep the door closed and locked with her team and check status of the door regularly for | | Completion Date: 09/18/2015 Status: APPROVED Date: 09/10/2015 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ | | (X3) DATE SURVEY COMPLETED: | |
|--|---|---|--|--|---|--|--------------------------|
| | | 8-5130 | | | <u>uu</u> | 08/13/2015 | |
| PPSP SUR CENTER | VIDER OR SUPPLIER: GICAL LOCUST STREET | HEALTH | STREET ADDRESS, 1144 LOCUST PHILADELPH | STREET | | | |
| STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION) | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| M 0015 | MUST BE PRECEEDED BY FULL REGULATORY OR LSC | | | M 0015 | compliance. The Director of Quality Management will monitoring scheduled unannounced site visits to the Surgical Locust Street Health Effective 9/1/15, the daily property were revised to ensure the birectorial stream of the storage freezer remains lock unless being accessed. Access includes but it is not limited to unloading, temperature adjust quality inspections, and maintenance. The ASF person-in-charge is responsible training staff on this requirer monitoring for compliance do Director of Risk and Quality Management will monitor for compliance during scheduled unannounced site visits to the Surgical Locust Center. On 8/28/2015, the biohazard freezer was defrosted. The bistorage freezer will be monite the ASF person-in-charge for issues. If ice build-up continue a problem the freezer will | onitor for d and e h Center. rocedures tohazard ed ess loading, stment, ble for ment and laily. The or d and e e storage tohazard tored by r further nues to | |

State Form Q3UN11 IF CONTINUATION SHEET Page 3 of 8

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
|---|--|--|--|--|--|---|--------------------------|
| | | 8-5130 | | | <u></u> | 08/13/2015 | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER | | | STREET ADDRESS, 1144 LOCUST PHILADELPH | STREET | | | |
| · · · · · · · · · · · · · · · · · · · | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| M 0015 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 3 | | | M 0015 | replaced. The Director of Ric Quality Management will che freezer for ice build-up during scheduled and unannounced visits to the Surgical Locust Center. During an unannounced site 9/1/15, the biohazard storage was checked by the Director and Quality Management and build-up was present. On 8/28/15, daily procedures revised to require that all red biohazard bags will be labeled the date of procedure before securely stored in the biohaz storage freezer. Freezer con (POCs) are picked up weekly waste management vendor. ASF person-in-charge is responder training staff on this requand monitoring for compliant to start, then weekly). The Dof Risk and Quality Manage monitor for compliance during scheduled and unannounced visits to the Surgical Locust Health Center. | site Street visit on e freezer of Risk d no ice s were led with being the tents by by our The consible the tirement are (daily birector ment will ng site | |

State Form Q3UN11 IF CONTINUATION SHEET Page 4 of 8

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 08/13/2015 | |
|---|---|--|---|--|---|--|--------------------------|
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | |
| (X4) ID PREFIX TAG | (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SHORES CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| M 0015 | Based on observations, review of facility docum and interviews with employees (EMP), it was determined that the facility failed to properly stohuman pathological waste. Findings include: Review on August 13, 2015, of facility policy "Infection Control Plan," dated June 25, 2015, revealed " Medical Waste Management All infectious waste must be disposed of in accorda with the disposal regulations of the state of Pennsylvania. Proper handling of waste is necestoensure employees safety, public and environmental safety, and compliance with federand state laws for waste disposal Infectious waste includes, but is not limited to the following Human pathological waste removed during surger or medical procedure, including biological tissurfrozen or otherwise Specimens of body fluids container, including waste blood and blood products. Items contaminated or that have come | | icy 115, All cordance necessary federal ous lowing: g surgery tissue- fluids in a | M 0015 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130 | | (X2) MULTI A. BLDG: _ B. WING: _ | | (X3) DATE SURVE COMPLETED: 08/13/2015 | EY | | |
|---|--|--|---|---|----------|---|----|--|--|
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDI IDENTI | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | HOULD BE | (X5) COMPLETE DATE | | | |
| M 0015 | Continued from page 5 contact with blood and other bodily fluids, including all sharps discarded equipment and, waste that was contaminated with pathogens in any type of laboratory work PPSP Waste Disposal Methods Substance All tissue (including POC), body fluids, blood container: Red Bags Disposal Methods: Off-site incineration On-site storage of waste prior to treatment and disposal should comply with the following guidelines: Human pathological waste removed during surgery or a medical procedure shall be bagged and frozen or packaged in formalin and stored until it is picked-up by the waste hauler Access to the storage area is locked and limited to authorized medical personnel. Medical waste must be picked up no less frequently than once every thirty days. Each clinic location should arrange with the medical waste haulers the particular day for pick-up" Interview on August 13, 2015, at 11:15 AM, with EMP1 revealed that biohazards, including human pathological waste (such as products of conception-POCs) are picked up weekly, either on Monday or | | aste that pe of fethods ody torage of d comply athological ckaged by the is ersonnel. requently ation ders the | M 0015 | | | | | |

State Form Q3UN11 IF CONTINUATION SHEET Page 6 of 8

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: | | (X3) DATE SURVEY COMPLETED: | | |
|---|---|--|--|--|----------------------|--|------|--|
| 8-5130 | | | A. BLDG: _ B. WING: _ | A. BLDG:00 B. WING: 08/13/2015 | | | | |
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER | | | STREET ADDRESS, 1144 LOCUST PHILADELPI | STREET | | | | |
| | E NUMBER: 00238701 | OF DEFICIENCIES (FACIL DE | PICIENCY | ID | | | (VE) | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION) | | ID PREFIX TAG | CORRECTIVE ACTION SH | OVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE DATE OSS-REFERENCED TO THE APPROPRIATE CX5) COMPLET DATE | | |
| M 0015 | Continued from page 6 | | | М 0015 | | | | |
| | Tuesday, by a contracted waste management company. | | | | | | | |
| | Observation on August | | | | | | | |
| | EMP1, revealed an env | | cioset | | | | | |
| | containing used biohaz environmental services | | ad and | | | | | |
| | appeared that the locking | | | | | | | |
| | working properly in ord | _ | | | | | | |
| | access to biohazardous | - | | | | | | |
| | Observation on August 13, 2015, at 11:40 AM, with EMP1, revealed an unlocked, biohazard storage freezer located on a countertop. Observation of the freezer revealed a heavy accumulation of ice and frost build up and several freezer bags containing red biohazard bags. The red biohazard bags contained POCs. | | | | | | | |
| | Two of the red biohaza EMP1 revealed that the weeks. However, this c EMP1 also indicated th | ey were from the las | t two ed. | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-5130 | | | A. BLDG: <u>00</u> | | (X3) DATE SURVEY COMPLETED: 08/13/2015 | | | | | |
|--|---|--|--------------------|---|---|--|--------------------------|--|--|--|
| NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH | | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET | | | | | | |
| CENTER | | | PHILADELPH | HIA, PA 19 | 107 | | | | | |
| STATE LICENS | E NUMBER: 00238701 | | | | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | | (X5) COMPLETE DATE | | | |
| M 0015 | Continued from page 7 containing POCS, are not usually labeled with a date. The facility failed to properly store human pathological waste. | | vith a | M 0015 | | | | | | |

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Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701 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, man, 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