Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH ((XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144 CENTER	STREET ADDRESS, 2751 COMLY	A. BLDG:0 B. WING: CITY, STATE, ZII ROAD		(X3) DATE SURVE COMPLETED: 11/18/2013	37
STATE LICENSE NUMBER: 9HEG8701		PHILADELPI	HIA, PA 191	54		
PREFIX MUST BE PRECEEDI	^C OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
M 0000 INITIAL COMMENT This report is the result survey conducted on S PPSP far Northeast He determined the facility requirements of the Pe Health Regulations § 2 Subchapter D, Ambula in Hospitals and Clinic	eptember 19, 2013, ealth Center. It was was in compliance nnsylvania Departm 28 Pa Code, Chapter atory Gynecological	at the with the ent of 29,	M 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLI	IER REPRESENTATIVE'S SIGN	IATURE	. 1	TITLE:	(X6) DATE:	
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	STATEMENT OF DEFICIENCIES AND(XI) PROVIDER/SUPPLIER/PLAN OF CORRECTION (POC)IDENTIFICATION NUMBER			(X2) MULTH	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
FLAN OF CON	RECTION (FOC)				00	11/18/2013	
		8-5144				11/10/2013	
	VIDER OR SUPPLIER: NORTHEAST HEALTH (CENTER	STREET ADDRESS, 2751 COMLY		IP CODE:		
STATE LICENS	e number: 9HEG8701		PHILADELP	HIA, PA 191	154		
STATE LICENS	E NUMBER. /11200/01						
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TAG	IDENTI	FYING INFORMATION)			CROSS-REFERENCED TO THE		DATE
S 0000	INITIAL COMMENT			S 0000			
	This report is the resul						
	survey conducted on September 19, 2013, Far Northeast Health Center. It was detern facility was not in compliance with the rec						
	of the Pennsylvania De						
	and Regulations for A	-					
	Annex A, Title 28, Par	· •	1 F,				
	Chapters 551-573, Nov	vember 1999.					
S 033A				S 033A			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	ATURE	<u> </u>	TITLE:	(X6) DATE:	
State Form		26V511				IF CONTINUAT	TON SHEET Page 1 of 9

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Pennsylvania Department of Health

PLAN OF COF	OF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER:	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144	STREET ADDRESS	A. BLDG: B. WING: , CITY, STATE, Z	PLE CONSTRUCTION: 00 IP CODE:	(X3) DATE SURV COMPLETED: 11/18/2013	ΈΥ
	NORTHEAST HEALTH	CENTER	2751 COMLY PHILADELP		154		
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 033A	Continued from page 1 553.3 (1) Governing Body 553.3 Governing Body resp (1) Conforming local laws. This REGULATION is no	onsibilities include: to all applicable Federal,	, State, and	S 033A	PPSP Chief Operating Offic Manager of Center Quality v consultation will revise PPS current reporting protocol to reporting requirements for st sexual assault as defined by law. The updated protocols v include language on when to ascertain if the child (patient care under 16 years of age) H sexual intercourse with an in who was four or more years than the child. The revised p will be in place by January 1 and all health center staff wi training on this protocol by H 15, 2014. Revised protocol a evidence of training will be a	vith legal P's include atutory State vill in our nad dividual older rotocol 5, 2014 Il receive February and	Completion Date: 12/06/2013 Status: APPROVED Date: 12/30/2013

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 11/18/2013	EY
PPSP FAR	VIDER OR SUPPLIER:	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPH	ROAD			
STATE LICENS	SE NUMBER: 9HEG8701						
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 2 Based on a review of f medical record (MR), a (EMP), it was determin conform to all applicat PPSP Far Northeast He compliance with the for The Pennsylvania Crim Protective Service Law Sexual intercourse with age is always a crime w relationship of the offer the "consent" of the ch 3121(c)Rape of a child with serious bodily inj deviate sexual intercou Involuntary deviate sex with serious bodily inj a child less than 13 yea consent to sexual intercou	and interview with s ned that the facility f ole State laws. ealth Center was not ollowing State laws: mes Code and the Ch v h a child less than 13 without regard to the ender, and without re tild. See 18 Pa. C. S d, 3121(d) Rape of a ury, 3123(b) Involur urse with a child, 312 xual intercourse with ury. Under Pennsylv ars of age is incapable	taff vailed to in ild by years of age or gard to by the second child tary 23(c) n a child vania law,	S 033A			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULTI A. BLDG: B. WING:		(X3) DATE SURVE COMPLETED: 11/18/2013	ΞY
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH	CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
STATE LICENS	e number: 9HEG8701						
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 3			S 033A			
	Sexual intercourse wit	h a child less than 1ϵ	5 years of				
	age is a crime if the of		•				
	older than the child, ar						
	not married to each oth	<u> </u>					
	Statutory sexual assau deviate sexual intercou		-				
	an unmarried individu	-					
	incapable of consent to	-	-				
	person who is four or i	more years older.					
	Accordingly, under all than 13 years of age w have a sexually-transm child "upon whom inju violation of [a] penal 1 So is any child less that person who caused the the child to have a sex condition, is four or m	who is pregnant, or is nitted disease or conc uries have been inflic aw of this Commony an 16 years of age if e pregnancy, or who ually-transmitted dis	found to dition, is a cted in wealth." the caused wease or				
	and is not married to the with a child less than here pregnant, or who has a	13 years of age who i	is				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 11/18/2013	EY
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(X4) ID PREFIX TAG	MUST BE PRECEED	[°] OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 4 or condition, therefore those health care provi §5106 (a), to report un circumstances. Contac years of age who is pro- sexually-transmitted d duty to report under th who caused the pregna- to have a sexually-tran- is four or more years of married to the child. F by the Crimes Code is punishable by fine and In addition to the repor Crimes Code, the amer- made to the CPSL hav report suspected child [a] person who, in the occupation or practice contact with children s to be madewhen the to suspect, on the basis	ders identified in 18 der the crimes code et with a child less the egnant, or who has a isease or condition, t e Crimes Code if the mcy, or who caused smitted disease or co- lder than the child an failure to report as re a summary offense /or imprisonment. thing obligations und ndments the legislatu e expanded the oblig abuse and now speci- course of employme of a profession, com- chall report or cause a person has reasonab	Pa.C.S. in all an 16 riggers a person the child ondition, and is not equired er the ure has gation to ify that nt, ues in a report le cause	S 033A			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 11/18/2013	EY
NAME OF PROVIDER OR SUPPLIER: PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701		CENTER	STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD			
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S 033A	Continued from page 5 other training and expe- care, supervision, guid or of an agency, institu entity with which that child abuse, including is not a perpetrator This is not met as evid 1) Based on a review of interview with staff (E the facility failed to de reporting requirements victims as defined in th and the Child Protectiv Findings include: A request was made to 2013, for a facility pol reporting to appropriat Pennsylvania Crimes O	lance or training of the ation, organization of person is affiliated is child abuse by a per- lenced by: of facility policies an CMP), it was determine evelop a policy that no s for statutory sexual the Pennsylvania Crin we Services Law.	hat person r other s victim of son who d ned that net the assault mes Code er 19, al I to the	S 033A			
	Services law. EMP1 p	provided "Pennsylva	nia Law				

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Pennsylvania Department of Health

PLAN OF COR NAME OF PRO PPSP FAR	OF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER: NORTHEAST HEALTH (SE NUMBER: 9HEG8701	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144 CENTER		A. BLDG: _ B. WING: _ CITY, STATE, Z ROAD	ZIP CODE:	(X3) DATE SURVI COMPLETED: 11/18/2013	ΞY
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 6 and Child Abuse Repo 2012, which revealed ' ("statutory rape") is see person is under the age more years older. it is mandated reportable in An interview with EM at approximately 2:00 facility policy is what child abuse. 2) Based on a review of interview with staff (E the facility cared for un under the age of 16 and ascertain if the child has individual who was for the child for two of 17 (MR1 and MR2).	 Statutory sexual a xual intercourse where of 16 and the other a crime, however it acident" P1 on September 19 PM confirmed that t the facility follows for the facility follows for the facility follows for the facility falled to ad sexual intercourse ar or more years older 	ssault en one is 4 or is NOT a , 2013, he above or reporting MR) and hed that hildren o e with an er than	S 033A			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 11/18/2013	
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S 033A	Continued from page 7 Findings include: A review of MR1 reve medical record was an who was under the age MR1 revealed no docu ascertained if the child an individual who was the child. A review of MR2 reve medical record was an who was under the age MR2 revealed no docu ascertained if the child an individual who was the child. An interview with EM at approximately 2:00 MR2 revealed no docu ascertained if the child	unmarried pregnant e of 16. A further re- umentation that the fa had sexual intercou- four or more years of aled the patient liste- unmarried pregnant e of 16. A further re- umentation that the fa had sexual intercou- four or more years of P1 on September 19 PM confirmed that M- umentation that the fa	patient view of acility rse with older than d in the patient view of acility rse with older than , 2013, MR1 and acility	S 033A			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-5144			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 11/18/2013	ΞY	
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Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER STATE LICENSE NUMBER: 9HEG8701 SURVEY EXIT DATE: 11/18/2013

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

Nancy & hescavag

Nancy J. Lescavage Deputy Secretary for Quality Assurance



OLA M

Rachel L. Levine, MD Acting Secretary of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY