Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING:		(X3) DATE SURVEY COMPLETED: 08/25/2015			
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107						
STATE LICENS (X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	(X5) COMPLETE DATE			
S 0000	INITIAL COMMENT Facility ID# 00238701 Component 01 Lower Level Based on a Relicensure Survey completed on August 25, 2015, it was determined that Ppsp Surgical Locust Street Health Center was not if compliance with the following requirements of Life Safety Code for a new Ambulatory health occupancy. Compliance with the National Fired Protection Association's Life Safety Code is required by 28 Pa Code § 569.2. This is a three-story, with a lower level, Type (000), unprotected noncombustible construction building, which is fully sprinklered.		osp oot in ts of the alth care Fire s rpe II	S 0000					
S 0012				S 0012					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN.	ATURE		TITLE:	(X6) DATE:			
State Form		6DDR2	1			IF CONTINUAT	ION SHEET Page 1 of 5		

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Pennsylvania Department of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130		(X2) MULTIPLE CONSTRUCTION: A. BLDG:01 B. WING:		(X3) DATE SURVEY COMPLETED: 08/25/2015			
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107						
STATE LICENS	e number: 00238701								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
S 0012	Continued from page 1			S 0012					
	 28 Pa. Code § 569.2 Fire Safety Standards (a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which is currently adopted by the Department. (b) An ASF previously in compliance with prior editions of the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by the Department. Buildings two or more stories in height and of Type II (000), III (200), or V (000) construction are equipped throughout with a supervised approved automatic sprinkler system in accordance with section 9.7, 20.1.6.3. This REGULATION is not met as evidenced by: 			The quarterly and annual inspection/test of the automa sprinkler system at 1144 Loc Street will be conducted in compliance with NFPA Life Code 28 PA Code ? 569.2 . September 26, 2015 the inspection/test schedule for t 12 months will be set with th automatic sprinkler system contractor to ensure that the inspection/test occurs in each four quarters of the calendar The monthly life safety chec will be amended to include th of scheduling the following quarter?s automatic sprinkler inspection. The Director of F will audit the log quarterly.	sust Safety By he next he next he nof the year. k sheet he task r system	Completion Date: 09/26/2015 Status: APPROVED Date: 09/23/2015			

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Pennsylvania Department of Health

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130		(X2) MULTIPLE CONSTRUCTION: A. BLDG:01 B. WING:		(X3) DATE SURVEY COMPLETED: 08/25/2015			
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			1144 LOCUST	DRESS, CITY, STATE, ZIP CODE: CUST STREET ELPHIA, PA 19107					
STATE LICENS	e number: 00238701								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
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S 0144			the the tested 15, at vailable automatic e first 5.	S 0144					

State Form

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Pennsylvania Department of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING:		(X3) DATE SURVEY COMPLETED: 08/25/2015				
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	CITY. STATE. Z	UP CODE:					
	GICAL LOCUST STREET	HEALTH	1144 LOCUST STREET							
CENTER			PHILADELPHIA, PA 19107							
STATE LICENS	e number: 00238701									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE			
S 0144	Continued from page 3			S 0144						
	 Continued from page 3 28 Pa. Code § 569.2 Fire Safety Standards (a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which is currently adopted by the Department. (b) An ASF previously in compliance with prior editions of the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by the Department. Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1, NFPA 110 This REGULATION is not met as evidenced by: 			Effective August 28, 2015 in compliance with National Fire Protection Association 101 Life Safety Code, NFPA 99. 3.4.4.1, NFPA 110 the generator weekly visual inspection log was amended to include the voltage of the emergency generator sealed battery. Effective September 1, 2015 the battery voltage is recorded on the weekly generator inspection log. By October 13, 2015 all Facilities Department staff will be trained on the reading and recording of the battery voltage. The Director of Facilities will audit the log quarterly.		Completion Date: 10/13/2015 Status: APPROVED Date: 09/23/2015				

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Pennsylvania Department of Health

PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5130		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING:		(X3) DATE SURVEY COMPLETED: 08/25/2015			
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	L CITY STATE 7	IP CODE:				
	GICAL LOCUST STREET	HEALTH	1144 LOCUST						
CENTER			PHILADELPHIA, PA 19107						
CENTER					107				
STATE LICENS	e number: 00238701								
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORREC	TION (FACH	(X5)		
PREFIX		ED BY FULL REGULATORY O		PREFIX TAG	CORRECTIVE ACTION SH		COMPLETE		
TAG	IDENTI	FYING INFORMATION)			CROSS-REFERENCED TO THE A	APPROPRIATE	DATE		
	a								
S 0144	Continued from page 4			S 0144					
	Based on documentation	on review and interv	iew, it						
	was determined the fac	vility failed to ensure	the						
	was determined the facility failed to ensure the sealed emergency generator battery voltage was								
	tested on a weekly basi	is on one of one gen	erator.						
	Findings include:								
	Dogumentation review	ad on August 25, 20	15 of						
	Documentation review	-							
	10:00 am, revealed rec	ords were unavailab	le						
	indicating the voltage of	of the emergency get	nerator						
	sealed battery had beer	n conducted on a we	eklv						
	basis.		- III y						
	Uasis.								
	Interview with the Administrator on August 2.								
	2015, at 10:30 am, confirmed the records we								
	available.								

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Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 SURVEY EXIT DATE: 08/25/2015

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, RM

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

Karen M. Murphy, BhD, R.)

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