PLAN OF CORRECTION (POC)		IDENTIFICATION NUMBER: A. BLI		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 08/27/2015	
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				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	(X5) COMPLETE DATE		
S 0000	INITIAL COMMENT Facility ID# 9HEG8701 Component 01 Based on a Relicensure Survey completed on August 27, 2015, it was determined that Ppsp Far Northeast Heath Center was not in compliance with the following requirements of the Life Safety Code for a new Ambulatory health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 28 Pa Code § 569.2. This is a one story, Type V (000), unprotected wood frame construction building, which is not sprinklered.		S 0000				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNA			ATURE		TITLE:	(X6) DATE:	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
8-5144			A. BLDG: <u>01</u> B. WING:		08/27/2015		
PPSP FAR	VIDER OR SUPPLIER: NORTHEAST HEALTH (SE NUMBER: 9HEG8701		STREET ADDRESS, 2751 COMLY PHILADELPI	ROAD	154	CTION (EACH	(X5)
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE DATE
S 0046	MUST BE PRECEEDED BY FULL REGULATORY OR LS IDENTIFYING INFORMATION) 28 Pa. Code § 569.2 Fire Safety Standards (a) An ASF shall meet the applicable edition of Nation Fire Protection Association 101 Life Safety Code, which currently adopted by the Department. (b) An ASF previously in compliance with prior edition the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or no construction shall meet the current edition adopted by Department. Emergency illumination is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1 This REGULATION is not met as evidenced by:		which is litions of h r new by the	S 0046	The Comly Road location shat the applicable edition of Nat Fire Protection Association Safety Code, which is currer adopted by the Department a ensure emergency illuminating provided in accordance with 7.9. 20.2.9.1, 21.2.9.1 The battery for the emergency directional sign at exit D in a was replaced and charged or August 28, 2015. The Facilian Department staff will continuously with National Fire Phassociation 101 Life Safety conducting the 30 second metest and the 90 minute yearly Staff will continue to record and actions taken to remedy equipment failure in the More Test of illuminated EXIT signergency Lighting and oth safety features at 2751 Comphiladelphia, PA 19154 log	tional 101 Life ntly and ion is a section ey exit room 100, n ties ue to Protection Code by onthly y test. results nthly gns and her life ly Road,	Completion Date: 08/28/2015 Status: APPROVED Date: 09/23/2015

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5144		(X2) MULTIPLE CONSTRUCTION: A. BLDG:01 B. WING:		(X3) DATE SURVEY COMPLETED: 08/27/2015		
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					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE 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	
S 0046	Based on observation and interview, it was determined the facility failed to provide emerlighting for at least a 1½ hour duration in one location within this facility. Findings include: Observation made on August 27, 2015, betwee 9:05 am and 9:20 am, revealed that in room 1 exit D, the emergency exit directional sign failluminate when tested under emergency power. Interview at the exit conference with the Reg Director of Facilities on August 27, 2015, at am, confirmed the emergency exit directional failed to illuminate.		ween 100, failed to ower. egional at 10:00	S 0046				

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Certified End Page

PPSP FAR NORTHEAST HEALTH CENTER

STATE LICENSE NUMBER: 9HEG8701 SURVEY EXIT DATE: 08/27/2015

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