

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5130</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/13/2015</b>
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NAME OF PROVIDER OR SUPPLIER: <b>PPSP SURGICAL LOCUST STREET HEALTH CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1144 LOCUST STREET PHILADELPHIA, PA 19107</b>
STATE LICENSE NUMBER: <b>00238701</b>	

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M 0000	INITIAL COMMENT	M 0000		
M 0015	<p>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 Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.</p>	M 0015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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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:	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: <b>09/18/2015</b> Status: <b>APPROVED</b> Date: <b>09/10/2015</b>

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M 0015	Continued from page 2	M 0015	<p>compliance. The Director of Risk and Quality Management will monitor for compliance during scheduled and unannounced site visits to the Surgical Locust Street Health Center.</p> <p>Effective 9/1/15, the daily procedures were revised to ensure the biohazard storage freezer remains locked unless being accessed. Access includes but is not limited to loading, unloading, temperature adjustment, quality inspections, and maintenance. The ASF person-in-charge is responsible for training staff on this requirement and monitoring for compliance daily. The Director of Risk and Quality Management will monitor for compliance during scheduled and unannounced site visits to the Surgical Locust Center.</p> <p>On 8/28/2015, the biohazard storage freezer was defrosted. The biohazard storage freezer will be monitored by the ASF person-in-charge for further issues. If ice build-up continues to be a problem the freezer will be</p>	

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M 0015	Continued from page 3	M 0015	<p>replaced. The Director of Risk and Quality Management will check the freezer for ice build-up during scheduled and unannounced site visits to the Surgical Locust Street Center.</p> <p>During an unannounced site visit on 9/1/15, the biohazard storage freezer was checked by the Director of Risk and Quality Management and no ice build-up was present.</p> <p>On 8/28/15, daily procedures were revised to require that all red biohazard bags will be labeled with the date of procedure before being securely stored in the biohazard storage freezer. Freezer contents (POCs) are picked up weekly by our waste management vendor. The ASF person-in-charge is responsible for training staff on this requirement and monitoring for compliance (daily to start, then weekly). The Director of Risk and Quality Management will monitor for compliance during scheduled and unannounced site visits to the Surgical Locust Street Health Center.</p>	

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M 0015	Continued from page 4  Based on observations, review of facility documents and interviews with employees (EMP), it was determined that the facility failed to properly store human 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 accordance with the disposal regulations of the state of Pennsylvania. Proper handling of waste is necessary to ensure employees safety, public and environmental safety, and compliance with federal and state laws for waste disposal. ... Infectious waste includes, but is not limited to the following: Human pathological waste removed during surgery or medical procedure, including biological tissue-frozen or otherwise ... Specimens of body fluids in a container, including waste blood and blood products. Items contaminated or that have come in	M 0015		

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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	M 0015		

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M 0015	<p>Continued from page 6</p> <p>Tuesday, by a contracted waste management company.</p> <p>Observation on August 13, 2015, at 11:30AM, with EMP1, revealed an environmental services closet containing used biohazard containers. The environmental services closet was not locked and appeared that the locking mechanism was not working properly in order to prevent unauthorized access to biohazardous materials.</p> <p>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.</p> <p>Two of the red biohazard bags were undated. EMP1 revealed that they were from the last two weeks. However, this could not be confirmed. EMP1 also indicated that the red biohazard bags,</p>	M 0015		

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M 0015	Continued from page 7  containing POCS, are not usually labeled with a date.  The facility failed to properly store human pathological waste.	M 0015		





# 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, MSN, RN*

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

*Karen M. Murphy, PhD, RN*

*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