STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-5143	A. BLDG: 00 B. WING:	04/10/2017

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: **00178701**	**777 APPLETREE STREET, 7TH FLOOR** **PHILADELPHIA, PA 19106**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0000	INITIAL COMMENT This report is the result of an unannounced revisit survey conducted on January 18, 2017, following a Special Monitoring survey conducted onsite on April 11, 2016 and April 12, 2016, at Philadelphia Women's Center, and completed off-site on on July 18, 2016. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.	S 0000		
S 0150		S 0150		

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

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S 0150	Continued from page 1 551.64 Content of plan of correction 551.64 Content of Plan of Correction A plan of correction shall address deficiencies cited in the compliance directive of the Department. the plan shall state specifically what corrective action is to be taken, by whom and when. This REGULATION is not met as evidenced by:	S 0150	Following the implementation of Electronic Medical Records and our most recent DoH survey results, we have engaged with our IT company to create an electronic workflow that will populate the discharge summary. A quick text was designed to be utilized by the physician detailing that the patient has been cleared for discharge following their cervical preparation visit on day 1. Additionally, we are building a "hard stop" into the system to ensure that staff are offering a printed discharge summary to every patient prior to leaving the clinic on day 1 of their 2 day procedure. 1. The deficiency will be corrected as it relates to the individual by including a signed physician order for discharge of a patient from the facility who has had pre-operative dilators placed in preparation for an abortion the following day. 2. No patients or staff were harmed by this deficiency and to ensure continued safety for patients and	Completion Date: **06/01/2017** Status: **APPROVED** Date: **05/02/2017**

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S 0150	Continued from page 2	S 0150	staff in similar situations, the updated procedure will be reviewed by the Director of Nursing (DoN) with practitioners and patient records will be monitored for a period of 30 days after implementation ensure compliance by the DoN and Deputy Director (DD). 3. To ensure the problem does not recur, patient records will be monitored by the DoN and DD for 30 days post implementation to ensure compliance. Any issues will be brought to the administrative leadership and the Quality Assurance Committee. 4. To ensure these solutions are sustained, during the quarterly review of medical records, per the existing Quality Assurance Plan, any issues will be brought to medical leadership and the Quality Assurance Committee for review and action by the DoN and DD. 5. This corrective action will be	

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S 0150	Continued from page 3	S 0150	completed by 6/1/17. This time accounts for system build and staff training	

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S 0150	Continued from page 4 Based on review of medical records (MR) and interview with staff (EMP), it was determined the facility failed to correct it's deficient practice based on the Plan of Correction (PoC) as submitted by the facility and approved by the Department. Findings include: 1) Review of 555.24(g) Surgical Services - Postoperative Care revealed the facility continues to be out of compliance with the regulation. The final anticipated completion date was August 25, 2016. Review of the PoC for 555.24 (g) - Postoperative Care revealed "1. The deficiency will be corrected as it relates to the individual by including a signed physician order for discharge of a patient from the facility who has had pre-operative dilators placed in preparation for an abortion procedure the following day." 2) Review on January 18, 2017, of MR1, MR2, MR3, MR4 and MR5 revealed these patients were	S 0150		

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S 0150	Continued from page 5 admitted to the facility for a Two-Day procedure. Further review of MR1, MR2, MR3, MR4 and MR5 revealed there was no documented evidence of a signed physician order for discharge on Day One of the procedure for each patient who had pre-operative dilators placed in preparation for an abortion procedure the following day. 3) Interview with EMP1 on January 18, 2017, at 11:00 AM confirmed there was no documented evidence of s signed physician order for discharge for each patient who had pre-operative dilators placed on Day One in preparation for an abortion procedure the following day in MR1, MR2, MR3, MR4 and MR5. Cross Reference: 555.24 (g) Surgical Services - Postoperative Care	S 0150		

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S 554G		S 554G		

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S 554G	Continued from page 7 555.24 (g) Surgical Services - Postoperative 555.24 Post Operative Care (g) Patients shall be discharged only upon the written signed order of a practitioner. This REGULATION is not met as evidenced by:	S 554G	Following the implementation of Electronic Medical Records and our most recent DoH survey results, we have engaged with our IT company to create an electronic workflow that will populate the discharge summary. A quick text was designed to be utilized by the physician detailing that the patient has been cleared for discharge following their cervical preparation visit on day 1. Additional, we are building a "hard stop" into the system to ensure that staff are offering a printed discharge summary to every patient prior to leaving the clinic on day 1 of their 2 day procedure. 1. The deficiency will be corrected as it relates to the individual by including a signed physician order for discharge of a patient from the facility who has had pre-operative dilators placed in preparation for an abortion the following day. 2. No patients or staff were harmed by this deficiency and to ensure continued safety for patients and	Completion Date: **06/01/2017** Status: **APPROVED** Date: **05/02/2017**

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S 554G	Continued from page 8	S 554G	staff in similar situations, the updated procedure will be reviewed by the Director of Nursing (DoN) with practitioners and patient records will be monitored for a period of 30 days after implementation ensure compliance by the DoN and Deputy Director (DD). 3. To ensure the problem does not recur, patient records will be monitored by the DoN and DD for 30 days post implementation to ensure compliance. Any issues will be brought to the administrative leadership and the Quality Assurance Committee. 4. To ensure these solutions are sustained, during the quarterly review of medical records, per the existing Quality Assurance Plan, any issues will be brought to medical leadership and the Quality Assurance Committee for review and action by the DoN and DD. 5. This corrective action will be	

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S 554G	Continued from page 9	S 554G	completed by 6/1/17. This time accounts for system build and staff training.	

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S 554G	Continued from page 10 Based on review of medical records (MR), review of facility policy and interview with staff (EMP), it was determined the facility failed to ensure each patient was discharged from the facility only upon a written and signed order by the physician for five of five medical records reviewed (MR1, MR2, MR3, MR4, MR5). Findings include: Review of facility policy "Post Operative Care," dated June 17, 2015, revealed " ... (g) Patients shall be discharged only on the written signed order of a practitioner." 1) Review of MR1 on January 18, 2017, revealed the patient was admitted to the facility for a "Two-Day Procedure." Further review of MR1 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on Day One of the "Two-Day Procedure."	S 554G		

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S 554G	Continued from page 11 2) Review of MR2 on January 18, 2017, revealed that the patient was admitted to the faciltiy for a "Two-Day Procedure." Further review of MR2 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on Day One of the "Two-Day Procedure." 3) Review of MR3 on January 18, 2017, revealed that the patient was admitted to the facility for a "Two-Day Procedure." Further review of MR3 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on Day One of the "Two-Day Procedure." 4) Review of MR4 on January 18, 2017, revealed that the patient was admitted to the facility for a "Two-Day Procedure." Further review of MR4 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on Day One of the "Two-Day Procedure."	S 554G		

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S 554G	Continued from page 12 5) Review of MR5 on January 18, 2017, revealed that the patient was admitted to the faciltiy for a "Two-Day Procedure." Further review of MR5 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on Day One of the "Two-Day Procedure." Interview with EMP1 on January 18, 2017, at 11:00 AM confirmed there was no documented evidence the patient was discharged from the facility upon a written and signed order from the physician on Day One of the "Two-Day Procedure" in MR1, MR2, MR3, MR4 and MR5.	S 554G		

Certified End Page

PHILADELPHIA WOMEN'S CENTER, INC.

STATE LICENSE NUMBER: 00178701

SURVEY EXIT DATE: 04/10/2017

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 J. Lescavage
Deputy Secretary for Quality Assurance

Rachel L. Levine, MD
Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY