		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
8-5143				B. WING: 04/10/2017			
	vider or supplier: L PHIA WOMEN'S CENTE	ER, INC.		EEE STREE	T, 7TH FLOOR		
STATE LICENSE NUMBER: 00178701			PHILADELPF	11A, PA 19	106		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)			PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0000	This report is the result of an unannounced revisit survey conducted on January 18, 2017, following a			S 0000			
	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 0150				S 0150			
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5143		B. WING: _		04/10/2017		
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	T, 7TH FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI MUST BE PRECEEDED BY FULL REGULATORY OR I IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0150	Continued from page 1 551.64 Content of plan of Co	Correction all address deficiencies the Department, the plan ctive action is to be take	n shall	S 0150	Following the implementation Electronic Medical Records most recent DoH survey resultance engaged with our IT contone to create an electronic workfi will populate the discharges. A quick text was designed to utilized by the physician detained that the patient has been clear discharge following their cerpreparation visit on day 1. Additionally, we are building stop" into the system to ensultance offering a printed dissummary to every patient proleaving the clinic on day 1 or day procedure. 1. The deficiency will be continued in the individual by including a signed physician for discharge of a patient from facility who has had pre-opedilators placed in preparation abortion the following day. 2. No patients or staff were hely this deficiency and to ensultance in the staff was a staff were hely this deficiency and to ensultance.	and our alts, we ompany flow that summary. The because of the beca	Completion Date: 06/01/2017 Status: APPROVED Date: 05/02/2017	

State Form VFJO12 IF CONTINUATION SHEET Page 2 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		8-5143			00	04/10/2017	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	CT, 7TH FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0150	Continued from page 2			S 0150	staff in similar situations, the updated procedure will be re by the Director of Nursing (I with practitioners and patient records will be monitored for period of 30 days after implementation ensure comply the DoN and Deputy Director (DD). 3. To ensure the problem does recur, patient records will be monitored by the DoN and Eddays post implementation to compliance. Any issues will brought to the administrative leadership and the Quality Assurance Committee. 4. To ensure these solutions a sustained, during the quarter review of medical records, prexisting Quality Assurance Fissues will be brought to medicalership and the Quality Assurance Committee for reviaction by the DoN and DD. 5. This corrective action will	eviewed DoN) It It It It It It It It It I	

State Form VFJO12 IF CONTINUATION SHEET Page 3 of 13

PLAN OF CORRECTION (POC) IDENTIFICATION N		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/10/2017	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	T, 7TH FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0150	Continued from page 3			S 0150	completed by 6/1/17. This ti accounts for system build an training		

State Form VFJO12 IF CONTINUATION SHEET Page 4 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-5143		B. WING:		04/10/2017	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701		ER, INC.	STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	T, 7TH FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 0150	Care revealed "1. The as it relates to the indiv physician order for dis facility who has had proper preparation for an about day." 2) Review on January	MP), it was determine to it's deficient practice on (PoC) as submitted by the Department. Surgical Services realed the facility convith the regulation. It date was August 25 555.24 (g) - Postoped deficiency will be covidual by including a charge of a patient fire-operative dilators attion procedure the facility.	ned the ce based ed by the ntinues to The final 4, 2016. erative prrected a signed from the placed in following	S 0150			
	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						

State Form VFJO12 IF CONTINUATION SHEET Page 5 of 13

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5143			00	04/10/2017	
PHILADE	VIDER OR SUPPLIER: LPHIA WOMEN'S CENTE SE NUMBER: 00178701	ER, INC.	STREET ADDRESS, 777 APPLETE PHILADELP	REE STREE	ET, 7TH FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 0150	admitted to the facility Further review of MR 1 MR5 revealed there we of a signed physician of One of the procedure f pre-operative dilators p abortion procedure the 3) Interview with EMF 11:00 AM confirmed t evidence of s signed pl for each patient who he placed on Day One in procedure the followin MR4 and MR5. Cross Reference: 555.24 (g) Surgical Se	1, MR2, MR3, MR4 as no documented expression of discharge of or each patient who placed in preparation following day. P1 on January 18, 20 there was no document hysician order for disad pre-operative dilater preparation for an along day in MR1, MR2	and vidence in Day had in for an in 17, at ented scharge ators portion 2, MR3,	S 0150			
ſ	l			l			

State Form VFJO12 IF CONTINUATION SHEET Page 6 of 13

PLAN OF CORRECTION (POC) IDENTIFI		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 8-5143		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/10/2017	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETR PHILADELPH	REE STREE	T, 7TH FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 554G				S 554G			

State Form VFJO12 IF CONTINUATION SHEET Page 7 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPL IDENTIFICATION NUM			LIA (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
	8-5143		1		04/10/2017	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION) S 554G Continued from page 7 555.24 (g) Surgical Services - Postoperative 555.24 Post Operative Care		S 554G Following the in Electronic Medi most recent Dob		PROVIDER'S PLAN OF CORRECTORS-REFERENCED TO THE A Following the implementation Electronic Medical Records most recent DoH survey results.	PLAN OF CORRECTION (EACH COMPLETE COMPLETE DATE COMPLETE D	
signed order of a practi	(g) Patients shall be discharged only upon the written signed order of a practitioner. This REGULATION is not met as evidenced by:			have engaged with our IT co to create an electronic workf will populate the discharge s A quick text was designed to utilized by the physician deta that the patient has been clea discharge following their cer preparation visit on day 1. Additionally, we are building stop" into the system to ensu staff are offering a printed di summary to every patient pri leaving the clinic on day 1 or day procedure. 1. The deficiency will be cor it relates to the individual by including a signed physician for discharge of a patient fro facility who has had pre-ope dilators placed in preparation abortion the following day. 2. No patients or staff were h by this deficiency and to ens continued safety for patients	low that ummary. be ailing ured for rvical g a "hard ure that ischarge ior to f their 2 rected as order m the rative n for an	APPROVED Date: 05/02/2017

State Form VFJO12 IF CONTINUATION SHEET Page 8 of 13

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/10/2017	ΞY
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETR PHILADELPH	REE STREE	T, 7TH FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 554G	Continued from page 8			\$ 554G	staff in similar situations, the updated procedure will be reby the Director of Nursing (I with practitioners and patient records will be monitored for period of 30 days after implementation ensure comp by the DoN and Deputy Dire (DD). 3. To ensure the problem doe recur, patient records will be monitored by the DoN and D days post implementation to compliance. Any issues will brought to the administrative leadership and the Quality Assurance Committee. 4. To ensure these solutions a sustained, during the quarter review of medical records, poexisting Quality Assurance P issues will be brought to medicalership and the Quality Assurance Committee for reviaction by the DoN and DD. 5. This corrective action will	viewed DoN) t r a pliance pettor es not DD for 30 ensure be es are lly er the Plan, any dical view and	

State Form VFJO12 IF CONTINUATION SHEET Page 9 of 13

PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/10/2017	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701		ER, INC.	STREET ADDRESS, 777 APPLETR PHILADELPH	REE STREE	T, 7TH FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 554G	Continued from page 9			S 554G	completed by 6/1/17. This ti accounts for system build an training.		

State Form VFJO12 IF CONTINUATION SHEET Page 10 of 13

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
		8-5143		B. WING: _		04/10/2017	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	CT, 7TH FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 554G	Based on review of me of facility policy and in was determined the face patient was discharged written and signed order five medical records resulting include: Review of facility policy and in the patient was discharged only on the patient was admitted. The patient was admitted was discharged from the signed order from the patient was Procedure. The patient was discharged from the signed order from the patient. The patient was discharged from the patient was discharged fro	therview with staff (lility failed to ensure from the facility on er by the physician for viewed (MR1, MR2) by "Post Operative Covealed" (g) Patienthe written signed on Further review of New Ed evidence that the part facility upon a wrobysician on Day Or	EMP), it e each ly upon a for five of ly MR3, Care," Ints shall rder of a evealed a MR1 patient itten and	S 554G			

State Form VFJO12 IF CONTINUATION SHEET Page 11 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5143			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/10/2017	ΞY	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETF PHILADELPI	REE STREE	T, 7TH FLOOR	1		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 554G	2) Review of MR2 on that the patient was addicharged from the growth of the patient was addicted and occuments was discharged from the growth of the patient was addicted and occuments was discharged from the growth occupants which was discharged from the growth occupants was discharged from the growth occupants which was discharged from the growth o	ritted to the facility Further review of Ned evidence that the phe facility upon a wrophysician on Day Or January 18, 2017, remitted to the facility Further review of Ned evidence that the phe facility upon a wrophysician on Day Or January 18, 2017, remitted to the facility Further review of Ned evidence that the phe facility upon a wrophysician on Day Or he facility upon a wrophysician on Day Or	for a MR2 patient itten and ne of the revealed for a MR3 patient itten and ne of the evealed for a MR4 patient itten and	S 554G			

State Form VFJO12 IF CONTINUATION SHEET Page 12 of 13

PLAN OF CORRECTION (POC) IDI		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5143		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/10/2017	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: 00178701			STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 554G	Continued from page 12 5) Review of MR5 on January 18, 2017, rev that the patient was admitted to the facility for "Two-Day Procedure." Further review of MF revealed no documented evidence that the par was discharged from the facility upon a writt signed order from the physician on Day One "Two-Day Procedure." Interview with EMP1 on January 18, 2017, and 11:00 AM confirmed there was no document evidence the patient was discharged from the upon a written and signed order from the phy on Day One of the "Two-Day Procedure" in MR2, MR3, MR4 and MR5.		for a MR5 patient ritten and the of the , at ented the facility thysician	S 554G			

State Form VFJO12 IF CONTINUATION SHEET Page 13 of 13



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

Nancy J. Lescavag

Rachel L. Levine, MD Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY