	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER					(X3) DATE SURVEY COMPLETED:			
PHILADEI	VIDER OR SUPPLIER: LPHIA WOMEN'S CENTE E NUMBER: 00178701	8-5143 CR	B. WING: 07/18/2016 STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
M 0000				M 0000					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			

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I		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:			
		8-5143	A. BLDG:00_ B. WING: 07/18/2016						
PHILADEI	VIDER OR SUPPLIER: LPHIA WOMEN'S CENTE E NUMBER: 00178701	CR	STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	CTION (EACH OULD BE APPROPRIATE	(X5) COMPLETE DATE			
S 0000	This report is the result of 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.		and enter, . It was nee with rtment of atory Care parts A	S 0000					
S 53D1				S 53D1					
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE I		TITLE:	(X6) DATE:			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	BER:		PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED:	X3) DATE SURVEY COMPLETED:	
		8-5143		B. WING:		07/18/2016		
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	T, 7TH FLOOR				
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S 53D1	established policies and pro- rules and regulations the p following.	linical privileges shall for occdures in the bylaws of rocedures shall provide record of the application ed. The delineation "cline administration of anesis	ollow or similar the n, which	S 53D1	1. The deficiency will be as it relates to the individual updating the Medical Bylaw reflect the current practice of requiring an application for a staff members for privileges time of initial appointment of the staff members of staff were by this deficiency and to enscontinued patient and staff staff the Medical Bylaws will reflicurent practice of requiring application requesting privile only at time of initial appoint Consistent with the facility's policy and in accordance with Code § 555.3(e), every memmedical staff shall continue treappraised and reappointed regular intervals no longer the every two years. 3. To ensure the problem of recur, the facility will update facility policy to reflect the correctice of requiring an application that the time of initial appoints only.	by s to f medical at the only. re harmed cure afety, lect the an leges liment. current th 28 Pa. liber of the to be at han does not e the current ication	Completion Date: 09/15/2016 Status: APPROVED Date: 08/26/2016	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/18/2016	ΞY
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	T, 7TH FLOOR			
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S 53D1	Continued from page 2			S 53D1	4. To ensure these solution sustained, the Governing Bod Medical Director and Admin will use the revised policy w reviewing medical staff files issues with reappointment of privileges will be brought to Governing Body for review a action. Consistent with the facurrent policy and in accorda with 28 Pa. Code § 555.3(e), member of the medical staff continue to be reappraised ar reappointed at regular intervalonger than every two years. 5. This corrective action w completed by 9/15/16.	dy, histrator hen Any the and hecility's ance every shall hd als no	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED: 07/18/2016	
		8-5143		B. WING.		07/10/2010	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETI PHILADELPI	REE STREE	T, 7TH FLOOR			
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S 53D1	Based on review of Me credential files (CF) arit was determined the feach medical staff mer application at the time seven credential files recF4). Findings include: Review on April 11, 20 the Medical Staff of TI Center," last approved Section IX - Rules a Credentialing - To assist or contracted by the factoredentialed in compliance of the complete regulations. The facility with a physician unless copy of his/her most regreewal appointment." Review on April 11, 20	of interview with star acility failed to ensurable completed a wrof reappointment for eviewed (CF1, CF2, CF2, CF2, CF2, CF2, CF2, CF2, CF2	ff (EMP), are that eitten r four of CF3, claws of men's realed " mployed aw and or contract des a initial or	S 53D1			

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			(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5143	B. WING: 07/18/2016					
PHILADEI	NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			CITY, STATE, Z REE STREF HIA, PA 19	CT, 7TH FLOOR			
(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 CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 53D1	Cr4 revealed no documentation of an application at the time of their current reappointment period. Interview on April 11, 2016, at 1:00 PM, with EMP1 confirmed there was no documentation of an application for the current reappointment period for CF1, CF2, CF3 and CF4.		S 53D1					
S 551A				S 551A				

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***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5143				07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		ER	STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	T, 7TH FLOOR		
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S 551A	Continued from page 5 555.11 (a) MEDICAL ORI 555.11 Medical orders Written orders (a) Medication or trea authorized persons to admit only upon written and signs within the scope of the practitioner's license. This REGULATION is not	tment shall be administonister drugs and medicated orders of a practition	tions	S 551A	1. The deficiency will be corit relates to the individual by implementing Electronic Me Records (EMR) to ensure the physicians' orders are proper documented and carried out. facility will use standing ord approved by the Medical Dirwhen appropriate. 2. No patients or staff were by this deficiency and to ensure the problem do a period of 30 days after implementation of EMR a quassurance (QA) plan will tarphysicians' orders and make they are being followed, practitioners are acting within scope of practice, and they a accurately documented in EMB. 3. To ensure the problem do recur, a QA program with the on physicians' orders, practitiscope of practice, and documentation is to be continually period of 30 days after the implementation of EMRs. A	edical at cly The ders rector harmed cure afety, the uality get sure in their re being MRs. bes not e focus tioners' mued for	Completion Date: 09/15/2016 Status: APPROVED Date: 08/25/2016

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5143		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 07/18/2016	EY
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETE PHILADELPI	CITY, STATE, Z REE STREE	EIP CODE: CT, 7TH FLOOR			
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 551A	Continued from page 6			S 551A	issues will be brought to medeadership and the Quality Assurance Committee for reaction. 4. To ensure these solutions sustained, medical records at reviewed quarterly, per the e Quality Assurance Plan, and issues will be brought to medeadership and the Quality Assurance Committee for reaction. 5. This corrective action will completed by 9/15/16.	view and s are re existing l any dical view and	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5143		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	T, 7TH FLOOR		
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S 551A	Based on review of Memedical records (MR) (EMP), it was determine physician's orders and medication was administed to a signed of within the scope of the of 18 medical records of MR7, MR9, MR10, MR16, MR17, MR18). Findings include: Review of April 11, 20 the Medical Staff of The Center," approved Now Section IX - Rules and Administration - Drugs upon the proper order of the scope of the practit.	and interview with shed the facility failed failed to ensure that istered upon a writter der of a practitioner's licens reviewed (MR1, MR1811, MR13, MR15). Olfo, of facility's "Bythe Philadelphia Wondermber 2012 revealed Regulations 6. Mes shall be administer of a practitioner actinioner's license"	taff I to follow n, acting e for 11 25, daws of nen's d' dedication ed only ng within	S 551A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5143		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETF PHILADELPI	REE STREE	T, 7TH FLOOR			
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S 551A	Record" revealed the p Morphine 4 mg IV at 1 "Post-Procedure Nursin was administered at 13 review of MR1 "Physic revealed no documenta orders by a practitioner the practitioner's licens these medications. Interview on April 12, EMP2 confirmed there written and signed orde within the scope of the administration of Morp 10:02 AM for the patie May 17, 2016, at 11:45 confirmed there was no "Physician's Orders Re given IV at 1:36 PM. 2) Review of MR5 "Pr Record" revealed that 2	0:02 AM and on the ng Record" Zofran 4:36 (1:36 PM). Further Fundamental Process of the American Section of a written and a cating within the section of a transfer administration of the American Section of the American Section of the American Section of the Interview of AM, with EMP2 of documentation on aport" for the Zofran Section of the Procedure Nursing Section 1:36 PM.	ther "" I signed cope of tion of a acting e for the nistered at w on the 4 mg	S 551A			

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		8-5143		B. WING:		07/18/2016		
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		CR	STREET ADDRESS, 777 APPLETR PHILADELPH	REE STREE	T, 7TH FLOOR			
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S 551A	administered at 10:26 A "Physician's Order Rep evidence of a written a practitioner acting with practitioner's license for medication. Interview on May 17, 2 MR5 "Physician Order documentation that Zo a practitioner acting wi practitioner's license for medication. 3) Review of MR7 "Pro Record," dated March 2 patient was administered mg IV at 8:50 AM and [by mouth] at 9:12 AM Review of MR7 "Post- revealed that the patient PO at 13:30 (1:30 PM)	cont" revealed no door and signed order by a min the scope of the part the administration 2016, with EMP2 con Report" did not have fran 4 mg IV was order than the scope of the part the administration 26, 2016, revealed the ded Toradol [Ketorola Misoprostol 600 mg I on March 26, 2016 Procedure Nursing Fat received Tylenol 1	of this Infirmed the dered by the of this the of this Infirmed the dered by the of this this the of this this this this this this this this	S 551A				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER 8-5143			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/18/2016	EY	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETH PHILADELPH	REE STREE	ET, 7TH FLOOR	1		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 551A	PO at 13:30. Review of MR7 "Phys March 26, 2016, revea Azithromycin 1 gram mg, Ketorolac 30 mg I checked off. Further mo documentation of a "Physician's Order Rej documented evidence signed the orders for the medications administe 26, 2016. Interview on May 17, EMP1 and EMP2 indicorder Report," dated May the physician's signature that the copy provided contain the physician's offered to provide their the facility declined. These medications were	led Misoprostol 600 PO and Acetaminoph IV PRN for pain was eview of this form rephysicians signature port." There was not that the physician with a dministration of red to the patient on 2016, at 11:55 AM, wated that MR7 "Phymarch 26, 2016, continue. The facility was in to the Department designature. The Depart copy to the facility where was no evidence.	meg, nen 1000 evealed e on the rote and March with rsician's ained informed id not artment , in which e that	S 551A			

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***************************************		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 8-5143			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/18/2016		
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106					
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S 551A	order by the physician. 4) Review of MR9 "Port Record," revealed that "Tylenol 1000 mg (mil" 1430." Review of "Phrevealed no documented wrote and signed an or "Tylenol 1000 mg." 5) Review of MR10 "Frecord," revealed that "Zofran 4 mg" IV (introf "Physician's Order Frecord and order for the mg." 6) Review of MR11 "Frecord," revealed that "Ibuprofen 800 mg" Port Physician's Order Repevidence that the physician's Order Repevidence that the physician.	ost-Procedure Nursing the patient was admagned evidence that the ender for the administration of "20 Post-Procedure Nursing administration of "20 Post-Procedure Nursing the patient was administration of "20 Post-Procedure Nursing the Post-Proce	inistered outh) at ort" physician ration of ing inistered ." Review rote and Zofran 4 ing inistered eview of cumented	S 551A				

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()		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5143		B. WING:		07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETH PHILADELP	REE STREE	T, 7TH FLOOR	1		
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S 551A	order for the administration of the administ	Physician's Order Ref., revealed an order of the patient was adminstered to the patient was a	port," for PO x 1;" w of nat the s on 7 4, 2016 m PO x 1." d," am dose ing inistered other r sheet evealed wrote	S 551A			

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5143		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106					
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S 551A	"Tylenol 1000 mg." 9) Review of MR16 "Predated March 23, 2016, "Misoprostol 400 mcg revealed no documented was administered "Mison March 23, 2016. Review of MR16 "Phy March 24, 2016, reveal "Misoprostol" and an of Further review of the oridentify the dose and the "Misoprostol" was to be Review of MR16 "Prerevealed that the patier "Misoprostol 400 mcg AM; and "Reglan 10 m via IV, at 11:45 AM, of was no documented ever followed the physician be administered PO instantial and the statement of the properties of the physician be administered PO instantial properties."	revealed an order for PO." Review of MR and evidence that the coprostol 400 mcg" by sician's Order Reported an order for order for "Reglan 10 order revealed that it he route in which there administered to the Procedure Nursing at was administered (micrograms)" PO and TV at 9:32 AM and March 24, 2016. To idence that the facility order for "Reglan" is order for "Reglan".	mg PO." did not e patient. Record," at 9:35 nd again, There ity 10 mg" to	S 551A			

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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S 551A	documented evidence to patient to receive anoth Further review of MR1 Report," dated March 2 for "Azithromycin 1 growst-Procedure Nursing patient was adminstered instead of the 1 gram dophysician. Interview on May 17, 2 EMP2 confirmed this formula for "Interview of MR17" revealed an order for "Interview of the point did not identify the rewas to be administered MR17 "Pre-Procedure that the patient was administered that the patient was administered that the patient was administered that the medication which the medication where the strength of the patient was administered that the order which the medication which the medication where the patient was administered where the patient was administered that the patient was administered where the p	ner dose of "Reglan 1.6" (Physician's Order 24, 2016, revealed aream PO x1." Reviewing Record," revealed described "Azithromycin 500 dose as ordered by the 2016, at 11:42 AM, with a subject of the patient. Reviewing Record," reministered "Misoprosto May 17, 2016, with a redid not contain the	10 mg." r n order of I that the 0 mg" e with eport" g." ealed that edication ew of vealed stol 600 n EMP1 e route in	S 551A			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
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S 551A	11) Review of MR18 " revealed an order for " Further review of the p it did not identify the re was to be administered MR18 "Pre-Procedure that the patient was admined Buccal [placement and the cheek.]" All of these findings w EMP2 during a confere PM, on May 11, 2016. The facility failed to for the administration and/ medications were admined to the complete and signed or within the scope of the	Misoprostol 600 mcgohysician's order revolute in which the moleto the patient. Review Nursing Record," reministered "Misoprost of medication between the reviewed with Evence call at 11:00 All follow the physician's for failed to ensure the inistered upon a writter der by a practioner and other streets.	g." ealed that edication ew of evealed estol 600 eveen gums eMP1 and M-12:00 e orders for hat etten, acting	S 551A			
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		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETE PHILADELPE	REE STREE	T, 7TH FLOOR		
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S 552C				S 552C			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED:	
		8-5143				07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		CR	777 APPLETI PHILADELP	REE STREE	T, 7TH FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH E MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
\$ 552C	which have been approved staff, shall be given to the pand shall include: (1) Application drink before surgery (2) Special patient (3) The regular the ASF for a specific time (4) An uncorrequire admission to the honeed.	a for preoperative proced by the medical patient or responsible per able restrictions upon for preparations to be made quired proximity of the properation of the properation of the patients of the patients and the patients and the patients are available to escort patients who receive local or call decision shall be mainents require a responsible.	lures, rson, od and e by the patient to plicable. ent may edical charge of thesia, ient de	S 552C	1. The deficiency will be conit relates to the individual by documenting that the patient received written preoperative instructions. 2. No patients or staff were by this deficiency and to enscontinued safety for patients staff in similar situations, the will consistently document in patient's record that the patier received pre-operative instructions. 3. To ensure the problem do recur, the facility will monitor records for 30 days post-implementation of documentation requirement as use the information is included and the information is included and the quality Assurance Committee. 4. To ensure these solutions sustained, the facility will ro review pre-operative instructions.	chasee charmed cure and efacility in the cent actions. coes not cor patient to make ded in will be efacility in the cent actions.	Completion Date: 09/15/2016 Status: APPROVED Date: 08/25/2016
					abortion procedures to ensur		

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/18/2016	EY
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			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 CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 552C	Continued from page 18			S 552C	they are up to national standard document in each patien record that they were receive 5. This corrective action will completed by 9/15/16.	t's ed.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS. 777 APPLETI PHILADELP	, CITY, STATE, Z	EIP CODE: CT, 7TH FLOOR	07/18/2010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SECONS - REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 552C	Based on review of me of facility policies and was determined the factor pre-operative instruction the procedure for 18 of reviewed (MR1, MR2, MR7, MR8, MR9, MR MR14, MR15, MR16, Findings include: Review of facility policies and the patient or responsible available to the patient Center website, and shorestrictions upon food understanding that the to the hospital in the experience of the patient of the pat	interview with staff cility failed to providens to each patient part of 18 medical records MR3, MR4, MR5, MR10, MR11, MR12, MR17, MR18). The properative Providence of the person and/or may on the Philadelphia and drink before surpatient may require event of medical needs	(EMP), it le written rior to MR6, MR13, ocedures," ten hich have e given to ade Women's ole gery. An admission "	S 552C			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		₹:		IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:			
		8-5143		B. WING: _	_00	07/18/2016		
PHILADE	VIDER OR SUPPLIER: LPHIA WOMEN'S CENTE E NUMBER: 00178701	ER	STREET ADDRESS, CITY, STATE, ZIP CODE: 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 OATI			
S 552C	documented evidence that written pre-operative instructions were provided to each patient. Interview on May 11, 2016, at 11:10 AM, with EMP1 confirmed there was no documentated evidence that written pre-operative instructions were provided to each patient listed in MR1 through MR18. EMP1 revealed that the facility does not provide patients with pre-operative instructions in a written format.		S 552C					
S 552E				S 552E				

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5143				07/18/2016		
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		CR	STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	CT, 7TH FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE	
S 552E	Continued from page 21 555.22 (e) Surgical Service 555.22 Pre-operative Care (e) Prior to the admir responsibility of the primar person administrating anest patient and the procedure to this identification in the par procedure shall be in writted mechanism to be used to id. This REGULATION is not	nistration of anesthesia, by operating surgeon and thesia to properly identified be performed and to detient's medical record. The policies designating the thirty each surgical patient	I the fy the ocument his	S 552E	1. The deficiency will be conit relates to the individual by consistently following the fapolicy to properly identify an patient information via a Timprior to the insertion of dilate. 2. No patients or staff were heard by this deficiency and to enscontinued safety for patients staff in similar situations, the will review the Time Out pomedical staff and support staclarify when and how Time to be conducted. 3. To ensure the problem dorecur, QA will review charts patients undergoing dilator in to ensure that Time Out was properly conducted and document the patient records. 4. To ensure these solutions sustained, during the quarter review of medical records, pexisting Quality Assurance I issues will be brought to medicalership and the Quality	ecility's and verify me Out ors. harmed sure and e facility elicy with aff to Outs are es not s of ansertion umented are ely eer the Plan, any	Completion Date: 09/15/2016 Status: APPROVED Date: 08/25/2016	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETR PHILADELPH	CITY, STATE, Z REE STREE	IP CODE: CT, 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 552E	Continued from page 22			S 552E	Assurance Committee for revaction. 5. This corrective action will completed by 9/15/16.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/18/2016	
		8-5143		B. WING		07/18/2010	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		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	HOULD BE	(X5) COMPLETE DATE	
S 552E	Continued from page 23			S 552E			
	Based on review of me of facility policy and it was determined that the identify and verify patitive with facility policy, proprocedure for 18 of 18 MR2, MR3, MR4, MR MR9, MR10, MR11, MR15, MR16, MR17, Findings include: Review of facility policy procedures," dated Jun To promote patient saffor verification of correspatient for surgical proto providing abortion so laminara/dilapan insert the staff will perform to verify patient informat 1. After the patient is putable and before the staff.	nterview with staff (I e facility failed to protent information, in a for to the performance medical records (M. 5, MR6, MR7, MR8 MR12, MR13, MR14 MR18). Cy "Time Out- Preope 17, 2015, revealed fety by providing guiect procedure and concedures Procedure ervices, including the following Time Coion: In the Procedure procedure on the processitioned on the processition of the processition	emp), it roperly accordance ce of a R1, B3, b, cerative delines orrect re: Prior ocedures, Out to be Room: cedure				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/18/2016	EY
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETF PHILADELPI	REE STREE	ET, 7TH FLOOR	1		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 552E	surgical team must do PR staff person will in confirmation must incl patient identity, correct correct anesthesia to be the essential equipment available. 3. The patient (2) patient identifiers. patient name and date identical for all abortion who conducted the correct and record the "Time Compliance with the Trust documentation thereof Assurance Committee' Review of MR1, MR2 MR7, MR8, MR9, MR MR14,MR15,MR16, Mr that each of these patients involving the insection (dilators). Further revier revealed no documents	itiate the confirmation ude verification of control to surgical procedure, and the and instrumentation of the will be confirmed. Preferred identifiers of birth. 4. The surgion procedures. 5. The affirmation will initial Dut" time. 6. Confirmation will be included in the streview. " MR3, MR4, MR5, MR10, MR11, MR12, MR17, and MR18 revents had two procedured in the streview of each medical reword and and managed in the streview."	on. This orrect the hat all in is using two are the cal site is PR staff I the chart nation of ind he Quality MR6, MR13, Wealed res, the lapan second	S 552E			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5143		B. WING:		07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETR PHILADELPH	REE STREE	ET, 7TH FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 552E	was performed, in according prior to the insertion of Review of MR17 "Surgrevealed that the "Time documented on the pat initiation of the surgical completed on day two Procedure." Interview of PM, with EMP2 confirms was not documented. Interview on May 17, 2 EMP2 confirmed that the "Time-Out" in order to patient information, in policy, prior to the star	f the laminara/dilapa gical Safety Checklist e Out" time was not ient's chart prior to the al procedure that was of the "Two-Day on May 17, 2016, at med that the "Time- 2016, at 11:21 AM, the facility failed to properly identify an accordance with fac	n. st" he s 12:00 Out" time with perform a nd verify	S 552E			
D 557G				3 3346			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 07/18/2016	EY
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	T, 7TH FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554G	Continued from page 26 555.24 (g) Surgical Service 555.24 Post Operative Car (g) Patients shall be a signed order of a practition This REGULATION is not	re lischarged only upon the er.	e written	S 554G	1. The deficiency will be conit relates to the individual by including a signed physician for discharge of a patient from facility who has had pre-ope dilators placed in preparation abortion procedure the follow day. 2. No patients or staff were by this deficiency and to ensure continued safety for patients staff in similar situations, the updated procedure will be rewith practitioners and patient records will be monitored for period of 30 days after implementation to ensure compliance. 3. To ensure the problem do recur, patient records will be monitored for 30 days post-implementation to ensure compliance. Any issues will brought to the administrative leadership and the Quality Assurance Committee.	n order om the crative on for an wing harmed sure s and e eviewed or a es not e tre be	Completion Date: 08/01/2016 Status: APPROVED Date: 08/25/2016

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/18/2016	EY
PHILADEI	VIDER OR SUPPLIER: LPHIA WOMEN'S CENTE E NUMBER: 00178701		STREET ADDRESS, 777 APPLETF PHILADELPI	REE STREE	T, 7TH FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		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 27			S 554G	4. To ensure these solutions a sustained, during the quarter review of medical records, pexisting Quality Assurance Pissues will be brought to medicalership and the Quality Assurance Committee for revaction. 5. This corrective action will completed by 9/15/16.	ly er the Plan, any dical view and	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER. 8-5143			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETE PHILADELPI	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 SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 554G	Based on review of me of facility policy and in was determined the fact patient was discharged written and signed ord 18 medical records rev MR6, MR8, MR9, MR MR15, MR16, MR17, Findings include: Review of facility policy dated June 17, 2015, respectively be discharged only on practitioner." 1) Review of MR2 rever "Two-Day Procedure." revealed no documented was discharged from the signed order from the signed order from the signed order."	nterview with staff (leility failed to ensured from the facility on er by the physician for fewed (MR2, MR4, MR13, MR13, MR18). Cy "Post Operative Coveraled" (g) Patienthe written signed on the ealed that the patienthe the facility upon a wrighty sician on day one of the content of the facility upon a wrighty sician on day one of the content of the facility upon a wrighty sician on day one of the content of the facility upon a wrighty sician on day one of the content of the facility upon a wrighty sician on day one of the content of the facility upon a wrighty sician on day one of the content of the facility upon a wrighty sician on day one of the content of the facility upon a wrighty sician on day one of the content of the c	EMP), it e each ly upon a for 14 of MR5, MR14, Care," nts shall rder of a t had a MR2 patient itten and	S 554G			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5143		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETH PHILADELP	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	HOULD BE	(X5) COMPLETE DATE	
S 554G	2) Review of MR4 rev "Two-Day Procedure.' revealed no documente was discharged from the "Two-Day Procedure.' 3) Review of MR5 rev "Two-Day Procedure.' revealed no documente was discharged from the signed order from the "Two-Day Procedure.' 4) Review of MR6 rev "Two-Day Procedure.' 4) Review of MR6 rev "Two-Day Procedure.' revealed no documente was discharged from the signed order from the "Two-Day Procedure.' 5) Review of MR8 rev 5) Review of MR8 rev	'Further review of Ned evidence that the phe facility upon a wrophysician on day one realed that the patient' Further review of Ned evidence that the phe facility upon a wrophysician on day one realed that the patient' Further review of Ned evidence that the phe facility upon a wrophysician on day one rephysician on day one	MR4 patient ritten and e of the t had a MR5 patient ritten and e of the t had a MR6 patient ritten and e of the	S 554G			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/18/2016	
		8-5143		B. WING.		07/16/2010	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETF PHILADELPI	REE STREE	CT, 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	HOULD BE	(X5) COMPLETE DATE	
S 554G	"Two-Day Procedure." 6) Review of MR9 rev "Two-Day Procedure." 6) Review of MR9 rev "Two-Day Procedure." 7) Review of MR11 re "Two-Day Procedure." 7) Review of MR11 re "Two-Day Procedure." 8) Review of MR12 re "Two-Day Procedure."	ed evidence that the parties of New Prince o	patient itten and e of the t had a MR9 patient itten and e of the nt had a MR11 patient itten and o of the nt had a MR12	S 554G			
	"Two-Day Procedure."	Further review of N	/IR12				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-5143		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 07/18/2016	ΞY
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS 777 APPLETI PHILADELP	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	HOULD BE	(X5) COMPLETE DATE	
S 554G	was discharged from the signed order from the page 31 "Two-Day Procedure." 9) Review of MR13 re "Two-Day Procedure." revealed no documented was discharged from the page order from the page order from the page order. 10) Review of MR14 re "Two-Day Procedure." revealed no documented was discharged from the page order from the page order from the page order. 11) Review of MR15 re "Two-Day Procedure." 11) Review of MR15 re "Two-Day Procedure." revealed no documented was discharged from the page order from the page or the page of the page or the pag	vealed that the patied Further review of New Prevealed that the patient of	e of the nt had a AR13 patient itten and o of the ent had a AR14 patient itten and e of the ent had a AR15 patient itten and	S 554G			

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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: _		07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		777 APPLETE PHILADELPI	REE STREE	CT, 7TH FLOOR			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 554G	Continued from page 32			S 554G			
	"Two-Day Procedure." 12) Review of MR16 r "Two-Day Procedure." revealed no documente was discharged from the signed order from the p "Two-Day Procedure." 13) Review of MR17 r "Two-Day Procedure." revealed no documente was discharged from the signed order from the p "Two-Day Procedure."	evealed that the patide Further review of Ned evidence that the patide facility upon a wrobysician on day one evealed that the patide Further review of Ned evidence that the patide facility upon a wrobysician on day one	MR16 patient itten and e of the ent had a MR17 patient itten and				
	14) Review of MR18 revealed that the patie "Two-Day Procedure." Further review of M revealed no documented evidence that the p was discharged from the facility upon a wrisigned order from the physician on day one "Two-Day Procedure."		AR18 patient itten and				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5143				07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		CR .	STREET ADDRESS, 777 APPLETR PHILADELPH	REE STREE	CT, 7TH FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554G	Interview on May 17, 2 EMP2 confirmed that t discharged from the fac signed order by the phy	hese patients were n cility upon a written	ot	S 554G			
S 6407				S 6407			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143			PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 07/18/2016	ED:	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETI PHILADELP	REE STREE	T, 7TH FLOOR				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			1110 1111 1111 1111 1111 1111 (1111		OULD BE	(X5) COMPLETE DATE	
S 6407	Continued from page 34 563.12 (6) Form and Context of the ASF shall maintarecord for each patient. Each legible and promptly completed. Patient to stand alone and be easily Medical records must inclus (6) Entries related to a This REGULATION is not	of record in a separate medical the record shall be accura at medicals shall be const didentified as ASF record de at least the following mesthesia administration	structed rds.	S 6407	1. The deficiency will be conit relates to the individual by implementing Electronic Me Records (EMR) to ensure the anesthesia records are accurated documented. 2. No patients or staff were by this documentation deficiand to ensure continued safe patients and staff, a Quality Assurance (QA) system will applied to EMRs. Records we reviewed for a period of 30 c special attention to the compand accuracy of anesthesia red. 3. To ensure the problem do recur, the QA program with focus on reviewing the documentation of anesthesia will be continued for a period days. Any issues will be brownedical leadership and the QA surance Committee for reaction. 4. To ensure these solutions sustained, during the quarter	chical at at ately harmed ency ty for be will be days with eletion ecords. bes not the records d of 30 ught to Quality view and	Completion Date: 09/15/2016 Status: APPROVED Date: 08/25/2016	

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	OF DEFICIENCIES AND PRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5143		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/18/2016	ΞY		
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106						
(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	(X5) COMPLETE DATE				
S 6407	Continued from page 35			S 6407	review of medical records, p Quality Assurance Plan, any will be brought to medical le and the Quality Assurance Committee for review and ac 5. This corrective action will completed by 9/15/16.	issues eadership etion.			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	` '				/EY	
		8-5143		_		07/10/2010		
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS 777 APPLETI PHILADELP	REE STREE	CT, 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	HOULD BE	(X5) COMPLETE DATE		
S 6407	Based on review of me of facility policy and in was determined that the each record contained related to anesthesia admedical records review MR4, MR5, MR6, MR MR12, MR13, MR14, MR18). Findings include: Review of facility policy procedures," dated Demonstration shall be patient immediately promote immediately promote anesthesia shall have a maintained. This shall events taking place during the shall place during the shall place during the shall place during the shall events taking	nterview with staff (are facility failed to er accurate and legible dministration for 17 aved (MR1, MR2, MR7, MR8, MR9, MR15, MR16, MR16, MR16 are made of the condition of an and dosage of tions 5. A patient an anestheic record include a record of .	EMP), it asure that entries of 18 R3, 11, .7, ey and ealed " ion of the nesthesia, recieving all	S 6407				

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-5143		B. WING:		07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		ER	STREET ADDRESS, 777 APPLETF PHILADELPI	REE STREE	ET, 7TH FLOOR	1	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 6407	Continued from page 37			S 6407			
	maintenance of and emincluding the dosage at agents, other drugs and Review of facility policity, 2015, revealed " incidents shall be entered Review of facility policity Record," reviewed Jun Every record shall be a promptly completed. Pube constructed to stand shall include at least the related to anesthesia action. 1) Review on April 11, Record" revealed "Albadminstered by OTH1 MR1 revealed no document administered. Interview on April 12,	nd duration of anesthal intravenous fluids. cy "Entries," reviewed (d) Notation of unusted in the medical recovery "Form and Context (e.g., 2015, revealed accurate, legible, and atient medical recovery alone Medical reference following: (6) Edministration" 2016, of MR1's "Anuterol" was document at 12:16. Further reference for the following in the	netic" ed June sual cord." nt of " ds shall cords chtries nesthesia nted as view of lrug was				
	merview on April 12,	2010, WILL ENIF 2 CO	mmmeu				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 8-5143			PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 07/18/2016	ΞY
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETE PHILADELPI	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 SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 6407	MR's Anesthesia Reco "Albuterol" was admin prior to the procedure. was no documentation administered for MR1. Surveyor requested to April 11, and 12, 2016 interview on April 11, 2) Review of MR2 "An that the CRNA adminis and "Lactated Ringers' documented the dose of administered but failed these medications were Further review of the re CRNA's signature was 3) Review of MR3 "An that the CRNA adminis and "Lactated Ringers' documented the dose of	interview OTH1 on. OTH1 was not avaor 12, 2016. mesthesia Record" restered "Fentanyl," "It to the patient. The of the medications that to document the time administered to the ecord revealed that to illegible. mesthesia Record" restered "Fentanyl," "It is administered to the ecord revealed that to illegible.	2:16, ned there both nilable to vealed Propofol," CRNA at were ne that patient. he vealed Propofol," CRNA	S 6407			

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-5143		B. WING:		07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		CR	STREET ADDRESS, 777 APPLETF PHILADELPI	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 SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 6407	administered but failed Fentanyl, Propofol and medications were admir Further review of the reconstruction of	Lactated Ringers inistered to the patie ecord revealed that to illegible. Inesthesia Record" restered "Fentanyl," ated Ringers" to the padministered but failst Fentanyl, and Lactatere administered to of the record reveal RhoGAM and the Company of the padministered to the stered "Fentanyl," and the Company of the padministered to the stered "Fentanyl," and the Company of the padministered but failst the dose of the administered but failst the padministered but failst the patients.	nt. he vealed patient. led to ated the ed that RNA's vealed atient.	S 6407			

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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: _		07/18/2016		
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		ER	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 CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE		
S 6407	Continued from page 40			S 6407				
	Lactated Ringers medithe patient. Further revithat the CRNA's signated (a) Review of MR6 "And that the CRNA admini "Methergine," "Proposithe patient. The CRNA medications that were document the time that Ringers were administration and CR (a) Review of the record resproposition and CR (b) Review of MR7 "And that the CRNA's signated (b) Review of MR8 "And that the CRNA admini "Proposition," and "Lactated The CRNA documents medications that were seen that the cross that were seen that the cross that the cross that were seen that the cross that the cross that were seen that the cross that the cross that the cross that were seen that the cross tha	nesthesia Record" restered "Fentanyl," documented the documented the documented but failst Fentanyl, and Lactated to the patient. It vealed Methergine a and "Notes" section and "Notes" section and signature were interested "Fentanyl," red Ringers" to the patient of the patient of the patient of the stered "Fentanyl," and Lactatered "Fentanyl,"	vealed vealed ingers" to se of the led to ated Further and illegible. vealed vealed atient.					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER. 8-5143		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETH PHILADELPI	REE STREE	CT, 7TH FLOOR		
(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 CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 6407	document the time that Lactated Ringers medithe patient. Further revithat the CRNA's signar 9) Review of MR9 "As that the "Anesthesia St" "Induction Time" was that the CRNA (Certific Anesthetist) administer and "Lactated Ringers documented the dose of administered but failed these medications were Further review of the rich CRNA's signature was 10) Review of MR11 that the CRNA administered but failed these medications were documented the dose of administered but failed these medications were administered but failed these medications were supported to the service of the	cations were admini- riew of the record re- ture was illegible. nesthesia Record" re- cart time" and the and illegible. The record ied Registered Nurse red "Fentanyl," "Pro- " to the patient. The of the medications the decord revealed that the illegible. 'Anesthesia Record" stered "Fentanyl," "Fentanyl,	vealed vealed vealed vealed vealed esthesia revealed pofol," CRNA at were ne that patient. he revealed Propofol," CRNA at were ne that	S 6407			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 8-5143		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 07/18/2016		
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		777 APPLETI	STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106					
(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 6407	Further review of the r CRNA's signature was 11) Review of MR12 "that the CRNA admini and "Lactated Ringers' record revealed that the of medication that wer was illegible. Further r that the CRNA did not dose of medication was ignature was illegible 12) Review of MR13 "that the "Anesthesia St record revealed that the "Fentanyl," "Propofol, the patient. The CRNA medications that were document the time that administered to the pat record revealed that the illegible.	'Anesthesia Record" stered "Fentanyl," "I" to the patient. Revie documentation of the administered to the review of the record document the time is administered. The cart Time" was illeging the CRNA administered administered the documented the do	revealed Propofol," ew of the che doses e patient revealed that each CRNA's revealed ble. The ed gers" to se of the led to were of the	S 6407				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER. 8-5143	R:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETI PHILADELP	REE STREE	T, 7TH FLOOR	1	
(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 CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 6407	13) Review of MR14 'that the "Anesthesia Strecord revealed that the "Fentanyl," "Propofol, the patient. The CRNA medications that were document the time that administered to the patient of revealed that the illegible. 14) Review of MR15 'that the CRNA administered but failed these medications were further review of the recRNA's signature was 15) Review of MR16 'that the CRNA administered but failed these medications were further review of the recRNA's signature was 15) Review of MR16 'that the CRNA administered but failed that the CRNA administered but failed these medications were further review of the recRNA's signature was 15) Review of MR16 'that the CRNA administered but failed that the CRNA administe	cart Time" was illegible CRNA administered and "Lactated Ring a documented the do administered but fail to these medications where the control of the medications that to document the time administered to the ecord revealed that the illegible. 'Anesthesia Record"	ble. The ed gers" to se of the led to were of the was revealed Propofol," CRNA at were ne that e patient. he	S 6407			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETE PHILADELP	REE STREE	ET, 7TH FLOOR		
(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 CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 6407	"Methergine" and "Lac The documentation rel "Methergine" was illeg the dose of the medica but failed to document medications were adm Further review of the r CRNA's signature was 16) Review of MR17" that the CRNA docum 1140 [11:40 AM]" and [11:35]." The record re administered "Fentany and "Lactated Ringers" the record were illegib document the time that administered to the pat was illegible. Further r that the CRNA docum box) that the patient ha spasm of the vocal cor speech and/or breathin	ated to the administratible. The CRNA doctions that were administed the time that these inistered to the patient ecord revealed that the illegible. 'Anesthesia Record" ented "Anesthesia Stall "Induction Time: I evealed that the CRNA failt to the patient. Portial end the CRNA failt these medications where the condition of the record is review of the record in the condition of the condition of the condition of the condition of the record in the condition of the	retation of cumented nistered nistered nt. he revealed eart Time: 135 IA ropofol," ons of led to vere gnature revealed "check" ' (a nit	S 6407			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5143			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/18/2016	ΞY
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		STREET ADDRESS, 777 APPLETF PHILADELPI	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	HOULD BE	(X5) COMPLETE DATE	
S 6407	details documentation or if additional interver patient to resolve the lates of the transfer o	Anesthesia Record" stered "Fentanyl," "Fen	revealed Propofol," CRNA at were ne that patient. he with ord"	S 6407			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5143		B. WING: 07/18/20		07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		ER	STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	T, 7TH FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6407	Continued from page 46			S 6407			
S 6408				S 6408			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143			PLE CONSTRUCTION:	(X3) DATE SURV. COMPLETED: 07/18/2016	EY
PHILADE	VIDER OR SUPPLIER: LPHIA WOMEN'S CENTE E NUMBER: 00178701	ER	STREET ADDRESS, 777 APPLETF PHILADELPI	REE STREE	ET, 7TH FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR L IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6408	Continued from page 47 563.12 (7) Form and Context of the ASF shall maintax record for each patient. Each legible and promptly completed. Patient of stand alone and be easily Medical records must inclus (7) Findings and techna pathologist report on tiss. This REGULATION is not	of record in a separate medical the record shall be accura at medicals shall be const didentified as ASF recorded at least the following hiques of the operation, in the removed during surges	structed rds. g: including	S 6408	1. The deficiency will be cor it relates to the individual by implementing Electronic Me Records (EMR) to ensure the patient records are consistent accurately documented for a procedures including "Two-Procedures." 2. No patients or staff were by this documentation defici and to ensure continued safe patients and staff, a Quality Assurance (QA) program wi applied after implementation EMRs paying special attention documentation of "Two-Day Procedures" for a period of 3 3. To ensure the problem do recur, a QA program with the on reviewing the documentation of "Two-Day Procedures" will continued for a period of 30 Any issues will be brought to medical leadership and the QA Assurance Committee for regaction.	dical at tly and II Day harmed ency ty for II be of on to co to days. es not e focus tion of be days. Duality	Completion Date: 09/15/2016 Status: APPROVED Date: 08/25/2016

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143	A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/18/2016	ΞY
PHILADE	AME OF PROVIDER OR SUPPLIER: HILADELPHIA WOMEN'S CENTER FATE LICENSE NUMBER: 00178701 STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106		T, 7TH FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF 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 6408	Continued from page 48		S 6408	4. To ensure these solutions sustained, medical records we continue to be reviewed quarper the Quality Assurance Plany issues will be brought to leadership and the Quality Assurance Committee for reaction. 5. This corrective action will completed by 9/15/16.	vill rterly, lan, and medical view and	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5143		A (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: A. BLDG:00 B. WING: 07/18/2016		ΞY	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETH PHILADELP	REE STREE	CT, 7TH FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH AG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6408	Based on review of me of facility policy and in was determined the fact accurate and legible maccurately document that were utilized and procedures" for 18 of 10 (MR1, MR2, MR3, MIMR8, MR9, MR10, MIMR14, MR15, MR16, Findings include: 1) Review of facility precord, dated June 17 record shall be accurate completed. Patient med constructed to stand all include at least the foll techniques of the procedures of MR1 "Clinical Review of MR1" Clinical Review of MR1 "Clinical Review of MR1" Clinical Review of MR1	nterview with staff (Isility failed to maintage dical records as we have techniques and serperformed during "T 18 medical records re R4, MR5, MR6, MR R11, MR12, MR13, MR17, MR18). Tolicy, "Form and Co 7, 2015, revealed " e, legible, and promp dical records shall be one Medical records wing: (7) Finding edure"	EMP), it ain Il as rvices wo-Day eviewed 7, ntent of Every otly evords shall gs and	S 6408			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5143		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 07/18/2016	EY	
PHILADE	ME OF PROVIDER OR SUPPLIER: IILADELPHIA WOMEN'S CENTER ATE 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 DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	The Historia Condition (Enter		(X5) COMPLETE DATE	
S 6408	Continued from page 50 Eligible for: [checked] of 2 day procedure rev the form revealed that the form on March 29, CRNA(Certified Regis signed the form on Ma 1213; the physician, (s form on March 29, 201 revealed another physician's signature. It (signature illegible) sig 2016, at "1100." Revieunclear documentation cleared and administer day of the "Two Day P was being cleared for t sedation during day two Procedure." Review of MR1 "Oper the document was divitop section of the form Report" and the bottom	iewed" Further rethe "Intake Clinician 2016, and timed it 1 stered Nurse Anestherch 30, 2016, and timing ignature illegible) si 16, at "12P." The formal cian's signature below the second physician and the form on Markov of the form reveal a related to the patient ed IV sedation during the administration of the administration of the "Two Day artive Report" reveal ded into two sections contained a "2nd Transcription of the "Tangent Transcription of the "Two Day artive Report" reveal ded into two sections contained a "2nd Transcription of the "2nd Transcr	review of n' signed 127; the retist) med it gned the rm ow the first n, arch 30, led nt being ng the first patient SIV	S 6408				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		8-5143			00	07/18/2016	
PHILADEI	VIDER OR SUPPLIER: LPHIA WOMEN'S CENTE E NUMBER: 00178701	ER	STREET ADDRESS, 777 APPLETE PHILADELPI	REE STREE	T, 7TH FLOOR		
(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 6408	Continued from page 51 contained "Uterine Evaluation Report" revesservice] March 29, 20 [checked] IV Sedation Evacuation Report" revent March 30, 2016" Report" revealed uncless the administration of I's Review of MR1 reveal patient received IV sed "Two-Day Procedure." Further review of MR2 MR7 and MR8 revealed patients received IV sed "Two-Day Procedures." Review of MR9 "Clini"	ealed " DOS [Date 16 Anesthesia:" The "Uterine wealed "Procedure D eview of the "Opera ear documentation re V sedation. ed that it was uncleaded that it was uncleared that it was	ate: tive garding ar if this e of a MR6, if these ne of the	S 6408			
	Review of MR9 "Clini Eligible for: [checked] of 2 day procedure rev the form revealed that the form on February 9	IV Sedation [che iewed" Further rthe "Intake Clinician	cked] 1st eview of n" signed				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5143				(X3) DATE SURVEY COMPLETED: 07/18/2016				
		0-3143								
	VIDER OR SUPPLIER: L PHIA WOMEN'S CENTF	ER	777 APPLETI		TT, 7TH FLOOR					
	00170701		PHILADELPHIA, PA 19106							
STATE LICENS	e number: 00178701									
(X4) ID PREFIX		OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI		(X5) COMPLETE			
TAG	IDENTI	FYING INFORMATION)			CROSS-REFERENCED TO THE	APPROPRIATE	DATE			
S 6408	Continued from page 52			S 6408						
	the CRNA signed the f	form on February 10	, 2016,							
	and timed it 1401; the	•								
	form on February 9, 20	016, and timed it "5::	5 p". The							
	form revealed another	physician's signature	e below							
	the first physician's sig	gnature. The second p	physician,							
	EMP3, signed the form	n on February 10, 20	16, and							
	time it "1400." Review	of the form revealed	d unclear							
	documentation related	to the patient being	cleared							
	and administered IV se	edation during the fir	st day of							
	the "Two Day Procedu	re" or if the patient v	was being							
	cleared for the adminis	stration of IV sedation	on during							
	day two of the "Two D	Day Procedure."								
	Review of MR9 "Oper	rative Report" reveal	ed that							
	the document was divi	ded into two section	s. The							
	top section of the form	contained a "2nd Tr	rimester							
	Report" and the botton	n section of the form								
	contained "Uterine Eva	acuation Report." Th	e "2nd							
	Trimester Report" reve	ealed " DOS [Date	e of							
	Service] February 9, 20	016 Anesthesia:								
	[checked] IV Sedation	5:27 pm" The "U	Uterine							
	Evacuation Report" rev	vealed "Procedure D	ate:							
	February 10, 2016'	' Review of the "Ope	erative							

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 8-5143		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 07/18/2016	ΞY		
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701		ER	STREET ADDRESS, CITY, STATE, ZIP CODE: 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106						
(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	HOULD BE	(X5) COMPLETE DATE			
S 6408	Report" revealed uncle the administration of I' Review of MR9 reveal patient received IV sed "Two-Day Procedure." Further review of MR1 MR15, MR16, MR17 a was unclear if these paduring day one of the "Interview on April 12, EMP1 indicated that in offered during day one However, EMP1 revea of a recent case where 2.) Review of facility padated June 17, 2015, reand techniques of an opand completely written the procedure by the presence of the procedure of the pr	V sedation. led that it was uncleadation during day on the second of th	ar if this e of a IR14, that it edation es." with edation is edures." not think ve Care," dings eurately ately after	S 6408					

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	OF DEFICIENCIES AND RRECTION (POC)	* *	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
		8-5143		B. WING: _		07/18/2016		
PHILADE	OVIDER OR SUPPLIER: LPHIA WOMEN'S CENTE SE NUMBER: 00178701	ER	777 APPLETE PHILADELPI	REE STREE	T, 7TH FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI 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 6408	Continued from page 54			S 6408				
	member who performe Review of facility "Ute revealed a pre-printed a patient was placed in the inner thighs, perineum draped in the usual sterinserted into the vagina	port" : "The n. The epped and ilum was						
	with a tenaculum. The							
	adequately dilated. Und							
	forceps, vacurette and	curette, and multiple	e passes,					
	uterine contents were r	•	he					
	uterine cavity was evad							
	aspirated. Tissue was s laboratory, following g		,					
	Comments/findings/d	•	cated					
	termination of pregnan	-						
	Review of MR9, MR10 MR15, MR17 and MR Report" contained the salong with an indication termination of pregnan	0, MR12,MR13, MF 18 "Uterine Evacuat same pre-printed sur on of "uncomplicated	nmary					

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5143			PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 07/18/2016	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER STATE LICENSE NUMBER: 00178701			STREET ADDRESS, 777 APPLETF PHILADELPI	REE STREE	T, 7TH FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR L IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6408	Review of MR11 "Ute contained the same pre an indication of "uncorpregnancy." However, revealed that the physic cervix." There was not this note. Interview on with EMP2 revealed the used to stop bleeding. I additional details to clawas a complication that termination of pregnant to use "Monsels." Review of MR16 "Ute contained the same pre an indication of "uncorpregnancy." The report documented a commer was illegible. Further remarks and the same pre an indication of "uncorpregnancy." The report documented a commer was illegible. Further remarks and commented on dilators were "unable to the contained the same pre an indication of "uncorpregnancy." The report documented a commer was illegible. Further remarks and commented on dilators were "unable to the contained the same pre an indication of "uncorpregnancy."	rine Evacuation Reperprinted summary almplicated termination of the cian documented "mother documentation May 17, 2016, at 12 at "Monsels" is a member of the could not prove the could not prove the course during the cy that required the rine Evacuation Reperprinted summary almplicated termination to revealed that the plat. However, the conserview of MR16 revealed, that 23, 2016, that	long with on of e report consels on a clarifying 2:07 PM, edication vide any ding if there e physician cort" long with on of chysician called that at the	S 6408			

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	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION: (X3) DATE SUF COMPLETED: A. BLDG:00_ B. WING: 07/18/2016			ΞY			
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA WOMEN'S CENTER 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 DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE
S 6408	pt [patient] discomfort. Evacuation Report," da revealed that EMP7 rel Interview on May 17, 2 EMP2 indicated that the number of dilators that one of the "Two-Day I that it would be the phyperforming the insertion dilators to insert. EMP further information to othere any documentation preference of EMP7.	moved four dilators. 2016, at 11:46 AM, are note may be specifications. EMP7 wants inserted procedure." EMP2 consician's judgement, an of dilators, as to he could not provide clarify EMP3's note,	with fic to the ed on day onfirmed who is ow many any nor was	S 6408			

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Certified End Page

PHILADELPHIA WOMEN'S CENTER

STATE LICENSE NUMBER: 00178701 SURVEY EXIT DATE: 07/18/2016

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