STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-5143	A. BLDG: 00 B. WING:	07/18/2016

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

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M 0000	INITIAL COMMENT This report is the result of an unannounced Special Monitoring survey conducted onsite on April 11, 2016 and April 12, 2016, at Philadelphia Women's Center and completed off-site on July 18, 2016. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.	M 0000		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 0000	INITIAL COMMENT 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.	S 0000		
S 53D1		S 53D1		

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S 53D1	Continued from page 1 555.3 (d)(1) Requirements 555.3 Requirements for membership and privileges. (d) Granting of clinical privileges shall follow established policies and procedures in the bylaws or similar rules and regulations the procedures shall provide the following. (1) Written record of the application, which includes the scope of privileges sought and granted. The delineation "clinical privileges" shall address the administration of anesthesia. This REGULATION is not met as evidenced by:	S 53D1	1. The deficiency will be corrected as it relates to the individual by updating the Medical Bylaws to reflect the current practice of requiring an application for medical staff members for privileges at the time of initial appointment only. 2. No patients or staff were harmed by this deficiency and to ensure continued patient and staff safety, the Medical Bylaws will reflect the current practice of requiring an application requesting privileges only at time of initial appointment. Consistent with the facility's current policy and in accordance with 28 Pa. Code § 555.3(e), every member of the medical staff shall continue to be reappraised and reappointed at regular intervals no longer than every two years. 3. To ensure the problem does not recur, the facility will update the facility policy to reflect the current practice of requiring an application at the time of initial appointment only.	Completion Date: **09/15/2016** Status: **APPROVED** Date: **08/26/2016**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 53D1	Continued from page 2	S 53D1	4. To ensure these solutions are sustained, the Governing Body, Medical Director and Administrator will use the revised policy when reviewing medical staff files. Any issues with reappointment of privileges will be brought to the Governing Body for review and action. Consistent with the facility's current policy and in accordance with 28 Pa. Code § 555.3(e), every member of the medical staff shall continue to be reappraised and reappointed at regular intervals no longer than every two years. 5. This corrective action will be completed by 9/15/16.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 53D1	Continued from page 3 Based on review of Medical Staff Bylaws, review of credential files (CF) and interview with staff (EMP), it was determined the facility failed to ensure that each medical staff member completed a written application at the time of reappointment for four of seven credential files reviewed (CF1, CF2, CF3, CF4). Findings include: Review on April 11, 2016, of facility's "Bylaws of the Medical Staff of The Philadelphia Women's Center," last approved November 2012 revealed " ... Section IX - Rules and Regulations ... 4. Credentialing - To assure that physicians employed or contracted by the facility are currently credentialed in compliance with the state law and regulations. The facility shall not employ or contract with a physician unless the physician provides a copy of his/her most recent application for initial or renewal appointment." Review on April 11, 2016, of CF1, CF2, CF3 and	S 53D1		

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S 53D1	Continued from page 4 CF4 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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S 551A	Continued from page 5 555.11 (a) MEDICAL ORDERS - Written 555.11 Medical orders Written orders (a) Medication or treatment shall be administered by authorized persons to administer drugs and medications only upon written and signed orders of a practitioner acting within the scope of the practitioner's license. This REGULATION is not met as evidenced by:	S 551A	1. The deficiency will be corrected as it relates to the individual by implementing Electronic Medical Records (EMR) to ensure that physicians' orders are properly documented and carried out. The facility will use standing orders approved by the Medical Director when appropriate. 2. No patients or staff were harmed by this deficiency and to ensure continued patient and staff safety, for a period of 30 days after the implementation of EMR a quality assurance (QA) plan will target physicians' orders and make sure they are being followed, practitioners are acting within their scope of practice, and they are being accurately documented in EMRs. 3. To ensure the problem does not recur, a QA program with the focus on physicians' orders, practitioners' scope of practice, and documentation is to be continued for a period of 30 days after the implementation of EMRs. Any	Completion Date: **09/15/2016** Status: **APPROVED** Date: **08/25/2016**

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S 551A	Continued from page 6	S 551A	issues will be brought to medical leadership and the Quality Assurance Committee for review and action. 4. To ensure these solutions are sustained, medical records are reviewed quarterly, per the existing Quality Assurance Plan, and any issues will be brought to medical leadership and the Quality Assurance Committee for review and action. 5. This corrective action will be completed by 9/15/16.	

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S 551A	Continued from page 7 Based on review of Medical Staff Bylaws, review of medical records (MR) and interview with staff (EMP), it was determined the facility failed to follow physician's orders and failed to ensure that medication was administered upon a written, complete and signed order of a practitioner acting within the scope of the practitioner's license for 11 of 18 medical records reviewed (MR1, MR5, MR7, MR9, MR10, MR11, MR13, MR15, MR16, MR17, MR18). Findings include: Review of April 11, 2016, of facility's "Bylaws of the Medical Staff of The Philadelphia Women's Center," approved November 2012 revealed " ... Section IX - Rules and Regulations ... 6. Medication Administration - Drugs shall be administered only upon the proper order of a practitioner acting within the scope of the practitioner's license ..." 1) Review of MR1 "Pre-Procedure Nursing	S 551A		

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S 551A	Continued from page 8 Record" revealed the patient was administered Morphine 4 mg IV at 10:02 AM and on the "Post-Procedure Nursing Record" Zofran 4 mg IV was administered at 13:36 (1:36 PM). Further review of MR1 "Physician's Orders Report" revealed no documentation of a written and signed orders by a practitioner acting within the scope of the practitioner's license for the administration of these medications. Interview on April 12, 2016, at 2:00 PM, with EMP2 confirmed there was no documentation of a written and signed order by a practitioner acting within the scope of the practitioner's license for the administration of Morphine 4 mg IV, administered at 10:02 AM for the patient in MR1. Interview on May 17, 2016, at 11:45 AM, with EMP2 confirmed there was no documentation on the "Physician's Orders Report" for the Zofran 4 mg given IV at 1:36 PM. 2) Review of MR5 "Pre-Procedure Nursing Record" revealed that Zofran 4 mg IV was	S 551A		

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S 551A	Continued from page 9 administered at 10:26 AM. Review of MR5 "Physician's Order Report" revealed no documented evidence of a written and signed order by a practitioner acting within the scope of the practitioner's license for the administration of this medication. Interview on May 17, 2016, with EMP2 confirmed MR5 "Physician Order Report" did not have documentation that Zofran 4 mg IV was ordered by a practitioner acting within the scope of the practitioner's license for the administration of this medication. 3) Review of MR7 "Pre-Procedure Nursing Record," dated March 26, 2016, revealed that the patient was administered Toradol [Ketorolac] 30 mg IV at 8:50 AM and Misoprostol 600 mcg PO [by mouth] at 9:12 AM on March 26, 2016. Review of MR7 "Post-Procedure Nursing Record" revealed that the patient received Tylenol 1000 mg PO at 13:30 (1:30 PM)and Azithromycin 1 gram	S 551A		

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S 551A	Continued from page 10 PO at 13:30. Review of MR7 "Physician 's Order Report," dated March 26, 2016, revealed Misoprostol 600 mcg, Azithromycin 1 gram PO and Acetaminophen 1000 mg, Ketorolac 30 mg IV PRN for pain was checked off. Further review of this form revealed no documentation of a physicians signature on the "Physician's Order Report." There was no documented evidence that the physician wrote and signed the orders for the administration of medications administered to the patient on March 26, 2016. Interview on May 17, 2016, at 11:55 AM, with EMP1 and EMP2 indicated that MR7 "Physician's Order Report," dated March 26, 2016, contained the physician's signature. The facility was informed that the copy provided to the Department did not contain the physician's signature. The Department offered to provide their copy to the facility, in which the facility declined. There was no evidence that these medications were administered upon a signed	S 551A		

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S 551A	Continued from page 11 order by the physician. 4) Review of MR9 "Post-Procedure Nursing Record," revealed that the patient was administered "Tylenol 1000 mg (milligrams)" PO (by mouth) at "1430." Review of "Physician's Order Report" revealed no documented evidence that the physician wrote and signed an order for the administration of "Tylenol 1000 mg." 5) Review of MR10 "Pre-Procedure Nursing Record," revealed that the patient was administered "Zofran 4 mg" IV (intravenously) at "1400." Review of "Physician's Order Report" revealed no documented evidence that the physician wrote and signed an order for the administration of "Zofran 4 mg." 6) Review of MR11 "Post-Procedure Nursing Record," revealed that the patient was administered "Ibuprofen 800 mg" PO at "10:35" AM. Review of "Physician's Order Report" revealed no documented evidence that the physician wrote and signed an	S 551A		

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S 551A	Continued from page 12 order for the administration of "Ibuprofen 800 mg." 7) Review of MR13 "Physician's Order Report," dated February 3, 2016, revealed an order for "Lactated Ringers ... ;" "Ibuprofen 800 mg PO x 1;" and "Acetaminophen 1000 mg PO." Review of MR13 revealed no documented evidence that the patient was administered these medications on February 3, 2016. Further review of MR13 "Physician's Order Report," dated February 4, 2016 revealed an order for "Azithromycin 1 gram PO x1." Review of "Post-Procedure Nursing Record," revealed that the patient was adminstered "Azithromycin 500 mg" instead of the 1 gram dose as ordered by the physician. 8) Review of MR15 "Post-Procedure Nursing Record," revealed that the patient was administered "Tylenol 1000 mg" PO at "10:36" AM. Further review of MR15 revealed no standing order sheet and review of "Physician's Order Report" revealed no documented evidence that the physician wrote and signed an order for the administration of	S 551A		

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S 551A	Continued from page 13 "Tylenol 1000 mg." 9) Review of MR16 "Physician's Order Report," dated March 23, 2016, revealed an order for "Misoprostol 400 mcg PO." Review of MR16 revealed no documented evidence that the patient was administered "Misoprostol 400 mcg" by mouth on March 23, 2016. Review of MR16 "Physician's Order Report," dated March 24, 2016, revealed an order for "Misoprostol" and an order for "Reglan 10 mg PO." Further review of the order revealed that it did not identify the dose and the route in which the "Misoprostol" was to be administered to the patient. Review of MR16 "Pre-Procedure Nursing Record," revealed that the patient was administered "Misoprostol 400 mcg (micrograms)" PO at 9:35 AM; and "Reglan 10 mg" IV at 9:32 AM and again, via IV, at 11:45 AM, on March 24, 2016. There was no documented evidence that the facility followed the physician's order for "Reglan 10 mg" to be administered PO instead of IV, and there was no	S 551A		

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S 551A	Continued from page 14 documented evidence that the physician ordered the patient to receive another dose of "Reglan 10 mg." Further review of MR16 "Physician's Order Report," dated March 24, 2016, revealed an order for "Azithromycin 1 gram PO x1." Review of "Post-Procedure Nursing Record," revealed that the patient was adminstered "Azithromycin 500 mg" instead of the 1 gram dose as ordered by the physician. Interview on May 17, 2016, at 11:42 AM, with EMP2 confirmed this finding. 10) Review of MR17 "Physician's Order Report" revealed an order for "Misoprostol 600 mcg." Further review of the physician's order revealed that it did not identify the route in which the medication was to be administered to the patient. Review of MR17 "Pre-Procedure Nursing Record," revealed that the patient was administered "Misoprostol 600 mcg PO." Interview on May 17, 2016, with EMP1 confirmed that the order did not contain the route in which the medication was to be administered.	S 551A		

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S 551A	Continued from page 15 11) Review of MR18 "Physician's Order Report" revealed an order for "Misoprostol 600 mcg." Further review of the physician's order revealed that it did not identify the route in which the medication was to be administered to the patient. Review of MR18 "Pre-Procedure Nursing Record," revealed that the patient was administered "Misoprostol 600 mcg Buccal [placement of medication between gums and the cheek.]" All of these findings were reviewed with EMP1 and EMP2 during a conference call at 11:00 AM-12:00 PM, on May 11, 2016. The facility failed to follow the physician's orders for the administration and/or failed to ensure that medications were administered upon a written, complete and signed order by a practioner acting within the scope of the practitioner's license.	S 551A		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-5143	A. BLDG: __00_____ B. WING: _____	07/18/2016

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S 552C		S 552C		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 552C	Continued from page 17 555.22 (c)(1-5) Surgical Services - Preoperative Care 555.22 Pre-operative Care (c) Written instruction for preoperative procedures, which have been approved by the medical staff, shall be given to the patient or responsible person, and shall include: (1) Applicable restrictions upon food and drink before surgery (2) Special preparations to be made by the patient (3) The required proximity of the patient to the ASF for a specific time following surgery if applicable. (4) An understanding that the patient may require admission to the hospital in the event of medical need. (5) The requirement that, upon discharge of a patient who has received sedation or general anesthesia, a responsible person shall be available to escort patient home. With respect to patients who receive local or regional anesthesia, a medical decision shall be made regarding whether such patients require a responsible person to escort them home. This REGULATION is not met as evidenced by:	S 552C	1. The deficiency will be corrected as it relates to the individual by documenting that the patient has received written preoperative instructions. 2. No patients or staff were harmed by this deficiency and to ensure continued safety for patients and staff in similar situations, the facility will consistently document in the patient's record that the patient received pre-operative instructions. 3. To ensure the problem does not recur, the facility will monitor patient records for 30 days post-implementation of documentation requirement to make sure the information is included in patient records. Any issues will be brought to the administrative leadership and the Quality Assurance Committee. 4. To ensure these solutions are sustained, the facility will routinely review pre-operative instructions for abortion procedures to ensure that	Completion Date: **09/15/2016** Status: **APPROVED** Date: **08/25/2016**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 552C	Continued from page 18	S 552C	they are up to national standards and document in each patient's record that they were received. 5. This corrective action will be completed by 9/15/16.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 552C	Continued from page 19 Based on review of medical records (MR), review of facility policies and interview with staff (EMP), it was determined the facility failed to provide written pre-operative instructions to each patient prior to the procedure for 18 of 18 medical records reviewed (MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, MR10, MR11, MR12, MR13, MR14, MR15, MR16, MR17, MR18). Findings include: Review of facility policy "Preoperative Procedures," dated June 17, 2015, revealed " .. (c) Written instructions for preoperative procedures, which have been approved by the medical staff, shall be given to the patient or responsible person and/or made available to the patient on the Philadelphia Women's Center website, and shall include: Applicable restrictions upon food and drink before surgery. An understanding that the patient may require admission to the hospital in the event of medical need. ... " Review of MR1 through MR18 revealed no	S 552C		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 552C	Continued from page 20 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 552E	Continued from page 21 555.22 (e) Surgical Services - Preoperative 555.22 Pre-operative Care (e) Prior to the administration of anesthesia, it is the responsibility of the primary operating surgeon and the person administrating anesthesia to properly identify the patient and the procedure to be performed and to document this identification in the patient's medical record. This procedure shall be in written policies designating the mechanism to be used to identify each surgical patient. This REGULATION is not met as evidenced by:	S 552E	1. The deficiency will be corrected as it relates to the individual by consistently following the facility's policy to properly identify and verify patient information via a Time Out prior to the insertion of dilators. 2. No patients or staff were harmed by this deficiency and to ensure continued safety for patients and staff in similar situations, the facility will review the Time Out policy with medical staff and support staff to clarify when and how Time Outs are to be conducted. 3. To ensure the problem does not recur, QA will review charts of patients undergoing dilator insertion to ensure that Time Out was properly conducted and documented in the patient records. 4. To ensure these solutions are sustained, during the quarterly review of medical records, per the existing Quality Assurance Plan, any issues will be brought to medical leadership and the Quality	Completion Date: **09/15/2016** Status: **APPROVED** Date: **08/25/2016**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 552E	Continued from page 22	S 552E	Assurance Committee for review and action. 5. This corrective action will be completed by 9/15/16.	

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S 552E	Continued from page 23 Based on review of medical records (MR), review of facility policy and interview with staff (EMP), it was determined that the facility failed to properly identify and verify patient information, in accordance with facility policy, prior to the performance of a procedure for 18 of 18 medical records (MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, MR10, MR11, MR12, MR13, MR14, MR15, MR16, MR17, MR18). Findings include: Review of facility policy "Time Out- Preoperative Procedures," dated June 17, 2015, revealed "Policy: To promote patient safety by providing guidelines for verification of correct procedure and correct patient for surgical procedures. ... Procedure: Prior to providing abortion services, including laminara/dilapan insertion and abortion procedures, the staff will perform the following Time Out to verify patient information: In the Procedure Room: 1. After the patient is positioned on the procedure table and before the start of the case, the entire	S 552E		

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S 552E	Continued from page 24 surgical team must do a verbal confirmation. 2. A PR staff person will initiate the confirmation. This confirmation must include verification of correct patient identity, correct surgical procedure, the correct anesthesia to be administered, and that all the essential equipment and instrumentation is available. 3. The patient will be confirmed using two (2) patient identifiers. Preferred identifiers are the patient name and date of birth. 4. The surgical site is identical for all abortion procedures. 5. The PR staff who conducted the confirmation will initial the chart and record the "Time Out" time. 6. Confirmation of compliance with the Time Out procedure and documentation thereof will be included in the Quality Assurance Committee's review. " Review of MR1, MR2, MR3, MR4, MR5,MR6, MR7, MR8, MR9, MR10, MR11, MR12, MR13, MR14,MR15,MR16, MR17, and MR18 revealed that each of these patients had two procedures, the first involving the insertion of laminaria/dilapan (dilators). Further review of each medical record revealed no documented evidence that a "Time Out"	S 552E		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 552E	Continued from page 25 was performed, in accordance with facility policy, prior to the insertion of the laminara/dilapan. Review of MR17 "Surgical Safety Checklist" revealed that the "Time Out" time was not documented on the patient's chart prior to the initiation of the surgical procedure that was completed on day two of the "Two-Day Procedure." Interview on May 17, 2016, at 12:00 PM, with EMP2 confirmed that the "Time-Out" time was not documented. Interview on May 17, 2016, at 11:21 AM, with EMP2 confirmed that the facility failed to perform a "Time-Out" in order to properly identify and verify patient information, in accordance with facility policy, prior to the start of a procedure.	S 552E		
S 554G		S 554G		

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S 554G	Continued from page 26 555.24 (g) Surgical Services - Postoperative 555.24 Post Operative Care (g) Patients shall be discharged only upon the written signed order of a practitioner. This REGULATION is not met as evidenced by:	S 554G	1. The deficiency will be corrected as it relates to the individual by including a signed physician order for discharge of a patient from the facility who has had pre-operative dilators placed in preparation for an abortion procedure the following day. 2. No patients or staff were harmed by this deficiency and to ensure continued safety for patients and staff in similar situations, the updated procedure will be reviewed with practitioners and patient records will be monitored for a period of 30 days after implementation to ensure compliance. 3. To ensure the problem does not recur, patient records will be monitored for 30 days post-implementation to ensure compliance. Any issues will be brought to the administrative leadership and the Quality Assurance Committee.	Completion Date: **08/01/2016** Status: **APPROVED** Date: **08/25/2016**

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S 554G	Continued from page 27	S 554G	4. To ensure these solutions are sustained, during the quarterly review of medical records, per the existing Quality Assurance Plan, any issues will be brought to medical leadership and the Quality Assurance Committee for review and action. 5. This corrective action will be completed by 9/15/16.	

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S 554G	Continued from page 28 Based on review of medical records (MR), review of facility policy and interview with staff (EMP), it was determined the facility failed to ensure each patient was discharged from the facility only upon a written and signed order by the physician for 14 of 18 medical records reviewed (MR2, MR4, MR5, MR6, MR8, MR9, MR11, MR12, MR13, MR14, MR15, MR16, MR17, MR18). Findings include: Review of facility policy "Post Operative Care," dated June 17, 2015, revealed " ... (g) Patients shall be discharged only on the written signed order of a practitioner." 1) Review of MR2 revealed that the patient had a "Two-Day Procedure." Further review of MR2 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day one of the "Two-Day Procedure."	S 554G		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 554G	Continued from page 29 2) Review of MR4 revealed that the patient had a "Two-Day Procedure." Further review of MR4 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day one of the "Two-Day Procedure." 3) Review of MR5 revealed that the patient had a "Two-Day Procedure." Further review of MR5 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day one of the "Two-Day Procedure." 4) Review of MR6 revealed that the patient had a "Two-Day Procedure." Further review of MR6 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day one of the "Two-Day Procedure." 5) Review of MR8 revealed that the patient had a	S 554G		

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S 554G	Continued from page 30 "Two-Day Procedure." Further review of MR8 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day one of the "Two-Day Procedure." 6) Review of MR9 revealed that the patient had a "Two-Day Procedure." Further review of MR9 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day one of the "Two-Day Procedure." 7) Review of MR11 revealed that the patient had a "Two-Day Procedure." Further review of MR11 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day two of the "Two-Day Procedure." 8) Review of MR12 revealed that the patient had a "Two-Day Procedure." Further review of MR12 revealed no documented evidence that the patient	S 554G		

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S 554G	Continued from page 31 was discharged from the facility upon a written and signed order from the physician on day one of the "Two-Day Procedure." 9) Review of MR13 revealed that the patient had a "Two-Day Procedure." Further review of MR13 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day two of the "Two-Day Procedure." 10) Review of MR14 revealed that the patient had a "Two-Day Procedure." Further review of MR14 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day one of the "Two-Day Procedure." 11) Review of MR15 revealed that the patient had a "Two-Day Procedure." Further review of MR15 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day one of the	S 554G		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 554G	Continued from page 32 "Two-Day Procedure." 12) Review of MR16 revealed that the patient had a "Two-Day Procedure." Further review of MR16 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day one of the "Two-Day Procedure." 13) Review of MR17 revealed that the patient had a "Two-Day Procedure." Further review of MR17 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day one of the "Two-Day Procedure." 14) Review of MR18 revealed that the patient had a "Two-Day Procedure." Further review of MR18 revealed no documented evidence that the patient was discharged from the facility upon a written and signed order from the physician on day one of the "Two-Day Procedure."	S 554G		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-5143	A. BLDG: 00 B. WING:	07/18/2016

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

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S 554G	Continued from page 33 Interview on May 17, 2016, at 11:15 AM with EMP2 confirmed that these patients were not discharged from the facility upon a written and signed order by the physician.	S 554G		
S 6407		S 6407		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 6407	Continued from page 34 563.12 (6) Form and Content of Record 563.12 Form and content of record The ASF shall maintain a separate medical record for each patient. Each record shall be accurate, legible and promptly completed. Patient medicals shall be constructed to stand alone and be easily identified as ASF records. Medical records must include at least the following: (6) Entries related to anesthesia administration This REGULATION is not met as evidenced by:	S 6407	1. The deficiency will be corrected as it relates to the individual by implementing Electronic Medical Records (EMR) to ensure that anesthesia records are accurately documented. 2. No patients or staff were harmed by this documentation deficiency and to ensure continued safety for patients and staff, a Quality Assurance (QA) system will be applied to EMRs. Records will be reviewed for a period of 30 days with special attention to the completion and accuracy of anesthesia records. 3. To ensure the problem does not recur, the QA program with the focus on reviewing the documentation of anesthesia records will be continued for a period of 30 days. Any issues will be brought to medical leadership and the Quality Assurance Committee for review and action. 4. To ensure these solutions are sustained, during the quarterly	Completion Date: **09/15/2016** Status: **APPROVED** Date: **08/25/2016**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 6407	Continued from page 35	S 6407	review of medical records, per the Quality Assurance Plan, any issues will be brought to medical leadership and the Quality Assurance Committee for review and action. 5. This corrective action will be completed by 9/15/16.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 6407	Continued from page 36 Based on review of medical records (MR), review of facility policy and interview with staff (EMP), it was determined that the facility failed to ensure that each record contained accurate and legible entries related to anesthesia administration for 17 of 18 medical records reviewed (MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, MR11, MR12, MR13, MR14, MR15, MR16, MR17, MR18). Findings include: Review of facility policy "Anesthesia Policy and Procedures," dated December 3, 2015, revealed " ... IV. Procedures ... 2. A review and documentation shall be made of the condition of the patient immediately prior to induction of anesthesia, ... time of administration and dosage of pre-anesthesia medications. ... 5. A patient recieving anesthesia shall have an anestheic record maintained. This shall include a record of ... all events taking place during the induction of,	S 6407		

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S 6407	Continued from page 37 maintenance of and emergence from anesthesia, including the dosage and duration of anesthetic agents, other drugs and intravenous fluids. ..." Review of facility policy "Entries," reviewed June 17, 2015, revealed " ... (d) Notation of unusual incidents shall be entered in the medical record." Review of facility policy "Form and Content of Record," reviewed June 17, 2015, revealed " ... Every record shall be accurate, legible, and promptly completed. Patient medical records shall be constructed to stand alone ... Medical records shall include at least the following: ... (6) Entries related to anesthesia administration. ..." 1) Review on April 11, 2016, of MR1's "Anesthesia Record" revealed "Albuterol" was documented as adminstered by OTH1 at 12:16. Further review of MR1 revealed no documentation why the drug was administered. Interview on April 12, 2016, with EMP2 confirmed	S 6407		

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S 6407	Continued from page 38 MR's Anesthesia Record was documented as "Albuterol" was adminstered by OTH1 at 12:16, prior to the procedure. EMP2 also confirmed there was no documentation why the drug was administered for MR1. Surveyor requested to interview OTH1 on both April 11, and 12, 2016. OTH1 was not available to interview on April 11, or 12, 2016. 2) Review of MR2 "Anesthesia Record" revealed that the CRNA administered "Fentanyl," "Propofol," and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were administered but failed to document the time that these medications were administered to the patient. Further review of the record revealed that the CRNA's signature was illegible. 3) Review of MR3 "Anesthesia Record" revealed that the CRNA administered "Fentanyl," "Propofol," and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were	S 6407		

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S 6407	Continued from page 39 administered but failed to document the time that Fentanyl, Propofol and Lactated Ringers medications were administered to the patient. Further review of the record revealed that the CRNA's signature was illegible. 4) Review of MR4 "Anesthesia Record" revealed that the CRNA administered "Fentanyl," "RhoGram,"and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were administered but failed to document the time that Fentanyl, and Lactated Ringers medications were administered to the patient. Further review of the record revealed that the documentation for RhoGAM and the CRNA's signature was illegible. 5) Review of MR5 "Anesthesia Record" revealed that the CRNA administered "Fentanyl," "Propofol,"and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were administered but failed to document the time that Fentanyl, Propofol,and	S 6407		

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S 6407	Continued from page 40 Lactated Ringers medications were administered to the patient. Further review of the record revealed that the CRNA's signature was illegible. 6) Review of MR6 "Anesthesia Record" revealed that the CRNA administered "Fentanyl," "Methergine," "Propofol,"and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were administered but failed to document the time that Fentanyl, and Lactated Ringers were administered to the patient. Further review of the record revealed Methergine and Propofol adinistration and "Notes" section documentation and CRNA signature were illegible. 7) Review of MR7 "Anesthesia Record" revealed that the CRNA's signature was illegible. 8) Review of MR8 "Anesthesia Record" revealed that the CRNA administered "Fentanyl," "Propofol,"and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were administered but failed to	S 6407		

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S 6407	Continued from page 41 document the time that Fentanyl, Propofol,and Lactated Ringers medications were administered to the patient. Further review of the record revealed that the CRNA's signature was illegible. 9) Review of MR9 "Anesthesia Record" revealed that the "Anesthesia Start time" and the anesthesia "Induction Time" was illegible. The record revealed that the CRNA (Certified Registered Nurse Anesthetist) administered "Fentanyl," "Propofol," and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were administered but failed to document the time that these medications were administered to the patient. Further review of the record revealed that the CRNA's signature was illegible. 10) Review of MR11 "Anesthesia Record" revealed that the CRNA administered "Fentanyl," "Propofol," and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were administered but failed to document the time that these medications were administered to the patient.	S 6407		

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S 6407	Continued from page 42 Further review of the record revealed that the CRNA's signature was illegible. 11) Review of MR12 "Anesthesia Record" revealed that the CRNA administered "Fentanyl," "Propofol," and "Lactated Ringers" to the patient. Review of the record revealed that the documentation of the doses of medication that were administered to the patient was illegible. Further review of the record revealed that the CRNA did not document the time that each dose of medication was administered. The CRNA's signature was illegible. 12) Review of MR13 "Anesthesia Record" revealed that the "Anesthesia Start Time" was illegible. The record revealed that the CRNA administered "Fentanyl," "Propofol," and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were administered but failed to document the time that these medications were administered to the patient. Further review of the record revealed that the CRNA's signature was illegible.	S 6407		

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S 6407	Continued from page 43 13) Review of MR14 "Anesthesia Record" revealed that the "Anesthesia Start Time" was illegible. The record revealed that the CRNA administered "Fentanyl," "Propofol," and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were administered but failed to document the time that these medications were administered to the patient. Further review of the record revealed that the CRNA's signature was illegible. 14) Review of MR15 "Anesthesia Record" revealed that the CRNA administered "Fentanyl," "Propofol," and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were administered but failed to document the time that these medications were administered to the patient. Further review of the record revealed that the CRNA's signature was illegible. 15) Review of MR16 "Anesthesia Record" revealed that the CRNA administered "Fentanyl," "Propofol,"	S 6407		

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S 6407	Continued from page 44 "Methergine" and "Lactated Ringers" to the patient. The documentation related to the administration of "Methergine" was illegible. The CRNA documented the dose of the medications that were administered but failed to document the time that these medications were administered to the patient. Further review of the record revealed that the CRNA's signature was illegible. 16) Review of MR17 "Anesthesia Record" revealed that the CRNA documented "Anesthesia Start Time: 1140 [11:40 AM]" and "Induction Time: 1135 [11:35]." The record revealed that the CRNA administered "Fentanyl," "Methergine," "Propofol," and "Lactated Ringers" to the patient. Portions of the record were illegible and the CRNA failed to document the time that these medications were administered to the patient. The CRNA's signature was illegible. Further review of the record revealed that the CRNA documented (by marking a "check" box) that the patient had a "Laryngospasm" (a spasm of the vocal cords that prevent or limit speech and/or breathing). There was no further	S 6407		

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S 6407	Continued from page 45 details documentation related to the laryngospasm or if additional interventions were provided to the patient to resolve the laryngospasm. 17) Review of MR18 "Anesthesia Record" revealed that the CRNA administered "Fentanyl," "Propofol," and "Lactated Ringers" to the patient. The CRNA documented the dose of the medications that were administered but failed to document the time that these medications were administered to the patient. Further review of the record revealed that the CRNA's signature was illegible. Interview on May 17, 2016, at 11:06 AM, with EMP1 confirmed that the "Anesthesia Record" documentation in each of the medical records reviewed contained illegible and/or incomplete documentation.	S 6407		

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S 6407	Continued from page 46	S 6407		
S 6408		S 6408		

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S 6408	Continued from page 47 563.12 (7) Form and Content of Record 563.12 Form and content of record The ASF shall maintain a separate medical record for each patient. Each record shall be accurate, legible and promptly completed. Patient medicals shall be constructed to stand alone and be easily identified as ASF records. Medical records must include at least the following: (7) Findings and techniques of the operation, including a pathologist report on tissue removed during surgery. This REGULATION is not met as evidenced by:	S 6408	1. The deficiency will be corrected as it relates to the individual by implementing Electronic Medical Records (EMR) to ensure that patient records are consistently and accurately documented for all procedures including "Two-Day Procedures." 2. No patients or staff were harmed by this documentation deficiency and to ensure continued safety for patients and staff, a Quality Assurance (QA) program will be applied after implementation of EMRs paying special attention to documentation of "Two-Day Procedures" for a period of 30 days. 3. To ensure the problem does not recur, a QA program with the focus on reviewing the documentation of "Two-Day Procedures" will be continued for a period of 30 days. Any issues will be brought to medical leadership and the Quality Assurance Committee for review and action.	Completion Date: **09/15/2016** Status: **APPROVED** Date: **08/25/2016**

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S 6408	Continued from page 48	S 6408	4. To ensure these solutions are sustained, medical records will continue to be reviewed quarterly, per the Quality Assurance Plan, and any issues will be brought to medical leadership and the Quality Assurance Committee for review and action. 5. This corrective action will be completed by 9/15/16.	

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S 6408	Continued from page 49 Based on review of medical records (MR), review of facility policy and interview with staff (EMP), it was determined the facility failed to maintain accurate and legible medical records as well as accurately document the techniques and services that were utilized and performed during "Two-Day Procedures" for 18 of 18 medical records reviewed (MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, MR10, MR11, MR12, MR13, MR14, MR15, MR16, MR17, MR18). Findings include: 1) Review of facility policy, "Form and Content of Record," dated June 17, 2015, revealed " ... Every record shall be accurate, legible, and promptly completed. Patient medical records shall be constructed to stand alone ... . Medical records shall include at least the following: ... (7) Findings and techniques of the procedure ... ." Review of MR1 "Clinical Intake Form," revealed "...	S 6408		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-5143	A. BLDG: 00 B. WING:	07/18/2016

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
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S 6408	Continued from page 50 Eligible for: [checked] IV Sedation ... [checked] 1st of 2 day procedure reviewed ... ." Further review of the form revealed that the "Intake Clinician" signed the form on March 29, 2016, and timed it 1127; the CRNA(Certified Registered Nurse Anesthetist) signed the form on March 30, 2016, and timed it 1213; the physician, (signature illegible) signed the form on March 29, 2016, at "12P." The form revealed another physician's signature below the first physician's signature. The second physician, (signature illegible) signed the form on March 30, 2016, at "1100." Review of the form revealed unclear documentation related to the patient being cleared and administered IV sedation during the first day of the "Two Day Procedure" or if the patient was being cleared for the administration of IV sedation during day two of the "Two Day Procedure." Review of MR1 "Operative Report" revealed that the document was divided into two sections. The top section of the form contained a "2nd Trimester Report" and the bottom section of the form	S 6408		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 6408	Continued from page 51 contained "Uterine Evacuation Report." The "2nd Trimester Report" revealed " ... DOS [Date of Service] March 29, 2016 ... Anesthesia: ... [checked] IV Sedation ... ." The "Uterine Evacuation Report" revealed "Procedure Date: March 30, 2016 ... ." Review of the "Operative Report" revealed unclear documentation regarding the administration of IV sedation. Review of MR1 revealed that it was unclear if this patient received IV sedation during day one of a "Two-Day Procedure." Further review of MR2, MR3, MR4, MR5, MR6, MR7 and MR8 revealed that it was unclear if these patients received IV sedation during day one of the "Two-Day Procedures." Review of MR9 "Clinical Intake Form," revealed "... Eligible for: [checked] IV Sedation ... [checked] 1st of 2 day procedure reviewed ... ." Further review of the form revealed that the "Intake Clinician" signed the form on February 9, 2016 and timed it 1628;	S 6408		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 6408	Continued from page 52 the CRNA signed the form on February 10, 2016, and timed it 1401; the physician, EMP4signed the form on February 9, 2016, and timed it "5:5 p". The form revealed another physician's signature below the first physician's signature. The second physician, EMP3, signed the form on February 10, 2016, and time it "1400." Review of the form revealed unclear documentation related to the patient being cleared and administered IV sedation during the first day of the "Two Day Procedure" or if the patient was being cleared for the administration of IV sedation during day two of the "Two Day Procedure." Review of MR9 "Operative Report" revealed that the document was divided into two sections. The top section of the form contained a "2nd Trimester Report" and the bottom section of the form contained "Uterine Evacuation Report." The "2nd Trimester Report" revealed " ... DOS [Date of Service] February 9, 2016 ... Anesthesia: ... [checked] IV Sedation 5:27 pm ... ." The "Uterine Evacuation Report" revealed "Procedure Date: February 10, 2016 ... ." Review of the "Operative	S 6408		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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S 6408	Continued from page 53 Report" revealed unclear documentation regarding the administration of IV sedation. Review of MR9 revealed that it was unclear if this patient received IV sedation during day one of a "Two-Day Procedure." Further review of MR11, MR12, MR13, MR14, MR15, MR16, MR17 and MR18 revealed that it was unclear if these patients received IV sedation during day one of the "Two-Day Procedures." Interview on April 12, 2016, at 11:00 AM, with EMP1 indicated that in extreme cases IV sedation is offered during day one of "Two-Day Procedures." However, EMP1 revealed that they could not think of a recent case where this has occurred. 2.) Review of facility policy "Post Operative Care," dated June 17, 2015, revealed " (a) The findings and techniques of an operation shall be accurately and completely written or dictated immediately after the procedure by the practioner medical staff	S 6408		

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S 6408	Continued from page 54 member who performed the operation. ... ." Review of facility "Uterine Evacuation Report" revealed a pre-printed summary as follows: "The patient was placed in the lithotomy position. The inner thighs, perineum and vagina were prepped and draped in the usual sterile fashion. A speculum was inserted into the vagina and the cervix was grasped with a tenaculum. The cervix was found to be adequately dilated. Under ultrasound guidance using forceps, vacurette and curette, and multiple passes, uterine contents were removed in pieces. The uterine cavity was evacuated, curetted and aspirated. Tissue was sent to the pathology, laboratory, following gross examination. **Comments/findings/diagnosis**: Uncomplicated termination of pregnancy [checkbox] ..." Review of MR9, MR10, MR12,MR13, MR14, MR15, MR17 and MR18 "Uterine Evacuation Report" contained the same pre-printed summary along with an indication of "uncomplicated termination of pregnancy."	S 6408		

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S 6408	Continued from page 55 Review of MR11 "Uterine Evacuation Report" contained the same pre-printed summary along with an indication of "uncomplicated termination of pregnancy." However, further review of the report revealed that the physician documented "monsels on cervix." There was no other documentation clarifying this note. Interview on May 17, 2016, at 12:07 PM, with EMP2 revealed that "Monsels" is a medication used to stop bleeding. EMP2 could not provide any additional details to clarify this note, including if there was a complication that occurred during the termination of pregnancy that required the physician to use "Monsels." Review of MR16 "Uterine Evacuation Report" contained the same pre-printed summary along with an indication of "uncomplicated termination of pregnancy." The report revealed that the physician documented a comment. However, the comment was illegible. Further review of MR16 revealed that EMP3 documented on March 23, 2016, that the dilators were "unable to place '6' 2° [secondary] to	S 6408		

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S 6408	Continued from page 56 pt [patient] discomfort." Review of "Uterine Evacuation Report," dated March 24, 2016, revealed that EMP7 removed four dilators. Interview on May 17, 2016, at 11:46 AM, with EMP2 indicated that the note may be specific to the number of dilators that EMP7 wants inserted on day one of the "Two-Day Procedure." EMP2 confirmed that it would be the physician's judgement, who is performing the insertion of dilators, as to how many dilators to insert. EMP2 could not provide any further information to clarify EMP3's note, nor was there any documentation regarding that this was the preference of EMP7.	S 6408		

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, MSN, RN

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

Karen M. Murphy, PhD, RN

Karen M. Murphy, PhD, RN
Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY