Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIEI PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-1507			A. BLDG: <u>0</u>	LE CONSTRUCTION: 0	(X3) DATE SURVE COMPLETED: 06/04/2012	EY
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			8 SOUTH W	s, city, state, zif AYNE STREE STER, PA 193	ET	1	
(X4) ID PREFIX TAG	MUST BE PRECEED	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
M 0000	survey conducted on	ned	M 0000				
LABORATOR	This report is the result of a special monitor survey conducted on June 4, 2012, at Planne Parenthood of Southeastern PA - West Ches was determined the facility was in complian the requirements of the Pennsylvania Depar Health Regulations § 28 Pa Code, Chapter 2 Subchapter D, Ambulatory Gynecological S in Hospitals and Clinics.				TITLE:	(X6) DATE:	
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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER, IDENTIFICATION NUMBER 8-1507			A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/04/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS, 8 SOUTH WA WEST CHES	YNE STRE	ЕТ		
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT This report is the result of an unannounced on-site pre-licensure and occupancy survey conducted on June 4, 2012, at Planned Parenthood of Southeastern PA-West Chester. Based on the survey, it was determined that 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.		cted on he vas not in s and s, Annex	S 0000			
S 033H				S 033H			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN.			ATURE		TITLE:	(X6) DATE:	

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE 8-1507			A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURV COMPLETED: 06/04/2012	EY
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG			(X5) COMPLETE DATE
S 033H	 553.3 (8) Governing Body 553.3 Governing Body res (8) Establishing perso adequately support sound patient care to include 	Continued from page 1 553.3 (8) Governing Body Responsibilities 553.3 Governing Body responsibilities include: (8) Establishing personnel policies and practices which adequately support sound patient care to include, the following: This REGULATION is not met as evidenced by:		S 033H	The effective date for this re is June 19, 2012, and the sur place on June 4, 2012. PPSF Chester has taken the follow steps to ensure compliance: PPSP West Chester is seekin accreditation as a Class A A site inspection is scheduled f 27, 2012. PPSP's Vice Presi Organizational Development develop a policy requiring th proper documentation of the background checks be maint personnel files for every emp hired after July 1, 2008. PPS Director of Human Resource conduct an audit every Septe ensure compliance.	vey took P West ing SF. Our for June dent for t will hat three ained in ployee SP's es will	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

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Pennsylvania Department of Health

	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-1507		(X2) MULTI A. BLDG: B. WING:		(X3) DATE SURVE COMPLETED: 06/04/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ЕT		
STATE LICENSE NUMBER: 00208701							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033H	Continued from page 2			S 033H			
	Based on review of the Law, facility document interview with staff (El facility failed to ensure meet the requirements required by Act 179 of Findings include: "The Child Protective S Pa.C.S. § 6344.2 and 6 employees hired after J significant likelihood of in the form of care, gui must obtain three back of employment: Pennsy Clearance, Department Childline Clearance an Background Check." A review on June 4, 20 revealed no documenta checks were conducted	ts, personnel files (P MP), it was determine a process was in pla for background chec 2006 and Act 73 of Services Law (CPSL 344(b) requires that July 1, 2008, who hat of regular contact with dance, supervision of ground checks as co ylvania State Police of Public Welfare (d Federal (FBI) Crir 012, of personnel file attion that three backs	F) and hed the ace to eks as 2007. 2				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
	8-1507			B. WING: _		06/04/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	CET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033H	Continued from page 3			S 033H			
	An interview conducte EMP1 confirmed that to on pediatric patients ar documentation that all were conducted on any	the facility performs and that there was no three background ch	surgery				
S 3240				S 3240			

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Pennsylvania Department of Health

PLAN OF COI	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-1507		:	A. BLDG: B. WING:	PLE CONSTRUCTION: 	(X3) DATE SURV COMPLETED: 06/04/2012	EY
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS 8 SOUTH WA WEST CHES'	YNE STRE	ET		
(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 3240	Continued from page 4 553.24 Discharge of a Min 553.24 Discharge of a min An individual who car care shall be discharged only to the cust person standing in loco par responsible person unless of or guardian or court of con or guardian directs that disc shall so state in writing, an part of the permanent medi This REGULATION is not	nor or incompetent patien not legally consent to h ody of parents, legal gua rentis or otherwise directed by the npetent jurisdiction. If th charge be made otherwise d the statement shall be cal record.	nt. is own ardian, e parent e parent se, he	S 3240	The effective date for this re- is June 19, 2012, and the sur place on June 4, 2012. PPSF Chester has taken the follow steps to ensure compliance: PPSP West Chester is seekin accreditation as a Class A AS site inspection is scheduled f 27, 2012. The following poli added to the Patient Services & Procedure Manual and to Abortion Policy Manual (AF June 19, 2012: Minors with a consent will be discharged p to the consenting parent's dir and minors with a judicial by will be discharged pursuant to bypass order provides no dir about the minor's discharge, minor will be discharged into care of the person who accor her to the facility, unless the patient did not receive sedati came to the facility alone, in case she may be discharged independently.	vey took P West ing SF. Our for June cy was s Policy the PM) on a parent's ursuant rection, ypass to the he ection the o the mpanied minor on and	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-1507		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/04/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701		STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	CET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE	
S 3240	Continued from page 5			S 3240	PPSP's Manager for Center (responsible for ongoing com and will test compliance wit annual "Discharge of Minor Patients" audit.	pliance, h an	

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				1			
	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-1507		A. BLDG: _	PLE CONSTRUCTION: 	(X3) DATE SURVE COMPLETED: 06/04/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ЕT		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 3240 S 6126	Continued from page 6 Based on a review of f with staff (EMP), it wa to provide a written po incompetent patient. Findings include: A review on June 4, 20 revealed no policy that an incompetent person An interview conducte AM with EMP1 confir have a policy that addr incompetent patient.	as determined the fac licy for discharge of 012, of the facility po addressed the disch d on June 4, 2012, a med that the facility	cility failed an blicies arge of t 10:00 did not	S 3240			
5 0120				3 0120			

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Pennsylvania Department of Health

PLAN OF CO	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-1507		:	A (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURV A. BLDG: B. WING: STREET ADDRESS, CITY, STATE, ZIP CODE:			
	OVIDER OR SUPPLIER: ST CHESTER HEALTH CI	ENTER	STREET ADDRESS, 8 SOUTH WA				
			WEST CHEST				
STATE LICEN	SE NUMBER: 00208701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6126	Continued from page 7			S 6126			
	561.13 Storage 561.13 Storage The area in the ASF w periodically checked by a r practitioner and proper log This REGULATION is no	s maintained.			The effective date for this re- is June 19, 2012, and the sur place on June 4, 2012. PPSH Chester has taken the follow steps to ensure compliance: PPSP West Chester is seekin accreditation as a Class A A site inspection is scheduled f 27, 2012. Our registered nur- nurse anesthetists have alway maintained the drug inventor signed the drug logs. In add the following statement was on June 19, 2012 to the Patie Services' Policy & Procedure and to the Abortion Policy M The area in the ASF where d stored shall be periodically c by a responsible pharmacist practitioner and proper logs maintained.	vey took P West ing SF. Our for June ses and ys ry and ition, added ent e Manual fanual: lrugs are shecked	Completion Date: 06/19/2012 Status: APPROVED Date: 06/29/2012

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE 8-1507			A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/04/2012			
	vider or supplier: T CHESTER HEALTH CI	ENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 8 SOUTH WAYNE STREET						
STATE LICENSE NUMBER: 00208701			WEST CHEST	FER, PA 19	9382				
(X4) ID PREFIX TAG	MUST BE PRECEED		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
S 6126	Continued from page 8		S 6126						
S 636A	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)), it was drugs or mentation red t 1:30 periodic	S 636A					
S 636A				S 636A					

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIEF IDENTIFICATION NUMBER STATEMENT (XI) PROVIDER/SUPPLIEF (XI) PROVIDER/SUPPLIEF IDENTIFICATION NUMBER STATEMENT (XI) PROVIDER/SUPPLIEF (XI) PROVIDER SUPPLIEF (XI) PROVIDER SUPP			LIA (X2) MULTIPLE CONSTRUCTION: (X3) DATE SU COMPLETED: A. BLDG:00 B. WING: 06/04/2012				VEY
PPSP WE	OVIDER OR SUPPLIER: ST CHESTER HEALTH C se number: 00208701	CENTER	STREET ADDRESS 8 SOUTH WA WEST CHES	AYNE STRE	ET		
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEEI IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
636A	Continued from page 9 563.6 (a) Preservation of 1 563.6 Preservation of me (a) The facility shall retention of records. Medical record or microfilm, shall be kept on file for a discharge of patient. This REGULATION is no	dical records have a written policy rega ds whether original, repro minimum of 7 years follo	ductions	S 636A	The effective date for this re- is June 19, 2012, and the sur place on June 4, 2012. PPSF Chester has taken the follow steps to ensure compliance: PPSP West Chester is seekin accreditation as a Class A A site inspection is scheduled f 27, 2012. The Patient Servic & Procedure Manual address retention of records as follow For inactive clients – archive years of inactivity and kept f minimum of 7 years, or long required by state law or regu Client records shall be consid- active and will be maintained clinic site if the client has red services within the past two Client records shall be consid- inactive and will be stored of the client has not received se for more than two years. Ina charts should be purged annu- archiving.	vey took West ing SF. Our or June es Policy ses the vs: ed after 2 or a er if lations. dered d at the ceived years. dered if-site if ervices netting	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-1507		A. BLDG:	00	(X3) DATE SURVEY COMPLETED: 06/04/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701		STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ЕT			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 2	OULD BE	(X5) COMPLETE DATE
S 636A	Continued from page 10			S 636A	inactivity and kept until the a majority, plus 7 years, or lor required by state law or regu This policy was added to the Abortion Policy Manual on . 2012. PPSP's West Chester Manager is responsible for o compliance of the center's re retention policy.	nger if Ilations June 19, Center ongoing	

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULT	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΞY
		8-1507			_00	06/04/2012	
PPSP WES	VIDER OR SUPPLIER: T CHESTER HEALTH CE	ENTER	STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	CET		
STATE LICENS	e number: 00208701						
(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 /	OULD BE	(X5) COMPLETE DATE
S 636A	Continued from page 11			S 636A			
	Based on review of fac interview with staff (El facility failed to have a retention of medical rea Findings include: A review on June 4, 20 procedures revealed no regarding the retention An interview conducted PM, with EMP1 confir a written policy regard records.	MP), it was determine written policy regare cords. 12, of facility policie evidence of a writte of medical records. d on June 4, 2012, a med the facility did	ned the rding the es and en policy t 2:45 not have				
S 6400				S 6400			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-1507	:	A. BLDG: B. WING:	PLE CONSTRUCTION: 	(X3) DATE SURV COMPLETED: 06/04/2012	EY
PPSP WES	VIDER OR SUPPLIER: ST CHESTER HEALTH CI SE NUMBER: 00208701	ENTER	STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ET		
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6400	Continued from page 12 563.10 Ownership There shall be written polic specify who has access to r conditions records may be under what conditions med released. Medical records a they may not be removed f court purposes. Copies may authorized purposes, such a practitioner review. This REGULATION is not	nedical records, under w removed from the ASF, lical record information r ure the property of the A from the premises except y be made available for as insurance claims and	vhat and may be SF, and	S 6400	The effective date for this re- is June 19, 2012, and the sur place on June 4, 2012. PPSF Chester has taken the follow steps to ensure compliance: PPSP West Chester is seekin accreditation as a Class A A's site inspection is scheduled f 27, 2012. The Patient Servic & Procedure Manual address access, removal and release of patient records and medical n information in great detail, in "charts shall be secured by low when unattended by personn The policy on medical record security and release was add the Abortion Policy Manual 19, 2012, and is intended to a both planned and emergency situations when the records a attended by personnel.	vey took Vey took Vey took Vey took Set SF. Our SF. Our Sor June es Policy ses the of record neluding, ock el." ds ed to on June address	Completion Date: 06/19/2012 Status: APPROVED Date: 06/29/2012

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PLAN OF COR	DF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER: T CHESTER HEALTH CE	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-1507 ENTER		A. BLDG: _ B. WING: _ CITY, STATE, Z YNE STRE	IP CODE: ET	(X3) DATE SURVI COMPLETED: 06/04/2012	ΞY
STATE LICENS	e number: 00208701		WEST CHEST	ER, IA D	302		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6400	Continued from page 13 Based on review of fac and interview with staf the facility failed to hav who has access to med conditions records can and under what conditi information may be rel Findings include: A review on June 4, 20 procedures revealed the specify who has access what conditions record ASF, and under what co information may be rel An interview conducted PM with EMP1 confirm written policy to address records, under what co removed from the ASF medical record information	f (EMP), it was deter ve a written policy to ical records, under w be removed from th ons medical record eased. 012, of policies and ere was no written p is to medical records, is can be removed fro- conditions medical re- eased. d on June 4, 2012, a med the facility did r ss who has access to nditions records can 7, and under what cor	ocedures, armined o specify what e ASF, olicy to under om the ecord t 2:30 not have a medical be nditions	S 6400			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-1507		A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVI COMPLETED: 06/04/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701		ENTER	STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ET		
(X4) ID PREFIX TAG	MUST BE PRECEED	[°] OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6400	Continued from page 14			S 6400			
S 6737				S 6737			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-1507		(X3) DATE SUR COMPLETED: 06/04/2012		
	DVIDER OR SUPPLIER: ST CHESTER HEALTH C	ENTER	STREET ADDRESS, CITY, STA 8 SOUTH WAYNE S WEST CHESTER, PA	FREET		
STATE LICEN	SE NUMBER: 00208701		, , , , , , , , , , , , , , , , , , ,			
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI IFYING INFORMATION)		TAG CORRECTI	LAN OF CORRECTION (EACH VE ACTION SHOULD BE NCED TO THE APPROPRIATE	(X5) COMPLETE DATE
\$ 6737	Continued from page 15		S 673	7		
	 567.23 Clean Linen 567.23 Clean Linen Clean linen shall be available to meet the dail emergency needs of the ASF. Clean linen shall be handled and stored to minimize contamination from surface contact or airborne deposits. This REGULATION is not met as evidenced by: 			 is June 19, 2012 place on June 4, Chester has take steps to ensure c PPSP West Chea accreditation as site inspection is 27, 2012. West C Manager is in the contracting with cleaning vendor will have contra place by July 13 confirm water tee 	compliance: ster is seeking a Class A ASF. Our s scheduled for June Chester's Center he process of an external linen r, Nixon, Linen, and let and service in 6, 2012. Contract will emperature and wash t vendor's off-site	Completion Date: 07/13/2012 Status: APPROVED Date: 06/29/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-1507		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 06/04/2012	ΞY
PPSP WES	vider or supplier: T CHESTER HEALTH CH e number: 00208701	ENTER	STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ЭЕТ		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6737	Continued from page 16 Based on observation a (EMP), it was determin that linen was handled contamination. Findings include: A review on June 4, 20 Infection Control VII I Laundry must be wash least 71 C. (160 F) for bleach in laundry is sug Observation on June 4, revealed a stackable was EMP1 stated the applia physician's scrubs, blan There was no document temperature of 160 deg laundry was washed fo minimal contamination	ned the facility failed in a manner to minin 012, of facility policy Laundry revealed, "F ed with detergent in 25 minutes. Use of ggested." , 2012, of the storage ashing machine and unces are used to laun hkets and heating particular tation that a water grees was maintained or 25 minutes to ensure h.	to ensure mize /, water at chlorine e room dryer. nder the ds. d or that ire	S 6737			

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				1			
	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	ΞY
		8-1507		B. WING: _		06/04/2012	
PPSP WES	VIDER OR SUPPLIER: T CHESTER HEALTH CH E NUMBER: 00208701	ENTER	STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	CET		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6737	Continued from page 17			S 6737			
S 6747	PM with EMP1 confir blankets and heating pa on the premises. EMP1 was not done to ensure degrees or that laundry	ads were laundered a also confirmed that a water temperature	and dried t testing e of 160	S 6747			

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Pennsylvania Department of Health

	F OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-1507					VEY
	OVIDER OR SUPPLIER: I ST CHESTER HEALTH C	ENTER	STREET ADDRESS 8 SOUTH WA WEST CHES'	YNE STRE	ЭЕТ		
STATE LICEN	ISE NUMBER: 00208701		WEST CHES	IER, IA D	-562		
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
5 6747	Continued from page 18			S 6747			
	567.43 Ventilation System The ventilation system sha in accordance with the wr ensure that a properly con minimum filtration, humid is provided in critical area recovery suites under Chapter 571 (relating to co This REGULATION is no	all be inspected and main itten maintenance schedu ditioned air supply meeti dity and temperature requ s such as the surgical and onstruction standards).	lle to ng iirements		The effective date for this re- is June 19, 2012, and the sur place on June 4, 2012. PPSF Chester has taken the follow steps to ensure compliance: PPSP West Chester is seekin accreditation as a Class A A site inspection is scheduled f 27, 2012. Equipment is main properly, inspected twice a y Filters are changed every 4 t months. A log was created and disseminated for documentin HVAC filter changes. Contra be amended by July 13, 2012 ensure documentation of compliance. Thermometers and hygromet purchased and installed on Ju 2012. Log was created and in as of June 22, 2012. The following was added to Abortion Policy Manual on J 2012: The ventilation system shall	vey took P West ing SF. Our for June tained vear and o 6 nd ng act will 2 to ters were une 20, is in use the June 19,	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

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Pennsylvania Department of Health

PLAN OF COR NAME OF PRO PPSP WES	OF DEFICIENCIES AND RECTION (POC) VIDER OR SUPPLIER: T CHESTER HEALTH CI E NUMBER: 00208701	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-1507 ENTER	STREET ADDRESS, 8 SOUTH WA	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: CITY, STATE, ZIP CODE: YNE STREET FER, PA 19382		(X3) DATE SURVEY COMPLETED: 06/04/2012	
(X4) ID PREFIX TAG	MUST BE PRECEED	[°] OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 19			S 6747	inspected, maintained, set an monitored in accordance wit federal, state and local regula and the written maintenance schedule to ensure that a pro conditioned air supply meeti minimum filtration, humidity temperature requirements is provided in critical areas. Filters will be changed or cle minimum of every six month changes will be documented Heating and Cooling System Maintenance Log. Air temp and humidity will be monito procedure rooms and will be recorded on the log prior to to commencement of each surg abortion procedure. PPSP's Director of Facilities responsible for the ongoing compliance of this regulation	h ations perly ng y and eaned a ns. Filter on the reature red in the ical is	

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-1507		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 06/04/2012	EY
PPSP WES	vider or supplier: I T CHESTER HEALTH CE e number: 00208701	ENTER	STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ЭЕТ		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 20 Based on review of fact with staff (EMP), it was to ensure the ventilation maintained in accordant schedule to ensure ther air supply in critical art Findings include: A review on June 4, 20 revealed no policy regat temperature and humid rooms and post anesthe Observation on June 4, and 2 and the recovery for monitoring temperat An interview conducte AM with EMP1 confir documentation of a pro- of the ventilation syste temperature and humid	as determined the fac in system was inspec- ince with a written ma re is a properly condi- eas of the facility. 012, of facility docur arding monitoring the lity levels in the oper- esia care unit. , 2012, of operating re- room revealed no pre- ature and humidity levels d on June 4, 2012, ar- med there was no occdure for the main m or for monitoring	interview vility failed ted and aintenance itioned ments e rating rooms 1 rovision evels. t 10:45 tenance the	S 6747			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	EY
		8-1507		B. WING: _		06/04/2012	
PPSP WES	VIDER OR SUPPLIER: T CHESTER HEALTH CI 15 NUMBER: 00208701	ENTER	STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	CET		
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 2	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 21			S 6747			
S 6906	rooms and post anesth	esia care unit.					
S 6906				S 6906			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-1507		(X2) MULTI A. BLDG: B. WING:	(X3) DATE SURVEY COMPLETED: 06/04/2012		
	WIDER OR SUPPLIER: ST CHESTER HEALTH CI	ENTER	STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ЕT	-	
STATE LICENS	SE NUMBER: 00208701						
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6906	Continued from page 22			S 6906			
	 569.13 Testing Fire Warning Systems 569.13 Testing Fire Warning Systems 569.13 Testing Fire Warning Systems Fire safety systems, including automatic fire extinguishing systems, automatic and manual alarms, stand pipes and hose shall be of an approved type. They shall be kept in good operatin condition and inspected by qualified ASF personnel at least every 3 months Records of the inspections shall be kept on file for the licensure per This REGULATION is not met as evidenced by: 		g 5.		The effective date for this re is June 19, 2012, and the sur place on June 4, 2012. PPSI Chester has taken the follow steps to ensure compliance: PPSP West Chester is seekir accreditation as a Class A A site inspection is scheduled f 27, 2012. Fire safety systems safety systems are inspected regularly by qualified Facilit Department staff and annual outside qualified inspection/ companies. A log was create quarterly and annual inspect be recorded in a manual system PPSP's Director of Facilities responsible for the ongoing compliance of this regulation	vyey took P West ing SF. Our for June s/life ties ly by service ed so ions can tem.	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 8-1507			(X2) MULT A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 06/04/2012	ΞY
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	CITY, STATE, Z	ZIP CODE:		
PPSP WEST CHESTER HEALTH CENTER			8 SOUTH WA				
STATE LICENSE NUMBER: 00208701			WEST CHEST	FER, PA 19	0382		
(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 CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 6906	Continued from page 23			S 6906			
	Based on review of fac	ility documentation	and				
	interview with staff (El	•					
	facility failed to ensure	,					
	extinguishing systems,		ial alarms				
	were inspected by qual						
	every three months and	•					
	were kept on file.						
	1						
	Findings include:						
	A review on June 4, 20	012, of facility docur	nents				
	revealed no procedure	for the provision of					
	inspections of automati	ic fire extinguishing	systems,				
	automatic and manual	alarms by qualified	personnel				
	least every three month	ns or records of inspe	ections				
	kept on file.						
	An interview conducte	d on June 4, 2012, a	t 1:30				
	PM with EMP1, confirmed that facility pe		sonnel				
	did not conduct inspections of automatic f		re				
	extinguishing systems, automatic and man		ual alarms				
	every three months or l	keep documentation	of				
	inspections on file.						

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Pennsylvania Department of Health

	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-1507	LIA	LIA (X2) MULTIPLE CONSTRUCTION: A. BLDG:		(X3) DATE SURVEY COMPLETED: 06/04/2012			
	OVIDER OR SUPPLIER: EST CHESTER HEALTH (CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 8 SOUTH WAYNE STREET WEST CHESTER, PA 19382						
STATE LICE	NSE NUMBER: 00208701		WEST CHEST	EK, FA 19	582				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH I MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
5 6906	Continued from page 24			S 6906					
S 6907	 569.14 Internal Disaster and Fire Plans 569.14 Internal Disaster and Fire Plans The ASF shall have an internal disaster and fincorporating evacuation procedures and the safety of both close records and the records of those patients being evacuated. These plans sha made available to personnel and evacuation diagrams shall be posted throughout the ASF. This REGULATION is not met as evidenced by: 		I	S 6907	The effective date for this re- is June 19, 2012, and the sur place on June 4, 2012. PPSF Chester has taken the follow steps to ensure compliance: PPSP West Chester is seekin accreditation as a Class A A site inspection is scheduled f 27, 2012. West Chester will existing policies on fire evac bomb threat evacuation and l evacuation to include langua the protection of medical rec current and other patients. PPSP's West Chester Center Manager is responsible for o compliance of this regulation	vey took P West ing SF. Our for June revise its cuation, bomb age on cords for	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012		

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-1507		(X2) MULT A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 06/04/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	DULD BE	(X5) COMPLETE DATE	
S 6907	Continued from page 25 Based on review of fac with staff (EMP), it wa to ensure the internal d incorporated evacuatio of both closed medical those patients being ev Findings include: A review on June 4, 20 disaster and fire safety documentation the faci procedures for the safe records and the records evacuated. An interview conducte PM with EMP1 confirm disaster and fire safety documentation the faci procedures for the safe records and the records	as determined the factors lisaster and fire plan in procedures and the records and the records acuated. 012, of the facility's in plan revealed no lity incorporated evants ty of both closed me is of those patients be d on June 4, 2012, at med the facility's inter plan did not contain lity incorporated evants ty of both closed me	e safety ords of nternal acuation edical ing t 2:15 ernal acuation edical	S 6907			

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701		A. BLDG: _ B. WING: _ CITY, STATE, Z	ET	(X3) DATE SURVI COMPLETED: 06/04/2012	ΞY	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6907	Continued from page 26 evacuated.		S 6907			
S 6909			S 6909			

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-1507			A. BLDG: <u>00</u> COMPLETED:		(X3) DATE SUR COMPLETED: 06/04/2012	VEY
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS, 8 SOUTH WA WEST CHES	YNE STRE	ET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (PREFIX TAG CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP		OULD BE	(X5) COMPLETE DATE
S 6909	Continued from page 27 569.21 (a) EVACUATION 569.21 Fire Drills (a) Fire, internal disatheld at least quarterly for ASF per conditions. This REGULATION is not	ster and evacuation drills		S 6909	The effective date for this re is June 19, 2012, and the sur place on June 4, 2012. PPSI Chester has taken the follow steps to ensure compliance: PPSP West Chester is seekir accreditation as a Class A A site inspection is scheduled f 27, 2012. Fire, internal disas evacuation drills shall be hel quarterly for ASF personnel under varied conditions. Imr following each drill a writter (including date, time, activit employees participating) sha done. The report and evaluat drills conducted will be kept A copy of ASF drill report a evaluation will be sent to the within 5 business days. The shall ensure that all personal trained to perform their dutic are familiar with use/operati firefighting equipment in the	vey took P West ing SF. Our for June ter and d and mediately n report ies and all be tion of on file. nd cOO cOO are es and on of	Completion Date: 07/13/2012 Status: APPROVED Date: 06/29/2012

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Pennsylvania Department of Health

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-1507		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 06/04/2012	EY
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE	
S 6909	Continued from page 28 Based on review of fac personnel files (PF), ar it was determined the f quarterly fire drills wer Findings include: A review on June 4, 20 revealed no evidence th quarterly. A review on June 4, 20 revealed no documenta participated in a quarte An interview conducte PM with EMP1 confirm provide documentation conducted.	nd interview with sta facility failed to ensu- re conducted. (12, of facility docur hat fire drills were co (12, of personnel file ation that each emplo- erly fire drill. d on June 4, 2012 at med that the facility	eff (EMP), are that nents onducted es byee - 2:30 could not	S 6909			

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 8-1507			A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SUR COMPLETED: 06/04/2012		
PPSP WE	NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE			, city, state, z Yne stre fer, pa 19	ET 382		(16)	
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH L MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG		OULD BE	(X5) COMPLETE DATE	
\$ 6916	local fire department.	IDENTIFYING INFORMATION) ire Inspection Fire Inspection ASF shall request an annual inspection by its		PREFIX TAGCORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATS 6916The effective date for this regulation is June 19, 2012, and the survey took place on June 4, 2012. PPSP West Chester has taken the following steps to ensure compliance:PPSP West Chester is seeking accreditation as a Class A ASF. Our site inspection is scheduled for June 27, 2012. A letter to the Philadelphia Fire Department requesting an annual inspection was sent on June 11, 2012. On July 12, 2012 the Fire Department will be able to schedule their 2012 visit. A policy for requesting annual inspection by the local fire department will be developed.PPSP's Director of Facilities is responsible for the ongoing compliance of this regulation.		vey took P West ing SF. Our for June ladelphia an on June he Fire chedule r by the	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012	

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE		(XI) PROVIDER/SUPPLIER/C		(X2) MULTI	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
PLAN OF COR	RECHUN (POC)	8-1507				06/04/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ЕT		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE	
S 6916	Continued from page 30		S 6916				
	Based on review of fac interview with staff (El facility failed to reques local fire department. Findings include: A review on June 4, 20 revealed no procedure inspection by the local An interview conducte PM with EMP1 confirm request an annual inspec department.	MP), it was determine that an annual inspection 012, of facility docur for requesting an any fire department. d on June 4, 2012, at med the facility did r	ned the on by the nentation nual t 2:30 not				
S 6920	D			S 6920			

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 8-1507 NAME OF PROVIDER OR SUPPLIER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/04/2012	
	VIDER OR SUPPLIER: ST CHESTER HEALTH C	FNTFR	STREET ADDRESS, 8 SOUTH WA				
		ENTER	WEST CHES				
STATE LICENS	SE NUMBER: 00208701						
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6920	Continued from page 31			S 6920			
	 569.36 (1)(2) Safety Devices 569.36 Safety Devices The following safety devices shall be provided: (1) Grab bars within reaching distance on at side of toilets, bathtubs, and showers used by patients, (2) Bedside rails om both sides of a bed for when the condition of the patient warrants. This REGULATION is not met as evidenced by: 		n at least 1		The effective date for this re is June 19, 2012, and the sur place on June 4, 2012. PPSI Chester has taken the follow steps to ensure compliance: PPSP West Chester is seekir accreditation as a Class A A site inspection is scheduled to 27, 2012. PPSP's Director of will ensure grab bars are inst at least one side of the toilet: patient bathrooms before Jul 2012.	Completion Date: 07/13/2012 Status: APPROVED Date: 06/29/2012	

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PLAN OF CORRECTION (POC) IDENTIFICATION N 8-1507 NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (E		ENTER OF DEFICIENCIES (EACH DE	STREET ADDRESS, 8 SOUTH WA WEST CHEST FICIENCY	A. BLDG: _ B. WING: _ CITY, STATE, Z	ET	EY (X5) COMPLETE
TAG	MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)				CROSS-REFERENCED TO THE A	DATE
S 6920 S 7100	Continued from page 32 Based on observation a (EMP), it was determin that grab bars were pro- toilets in patient's restro Findings include: Observation on June 4, restrooms revealed no- of the toilets. An interview conducte PM with EMP1 confirm provided on one side o restrooms.	ned the facility failed wided on one side of ooms. 2012, of the patient grab bars on at least d on June 4, 2012, a med that grab bars w	d to ensure f the t's one side t 3:30 vere not	S 6920 S 7100		

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE 8-1507			A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SUR COMPLETED: 06/04/2012		
	OVIDER OR SUPPLIER: EST CHESTER HEALTH C	ENTER	STREET ADDRESS 8 SOUTH WA	YNE STRE	ET			
STATE LICE	NSE NUMBER: 00208701		WEST CHES	TER, PA 19	382			
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
5 7100	Continued from page 33			S 7100				
	 571.1 CHAPTER 571 - Co 571.1 Minimum Standard ASF construction sha latest edition of the "Guide Construction of Hospital a published by the American Architects/Academy of An those guidelines establishe facilities. In the alternative construction guidelines for procedures as listed in app replacement work is perfonew work or additions sha for new construction. This REGULATION is not 	Is all be in accordance with elines for Design and and Health Care Facilities n Institute of rchitecture for Health inc ed for various outpatient e, a facility shall meet the r specified types of surgi bendix A. Where renovat rmed within an existing : all comply with the require	s," as cluding e cal ion or facility, all		The effective date for this re- is June 19, 2012, and the sur- place on June 4, 2012. PPSI Chester has taken the follow steps to ensure compliance: PPSP West Chester is seekin accreditation as a Class A A site inspection is scheduled f 27, 2012. PPSP West Chester process of conferring with it architect to discuss possible for installing cubicle curtain patient privacy, and will hav conversations with the Divis Safety Inspection upon furth planning related to this item. PPSP's architect has conferrer representative of the Divisio Safety Inspection about this regulation at length. PPSP is process of conferring with it architect to discuss possible alterations to the West Chest health center to satisfy the requirements for the separati clean and dirty/soiled workrer PPSP's architect will engage	vey took P West ing SF. Our for June er is in the s options s for e further ion of er ed with a n of s in the s feasible ter ion of ooms.	Completion Date: 07/13/2012 Status: APPROVEI Date: 06/29/2012	

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PLAN OF COR NAME OF PRO PPSP WES STATE LICENS (X4) ID	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-1507 NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX		STREET ADDRESS, 8 SOUTH WA WEST CHEST FICIENCY	A. BLDG: _ B. WING: _ CITY, STATE, Z	ЕT		EY (X5) COMPLETE
TAG \$ 7100		FYING INFORMATION)		S 7100	further conversations with th Division of Safety Inspection the development of a plan th the Guidelines requirements, necessary, may seek limited exceptions from the Guidelin furtherance of a renovation of alteration that is agreeable to Division of Safety Inspection this process continues, PPSP Chester will review with its a proper infection protocols for handling soiled, clean and st instruments and avoiding cross-contamination. The qu assurance committee will be with reviewing this protocol recommending any necessar improvements at its July mer which is scheduled for July 2 PPSP's architect has conferrer representative of the Divisio Safety Inspection about this regulation at length. PPSP V Chester intends to seek except to the Guidelines requiremer minimum operating room siz	APPROPRIATE n upon e meets , and if nes in or o the n. While o West staff the or erile ality tasked and y eting 26, 2012. ed with a n of West ptions nts of	DATE

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-1507			A. BLDG: _	PLE CONSTRUCTION: 	(X3) DATE SURVE COMPLETED: 06/04/2012	Ϋ́Υ	
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701		STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ET			
STATE LICENSE NUMBER. 00200701							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 35			S 7100			
					PPSP's architect has conferrer representative of the Divisio Safety Inspection about this regulation at length. PPSP is process of conferring with it architect to discuss possible alterations to the West Chest health center to satisfy the requirements for these items architect will engage in furth conversations with the Divis Safety Inspection upon the development of an acceptabl solution. PPSP West Cheste intends to seek limited except from the Guidelines as necess furtherance of a renovation of alteration that is agreeable to Division of Safety Inspection PPSP's architect has conferrer representative of the Divisio Safety Inspection about this regulation at length. PPSP s an exception to the requirem hands-free scrub sinks be ou the procedure room on April 2012, and the Department de decision on that request by lease	n of s in the s feasible ter . PPSP's her ion of de r otions ssary in or o the n. ed with a n of ought ent that tside . 30, eferred	

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-1507			A. BLDG:	(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY A. BLDG:00		ΞY	
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701		STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ЕT			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE	
S 7100	Continued from page 36			S 7100	dated June 1, 2012. PPSP W Chester intends to submit fur information to the Departme support of its pending excep request.	rther ent in	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS, 8 SOUTH WA WEST CHEST	A. BLDG: _ B. WING: _ CITY, STATE, Z YNE STRE TER, PA 19	21P CODE: 2ET 2382	(X3) DATE SURVE COMPLETED: 06/04/2012	
(X4) ID PREFIX TAG	MUST BE PRECEEDE			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	MUST BE PRECEEDED BY FULL REGULATORY OR L IDENTIFYING INFORMATION) Continued from page 37 Based on review of the current edition of the Guidelines for Design and Construction of H and Health Care Facilities, observation, and interview with staff (EMP), it was determine facility failed to ensure it was in compliance current construction guidelines. Findings include: 1) The current edition of Guidelines for Desi Construction of Hospital and Health Care Fa 3.8-3.4.2.2 indicates "Cubicle curtains or oth provisions for privacy during post-operative shall be provided. Observation on June 4, 2012, of the recovery revealed recliner chairs for post-operative ca There were no cubicle curtains for privacy be the recliner chairs. An interview conducted on June 4, 2012, at 2 PM with EMP1 confirmed the recliner chairs recovery room did not have cubicle curtains		he Hospital d hed the e with the sign and Facilities, ther e care ry room care. between t 2:10 trs in the	S 7100			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: 8-1507			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/04/2012	EY	
NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701			STREET ADDRESS, 8 SOUTH WA WEST CHEST	YNE STRE	ET		
(X4) ID PREFIX TAG	MUST BE PRECEED	[°] OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 38 privacy. 2) The current edition and Construction of He Facilities, 3.8-5.1.2.1 i This room shall be phy other areas of the facil Clean/assembly workra areas shall be physical workroom shall have a This room shall contai workspace and equipm medical and surgical e Observation on June 4 area and the clean wor located together in one	are kroom. om all ed work his on. (3) fficient ilizing of es." work were	S 7100				
	 An interview conducted on June 4, 2012, with EMP1 confirmed the clean and soiled work areas were located together in one room. 3) The current edition of Guidelines for Design and 						

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CL PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: 8-1507			(X2) MULT A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 06/04/2012	ΞY	
NAME OF BRO	VIDER OR SUPPLIER:		STREET ADDRESS,	L			
		ENTER	8 SOUTH WA				
PPSP WEST CHESTER HEALTH CENTER			WEST CHEST				
STATE LICENSE NUMBER: 00208701				, .			
(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 CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 39			S 7100			
	Construction of Hospit 3.7-3.3.1.3 Class B Op "Class B operating root clear floor area of 250 meters) with a minimum (4.57 meters)". Observation on June 4, and Operating Room 2 size of 120 square feet. counter tops and cabine These rooms were not required guidelines of 2 An interview conducte PM with EMP1 confirm operating rooms was not 4) The current edition of Construction of Hospit 3.1-3.4.3.5 Special des Architectural details (a monolithic" and (b) "T	erating Rooms indic ms shall have a mini square feet (23.23 so m clear dimension o , 2012, of Operating , indicated an approx . Each room also co ets projecting into th in compliance with t 250 square feet. d on June 4, 2012, a med the size of the tw ot 250 square feet. of Guidelines for De al and Health Care F ign elements indicat) The ceiling shall b	ates, imum quare f 15 feet Room 1 ximate ntained re room. the t 2:00 wo sign and Facilities, es, "(1) e				

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-1507 NAME OF PROVIDER OR SUPPLIER: PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES)		STREET ADDRESS, 8 SOUTH WA WEST CHEST FICIENCY	A. BLDG: _ B. WING: _ CITY, STATE, Z YNE STRE YNE STRE TER, PA 19	TIP CODE:	(X3) DATE SURVI COMPLETED: 06/04/2012	(X5)	
PREFIX TAG			R LSC	PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A		COMPLETE DATE
S 7100	Continued from page 40 Sealed seams". Observation on June 4, 2012 of Operating F & 2 revealed ceilings that were not monolit the floors did not have sealed seams". An interview conducted on June 4, 2012, at PM with EMP1 confirmed that the ceilings monolithic and the floors did not have sealed 5) The current edition of Guidelines for Des Construction of Hospital and Health Care F 3.8-3.6.5.1 indicates "Hands-free scrub statt shall be provided outside of but near the ent each operating room." Observation on June 4, 2012, of Operating 1 & 2 revealed no hands-free scrub sinks ou the rooms. An interview conducted on June 4, 2012, at PM with EMP1 confirmed that hands-free scrub sinks ou		Rooms 1 thic and t 2:00 were not ed seams. sign and Facilities, tion(s) trance to Rooms utside t 2:10 scrub	S 7100			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 8-1507			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/04/2012	ΞY	
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S 7100	Continued from page 41		S 7100				

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Certified End Page

PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: 00208701 SURVEY EXIT DATE: 06/04/2012

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, RM

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

Karen M. Murphy, BhD, R.

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