STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	8-1507	A. BLDG: 00 B. WING:	06/02/2017

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PPSP WEST CHESTER HEALTH CENTER STATE LICENSE NUMBER: **00208701**	**8 SOUTH WAYNE STREET** **WEST CHESTER, PA 19382**

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M 0000	INITIAL COMMENT This report is the result of an Annual Registration survey conducted on May 31, 2017, and completed on June 2, 2017, at Planned Parenthood Southeastern Pennsylvania. 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:

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S 0000	INITIAL COMMENT This report is the result of a Annual Registration survey conducted on May 31, 2017, and completed on June 2, 2017, at Planned Parenthood Southeastern Pennsylvania. 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.	S 0000		
S 53D1		S 53D1		

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

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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	By 9/1/2017, all physicians working at the facility will submit written application for clinical privileges for their current reappointment period in accordance with PPSP's policy "Governing Body Responsibilities" (last revised 4/27/17). PPSP's Medical Director will inform current staff of this requirement and provide the application document. Evidence of written application for clinical privileges will be maintained in personnel files and available for review. PPSP's Chief Operating Officer (COO) is responsible for ensuring compliance to the "Governing Body Responsibilities" policy. By 9/1/2017, providing anesthesia (local only) will be added to the scope of privileges listed on "PPSP's Certification of Clinical Privileges" which is included in the Board review for appointment/reappointment. PPSP's Medical Director will assess and document anesthesia privileging of all current and new physicians.	Completion Date: **10/01/2017** Status: **APPROVED** Date: **07/24/2017**

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S 53D1	Continued from page 2	S 53D1	Evidence of privileging will be maintained in personnel files by Human Resources and will be available for review. On 9/28/17, updated privileging documentation that includes anesthesia (local only) will be presented at PPSP's Board meeting to confirm and document approval (per policy). Evidence of presentation and approval will be documented in Board meeting minutes which will be available for review. PPSP's Chief Operating Officer is responsible for successful completion of this Plan of Correction.	

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S 53D1	Continued from page 3 Based on review of the facility's policy, credential files (CF), and interview with staff (EMP), it was determined the facility failed to obtain a written application and delineation of privileges for two of two credential files reviewed (CF1 and CF2). Findings Include: Review of the facility's policy "Governing Body Responsibilities" last revised April 27, 2017, revealed "Board Appointments: The board may grant clinical privileges to qualified, licensed practitioners in accordance with their training, experience and demonstrated competence and judgement based on the peer review policy approved by the board. A written record of the application for clinical privileges, and the scope of privileges granted, shall be maintained. The board shall conduct a review, summarized on the record with appropriate documentation, of the qualifications of the applicant." Review on May 31, 2017, of CF1, a physican	S 53D1		

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S 53D1	Continued from page 4 revealed no documentation of an application for the reappointment period for December 13, 2016, to December 12, 2018. Further review revealed no evidence of documentation for delineation of privileges for anesthesia. Review on May 31, 2017, of CF2, a physician revealed no documentation of an application for the reappointment period for December 13, 2016 to December 12, 2018. Further review revealed no evidence of documentation for delineation of privileges for anesthesia. An interview conducted on May 31, 2017, at 2:30PM with EMP1 confirmed the facility failed to obtain an application during the reappointment process and delineation of privileges for anesthesia for CF1 and CF2. EMP1 stated " We are in the process of developing the application process for reappointment. In addition, EMP1 stated, "Our facility uses 10cc of 1% Lidocaine as anesthesia for patient procedures. We will have the physicians request anesthesia privileges and submit to our	S 53D1		

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S 53D1	Continued from page 5 Board for approval."	S 53D1		

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S 6701	567.1 Principle CHAPTER 567 - ENVIRONMENTAL SERVICES 567.1 Principle The ASF shall have a sanitary environment, properly constructed, equipped and maintained to protect surgical patients and ASF personnel from cross-infection and to protect the health and safety of patients. This REGULATION is not met as evidenced by:	S 6701	By 9/1/2017, PPSP's "Infection Control Plan" (last reviewed 9/27/16) and "Biological Monitoring Log (Attest) for ASF facilities" will be updated for consistency and compliance to nationally recognized sterilization guidelines. The "Infection Control Plan" will be updated with detailed instructions on labeling sterilization packages, "wrapped packs must be labeled with the processing date, autoclave/sterilizer number, package contents and expiration date". The "Biological Monitoring Log" will be updated with instructions to document specific pack contents under load type. The Director of Patient Services will update the Infection Control Plan and Biological Monitoring Log, communicate the changes to facility staff, ensure quarterly audit for compliance, and address any identified issues. The Center Manager is responsible for implementing the changes at the facility, providing staff training (as needed), and monitoring to ensure compliance.	Completion Date: **09/01/2017** Status: **APPROVED** Date: **07/24/2017**

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S 6701	Continued from page 7 Based on review of facility policy, documents and interview with staff (EMP), it was determined the facility failed to adhere to professionally acceptable standards of practice to assure a functional and sanitary environment. Findings include: Review on May 31, 2017, of the Association of Peri-Operative Registered Nurses (AORN) guidelines "Understanding Current Steam Sterilization Guidelines" October 2008 Volume 88 revealed "Packing...Each package should be labeled with the contents, sterilizer identification and date of sterilization. Packages sterilized in ambulatory surgery setting also must include an expiration date." Review on May 31, 2017, of the facility's policy " Infection Control Plan" last reviewed September 27, 2016, revealed "Steam Sterilization...Instrument trays with lids will be wrapped appropriately with disposable sterilization wrap and tape with indicator strip placed inside prior to placement in autoclave.	S 6701		

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S 6701	Continued from page 8 Processing date, autoclave number and expiration date must be marked on the tape..." Review on May 31, 2017, of the facility's policy "Infection Control Plan" last reviewed September 27, 2016, revealed "...Chapter 2 of the ARMS Prevention Manual for step-step instructions...revealed "Wrapping Instruments Packages and Trays for Sterilization Steps: 1) Place diagonally in center of paper. 2) Arrange in open unlocked positions, Add indicator strip. 3) Fold bottom corner over tray, create flap. 4) Fold over right corner (make flap). 5) Fold over left corner (make flap). 6) Fold over top corner. 7) Tuck in extra cloth and create small flap. 8) Repeat steps for 2nd layer of paper. 9) Place sterilizing tape (2 strips), Write date on tape." Review on May 31, 2017, of facility document "Biological Monitoring Log (Attest) for ASF facilities" revealed 1. Perform biological spore testing weekly. 2 Document date, sterilizer # (number), load type, room humidity, date/time IN	S 6701		

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S 6701	Continued from page 9 incubator, date/name Out incubator, result of control." An interview conducted on May 31, 2017, at 1:30PM with EMP1 confirmed that the facility's Infection Control Plan and Biological Monitoring Log (Attest) for ASF facilities did not require documentation of the contents sterilized in each load. Further interview with EMP1 confirmed that the sterilized packages contained the date the load was sterilized but did not contain a date of expiration.	S 6701		

Certified End Page

PPSP WEST CHESTER HEALTH CENTER

STATE LICENSE NUMBER: 00208701

SURVEY EXIT DATE: 06/02/2017

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Nancy J. Lescavage
Deputy Secretary for Quality Assurance

Rachel L. Levine, MD
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY