Pennsylvania Department of Health

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 9-5137		A. BLDG: <u>0</u>	LE CONSTRUCTION: 10	(X3) DATE SURVEY COMPLETED: 04/29/2013			
BERGER	WIDER OR SUPPLIER: & BENJAMIN LLP se number: 00078701	<u>1</u>	STREET ADDRESS, CITY, STATE, ZIP CODE: 1335 TABOR ROAD SUITE 202 PHILADELPHIA, PA 19141						
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	ECTION (EACH HOULD BE APPROPRIATE	(X5) COMPLETE DATE			
M 0000	INITIAL COMMENT		M 0000						
M 0032	This report is the result of an unannounced full Registration survey conducted on April 16, 2013, Berger and Benjamin. It was determined that the facility was not in substantial compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surger in Hospitals and Clinics.			M 0032					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	JATURE		TITLE:	(X6) DATE:			
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IF CONTINUATION SHEET Page 1 of 13

Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE 9-5137			(X2) MULTIPLE CONSTRUCTION:       (X3) DATE SUR         A. BLDG:00       COMPLETED:         B. WING:       04/29/2013			VEY	
NAME OF PROVIDER OR SUPPLIER: BERGER & BENJAMIN LLP STATE LICENSE NUMBER: 00078701			STREET ADDRESS, CITY, STATE, ZIP CODE: 1335 TABOR ROAD SUITE 202 PHILADELPHIA, PA 19141					
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEEL IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
M 0032	Continued from page 1 29.43(b) Facility Approval		M 0032	Plan of Correction:		Completion Date:		
	29.43(b) Facility Approval All medical facilities except hospitals may become approved facilities upon submission of an application to the Department from a person authorized to represent such facility and, at the discretion of the Department, satisfactory completion of an on-site survey. This REGULATION is not met as evidenced by:				Berger and Benjamin ("BB") respectfully states that it is in compliance with the requirent the Pennsylvania Department Health Regulations 28 Pa. CC Chapter 29, Subchapter D, Ambulatory Gynecological S in Hospitals and Clinics. BB exceeds the standards applich facilities that provide early a care using only local or topic anesthesia, as set forth in 18 C.S.A. §§ 3201-3220, 28 Pa. Chapter 29, Subchapter D, 3 448.806(h)(1), and 28 Pa. Cc 551.3, 551.31. The facility m safe and sanitary environment patient care. BB submits this correction in an effort to com improve the excellence of its care, in cooperation with the Department of Health.	n ments of it of ode, Surgery meets or able to bortion cal Pa. . Code, 5 P.S. § ode §§ naintains a nt for s plan of tinually s patient	06/01/2013 Status: APPROVED Date: 05/20/2013	
					<ol> <li>The facility's storage ar- locked room that is not used operating room or as a patier area. The contents of the roo</li> </ol>	as an nt care		

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Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 9-5137			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/29/2013	
NAME OF PROVIDER OR SUPPLIER:			STREET ADDRESS,				
BERGER & BENJAMIN LLP			1335 TABOR				
STATE LICENSE NUMBER: 00078701			PHILADELPI	HIA, PA 19	141		
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M 0032	Continued from page 2			M 0032			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION) Continued from page 2				present no life safety concernevent of a fire. No patients haccess to this room, and the of tile in this room does not thruthe health or safety of any para Nonetheless, BB has request the ceiling tile in question be replaced with new ceiling tilt temperature and humidity in room are kept at a comfortabilit of level. Because this root storage area for supplies and equipment and because no pacare occurs in this room, it wis serve no rational purpose to a continuous readings of the temperature and humidity in room; in fact, requiring staff monitor and document the temperature and humidity in that is used only for storage pointlessly divert staff from patient care duties and would detrimental to patients. The pixentilation unit is not being to and has been removed as has ductwork. Nothing is stored room which is temperature of humidity sensitive. The worther the temperature of humidity sensitive. The worther the temperature of humidity sensitive. The worther the temperature of temperature of the temperature o	ave ceiling eaten atients. ed that e. The this ole om is a atient yould take the to a room would their d be portable used s the in this or	

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Pennsylvania Department of Health

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M 0032	Continued from page 3			M 0032	<ul> <li>appearance of the vinyl cover the wheelchair is secondary in cleaning with caustic chemic between patient use. The furn not affected, and the chemican necessary to assure cleanline</li> <li>2) Because no sedation procedures are performed at patients are fully conscious a at all times. There is no need patients to recover from the of moderate sedation, becaus sedation is used. BB maintait waiting area for post-surgican patients. Patients using this wa area are not sedated, are fully clothed, and rest comfortably they are ready to be discharg does not provide privacy cur- either its pre- or post-surgican waiting area; however, shoul patient indicate a need for pr BB maintains a second-tier w room that is available upon r to grieving patients or familii desiring a private space. In lithe Department's position that privacy curtains would provide</li> </ul>	to cals action is als are ess. BB, all and alert l for effects se no ns a l waiting y y until ged. BB tains in al ld a ivacy, waiting request es ight of at		

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Pennsylvania Department of Health

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M 0032	Continued from page 4			M 0032				
					<ul> <li>better patient experience, BE researching the possibility of installation of privacy curtain post-surgical waiting area an anticipates that bids will be of by June 1, 2013.</li> <li>3) BB disputes the charact of its facility as having a "cocclean and soiled work area. I uses two clearly separated ar one for soiled instruments, within room. The room contains two separates sinks and two separates work counters. Used instruments covered and moved from the procedure room to the soiled the instrument workroom, w instruments are soaked, wash disinfected. Once clean and disinfected, the instruments are pawrapped and sterilized in the autoclave. At no time are sooi instruments placed in the cleaw orkspace. When autoclave sterilization is finished, the terms of the soliced were the instruments are sone and sterilized in the cleaw orkspace. When autoclave sterilization is finished, the terms of the soliced were the instruments are sone and the soliced in the cleaw orkspace.</li> </ul>	f the ns in its ad obtained terization ombined" Rather, it reas, ad one a single vo rate nents are e I side of here the hed, and are ce, ackaged, e iled can		

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Pennsylvania Department of Health

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M 0032	Continued from page 5			M 0032			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)				sterile instruments are then s a area designated for sterile equipment; at the Departmer suggestion, this area will be relocated to a storage area in separate room. The setup of workroom, with separate wo for soiled and clean instrume sufficient and appropriate to that there is no cross-contam of surgical instruments and s Locating the clean and soiled areas within a "U"-shaped configuration permits used instruments to be cleaned an transferred to the clean work without traversing patient ca and without risking re-contamination. Patients pa by the workroom are under s escort and are not permitted workroom. In addition, BB staff in proper infection cont protocols which it adopted u guidance and direction of the Department of Health's Heal Associated Infection Prevent Section (HAIP). The health a safety of patients are thus pro-	nt's a a the rk areas ents, is ensure ination supplies. d work d space re areas assing staff in the trains its rol nder the e thcare tion and	

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Pennsylvania Department of Health

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M 0032	Continued from page 6			M 0032	<ul> <li>against the risk of infection I separation of the clean and s functions into separate and d work areas and by the use of infection control protocols. Tefficacy of these protocols is evidenced by BB's extraordir low post-surgical infection ratio 0.05%.</li> <li>Although BB maintains that already complied with the ap standards, BB has addressed Department's concerns by chabeling the clean and soiled areas and by separating them visible divider at countertop</li> <li>4) BB has addressed this c by ordering the repair of the shelf directly above the autor This repair will be completed 1, 2013. In addition, BB has relocated its wrapped sterile to an acceptable storage area patient was subjected to any harm.</li> <li>5) BB has relocated the low</li> </ul>	oiled listinct 'proper The anarily ate of it has oplicable the early work a with a level. concern wood clave. d by June supplies . No risk of	

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)       (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 9-5137         NAME OF PROVIDER OR SUPPLIER: BERGER & BENJAMIN LLP STATE LICENSE NUMBER: 00078701       9-5137         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES (EACH D		STREET ADDRESS, 1335 TABOR PHILADELPI	A. BLDG: _ B. WING: _ CITY, STATE, Z ROAD SUI	ГЕ 202	(X3) DATE SURVI COMPLETED: 04/29/2013	EY (X5)	
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M 0032	Continued from page 7			M 0032	<ul> <li>storage cabinet containing liand boxes of needles to a loc storage area away from the vof the soiled work area.</li> <li>6) BB has ordered that the the cover of the examination repaired. This repair will be completed by June 1, 2013. I patient was harmed or threat the rip in the covering of the examination table, which wa covered with clean exam paptimes patients were present.</li> <li>7) BB stored medications refrigerator section of a refrigerator/freezer unit. No medications were stored in the freezer section containing bi material. To address the Department's concern, BB h moved biohazard materials t completely separate refrigerator.</li> </ul>	cked vicinity e rip in a table be No gened by as per at all in the he ohazard as to a	

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M 0032	Continued from page 8		M 0032							
	<ul> <li>Based on observation a (EMP), it was determined that patient privacy was sanitary environment of Findings include:</li> <li>Observation tour of the between 1:00 PM and following:</li> <li>1) Observation of the final facility becoming a CI supply of intravenous documentation of temps supply room dated for stains on the ceiling till unit in the room had a room through a ceiling contained an anesthesi table and wheelchair a statement of the statement of t</li></ul>	d to ensure è and b, 2013, e b, which to the ed a as no y for this rown ntilation ited the rea also mination								

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M 0032	Continued from page 9 worn appearance. Interview on April 16, EMP1 confirmed the f a storage room and the had been previously do became a Class A facil EMP1 confirmed the b portable ventilation un the ceiling tile and that not being used for any confirmed the worn ap equipment was from se 2) The patient recovery patient recovery chairs There were no cubicle for the seven recovery Interview on April 16, EMP1 confirmed priva provided since the faci Class A facility.	ormer OR was being temperature and hur ocumented until the f lity in December 201 orown ceiling tiles, th it's flexible hose exist t the anesthesia mac procedures. EMP1 pearance of the patie olutions used for clear y room area revealed for post-operative c curtains provided for chairs. 2013, at 1:10 PM, way	y used as midity facility 2. 2. 4. 4. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	M 0032			

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Pennsylvania Department of Health

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M 0032	<ul> <li>Continued from page 11</li> <li>5) Observation of the c work area revealed a lo the sink that contained and numerous boxes of Interview on April 16, EMP1 confirmed medit to be stored in the com- area.</li> <li>6) Observation of Treat examination table had table that was covered Interview on April 16, EMP1 confirmed the e</li> <li>7) Observation of the P</li> </ul>	d over ne 1% needles. vith continued ed work aled the h of the per. vith	M 0032				
	Biohazard Room revea contained various med freezer contained plast containers waiting for	aled a refrigerator that ications. The refrige ic biohazard specime	erator's en				

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE 9-5137			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 04/29/2013		
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M 0032	2 Continued from page 12 additional empty small refrigerator also designated for specimen storage. There were red plastic sharps containers also located on the floor in this room. Interview on April 16, 2013, at 1:30 PM, with EMP1 confirmed the refrigerator contained medications and the refrigerator freezer contained biohazard specimen containers waiting for pick up.			M 0032			

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# **Certified End Page**

### BERGER & BENJAMIN LLP STATE LICENSE NUMBER: 00078701 SURVEY EXIT DATE: 04/29/2013

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 & hescavage

Nancy J. Lescavage Deputy Secretary for Quality Assurance



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

Rachel L. Levine, MD Secretary of Health