STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	9-5137	A. BLDG: 00 B. WING:	05/12/2017

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
BERGER & BENJAMIN LLP STATE LICENSE NUMBER: **00078701**	**1335 TABOR ROAD SUITE 202** **PHILADELPHIA, PA 19141**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
M 0000	INITIAL COMMENT This report is the result of an unannounced special monitoring survey conducted on April 13, 2017, at Berger & Benjamin Llp. It was determined the facility was not 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		
M 0032		M 0032		

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:
	9-5137	A. BLDG: __00_____ B. WING: _____	05/12/2017

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
BERGER & BENJAMIN LLP STATE LICENSE NUMBER: **00078701**	**1335 TABOR ROAD SUITE 202 PHILADELPHIA, PA 19141**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
M 0032	Continued from page 1 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:	M 0032	The policy for spore testing was updated and dated to insure weekly spore testing by an outside laboratory. Testing will be performed even if no instruments were used in that week. The testing schedule will be monitored by the office manager who will obtain reports on a weekly basis from the testing lab via E-Mail. These reports will be monitored by the Physicians who will also receive the E-Mails and are responsible to insure these policies are sustained. Weekly E-mail will be sent to the testing personnel by the testing lab to remind them to perform the weekly test. The reports will be reviewed at the quarterly QA committee meeting. Review of the last 2 years spore testing showed there was never any positive growth. These changes are immediate.These corrective actions have been made as of 05/02/2017 Policy for safe storage of medications will be written and enacted immediately. They will insure that access to meds is by	Completion Date: **05/02/2017** Status: **APPROVED** Date: **05/13/2017**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	9-5137	A. BLDG: __00_____ B. WING: _____	05/12/2017

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
BERGER & BENJAMIN LLP STATE LICENSE NUMBER: **00078701**	**1335 TABOR ROAD SUITE 202 PHILADELPHIA, PA 19141**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
M 0032	Continued from page 2	M 0032	authorized medical personnel only. The Lidocaine has been moved to a closet that is only accessible to medical personnel. The closet where the lidocaine is stored, is locked and not in a patient area. The Physicians are responsible to monitor this storage area to insure the safe storage of medication policy is followed and that these medications are only accessible to authorized personnel.These policies will be reviewed with staff and discussed at the quarterly QA meeting. These corrective actions have been made as of 05/02/2017	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	9-5137	A. BLDG: 00 B. WING:	05/12/2017

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
BERGER & BENJAMIN LLP STATE LICENSE NUMBER: **00078701**	**1335 TABOR ROAD SUITE 202 PHILADELPHIA, PA 19141**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
M 0032	Continued from page 3 Based on review of facility policies and procedures, and facility documents, and interviews with staff (EMP), it was determined the facility failed to ensure biological monitoring (spore testing) was performed at least weekly on its autoclave sterilizer. Findings include: Review on April 13, 2017, of facility policy "Infection Control and Sterilization", no date, revealed the policy did not address current practice as stated by EMP1. Review on April 13, 2017, of facility document "[Name of Lab omitted intentionally] Compliance Tracking Dashboard" revealed "Date Resulted" as follows: January 13, 2017- February 2, 2017 [There were two weeks and six days in between the biological monitoring dates]. February 2, 2017-February 16, 2017 [There were two weeks in between biological the monitoring dates].	M 0032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	9-5137	A. BLDG: 00 B. WING:	05/12/2017

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
BERGER & BENJAMIN LLP STATE LICENSE NUMBER: **00078701**	**1335 TABOR ROAD SUITE 202 PHILADELPHIA, PA 19141**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
M 0032	Continued from page 4 February 16, 2017-March 8, 2017 [There were two weeks and six days in between the biological monitoring dates]. There was no further documented evidence of biological monitoring after March 8, 2017. Interview with EMP1 on April 13, 2017, at 11:33 AM, confirmed the facility's current policy did not include the current practice regarding biological monitoring. EMP1 confirmed the facility's practice is to send out the biological monitoring (spore testing) to an independent lab on a weekly basis. EMP1 confirmed there was no documented evidence that biological monitoring (spore testing) was conducted on a weekly basis. _____ Based on observation, review of facility documents, and interview with staff (EMP), it was determined the facility failed to ensure medications were stored in a safe manner. Findings include: Observation tour on April 14, 2017, at 11:00 AM, revealed Lidocaine HCL 1% (18) vials 50 ml	M 0032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	9-5137	A. BLDG: __00_____ B. WING: _____	05/12/2017

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
BERGER & BENJAMIN LLP STATE LICENSE NUMBER: **00078701**	**1335 TABOR ROAD SUITE 202 PHILADELPHIA, PA 19141**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
M 0032	Continued from page 5 (10mg/ml) unsecured and unattended on a shelf in an unlocked closet. A request was made to EMP1 on April 14, 2017, of the facility's policy on storage of medications. None was provided. Interview on April 14, 2017, at 11:08 AM, with EMP1 confirmed there was no facility policy addressing the safe storage of medications. Interview with EMP1 further confirmed Lidocaine HCL 1% (18) vials were unsecured and unattended in an unlocked closet.	M 0032		

Certified End Page

BERGER & BENJAMIN LLP

STATE LICENSE NUMBER: 00078701

SURVEY EXIT DATE: 05/12/2017

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
Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY