

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/23/2013
NAME OF PROVIDER OR SUPPLIER: DREXEL OB/GYN ASSOCIATES AT FEINSTEIN		STREET ADDRESS, CITY, STATE, ZIP CODE: 216 N. BROAD STREET 4th floor PHILA, PA 19102		
STATE LICENSE NUMBER: 89LC8701				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	M 0000		
	This report is the result of an unannounced full Registration survey conducted on April 23, 2013, at Drexel OB/GYN Associates at Feinstein. It was determined that 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 0023		M 0023		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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M 0023	<p>Continued from page 1</p> <p>29.38(a)(3) Abortion Report</p> <p>A report of each abortion performed shall be made to the Department of forms prescribed by it. The reports shall be completed by the hospital or other licensed facility, signed by the physician who performed the abortion, and transmitted to the Department within 15 days after each reporting month. The report forms shall not identify the individual patient by name and shall include the following information 13:</p> <p>(i) Name and license number of the physician who performed the abortion.</p> <p>(ii) Name of the facility where the abortion was performed, county code, and facility identification number.</p> <p>(iii) Name and license number of referring physician, agency, or service, if any</p> <p>(v) The woman ' s age, race education, and marital status.</p> <p>(vi) The number of prior pregnancies, including the number of live births, now living and now dead, and the number of abortions, spontaneous and induced.</p> <p>(vii) The date of the woman ' s last menstrual period and the probable gestational age of the unborn child.</p> <p>(viii) The types of procedures performed or prescribed and the date of the abortion.</p> <p>(ix) Complications, if any, including but not limited to, hemorrhage, infection, uterine perforation, cervical laceration, retained products, psychological complications, failure to abort, and death.</p> <p>(x) Concurrent conditions, if any, including but not limited</p>	M 0023	<p>Facility was unaware of the required form (H 106.072.1)- was submitting completed forms quarterly by sending originals to DOH. Facility will obtain the monthly form and send within 15 days of the end of the month every month moving forward from today.</p> <p>The program coordinator- CRNP will conduct a monthly audit for three months to ensure compliance. Complication Reports will be submitted to QA committee for review.</p> <p>The program coordinator will maintain responsibility for compliance measures and reporting.</p>	<p>Completion Date: 05/12/2013 Status: APPROVED Date: 05/15/2013</p>

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M 0023	Continued from page 2 to hydatid mole, endocervical polyp, malignancies, radiation exposure, genetic indications, psychological indications, rape, incest, and rubella disease. (xiii)Basis for any medical judgment that a medical emergency exists as required by any part of this chapter. (xix) Date form submitted. This REGULATION is not met as evidenced by:	M 0023		

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M 0023	Continued from page 3 Based on a review of facility documents, medical records (MR), and interview with staff (EMP), it was determined that the facility failed to ensure that the Report of Induced Termination of Pregnancy Monthly Transmittal Form (H106.072.1) was completed and forwarded to the Pennsylvania Department of Health's Bureau of Health Statistics and Research, within 15 days after each reporting month for 15 out of 15 medical records reviewed (MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, MR10, MR11, MR12, MR13, MR14, and MR15). Findings include: Review on April 23, 2013, of section 29.38 (3) Abortion Report. "A report of each abortion performed shall be made to the Department on forms prescribed by it. The reports shall be completed by the hospital or other licensed facility, signed by the physician who performed the abortion, and transmitted to the Department within 15 days	M 0023		

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M 0023	<p>Continued from page 4</p> <p>after each reporting month..."</p> <p>Review of MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, MR10, MR11, MR12, MR13, MR14, and MR15, revealed that services were provided to these patients. Further review of these medical records revealed that for each of these patients a Report of Induced Termination of Pregnancy Monthly Transmittal Form was not forwarded to the Department within the required time frame.</p> <p>An interview on April 23, 2013, at 11:00 AM, with EMP1 confirmed that the "Report of Induced Termination of Pregnancy" form was not forwarded to the Department as required.</p>	M 0023		



Certified End Page

DREXEL OB/GYN ASSOCIATES AT FEINSTEIN

STATE LICENSE NUMBER: 89LC8701

SURVEY EXIT DATE: 04/23/2013

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

Handwritten signature of Nancy J. Lescavage in black ink on a light gray background.

Nancy J. Lescavage
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in black ink on a light gray background.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY