Pennsylvania Department of Health

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 04/08/2014	
NAME OF PRO	VIDER OR SUPPLIER:	•	STREET ADDRESS	CITY STATE ZI	IP CODE:	L	
	CENTER FAMILY AND	COMMUNITY	1348 BAINBE				
MEDICIN		000000000000000000000000000000000000000	PHILADELP				
MEDICIN							
STATE LICENS	e number: N4HF8701						
(X4) ID	Γ OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)	
PREFIX	MUST BE PRECEED		PREFIX TAG	CORRECTIVE ACTION SH		COMPLETE	
TAG	IDENTI	FYING INFORMATION)			CROSS-REFERENCED TO THE		DATE
M 0000	INITIAL COMMENT			M 0000			
111 0000				101 0000			
	This report is the resul	t of an Annual Regis	stration				
	survey conducted on A	pril 8 2014 at The	Mazzoni				
	-	-					
	Center. It was determine	-	not in				
	compliance with the re	equirements of the					
	Pennsylvania Departm		stions 8				
			ations §				
	28 Pa Code, Chapter 2	9, Subchapter D,					
	Ambulatory Gynecolo	gical Surgery in Hos	nitals and				
		glear Surgery III 1105	pituls und				
	Clinics.						
14.0007							
M 0006				M 0006			
						I	
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	
State Form		PE6411				IF CONTINUAT	ION SHEET Page 1 of 7

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			A. BLDG:	(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURV COMPLETED: A. BLDG:00 04/08/2014		EY			
NAME OF PROVIDER OR SUPPLIER: MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE			STREET ADDRESS, 1348 BAINBR PHILADELPI	IDGE STRI	EET				
STATE LICENS	e number: N4HF8701								
(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	(X5) COMPLETE DATE			
M 0006	Continued from page 1			M 0006					
			òr e, and tory		 *What corrective action w accomplished for those residents/patients found to ha been affected by the deficien practice? Response: Nine patients did have urine checked for prote glucose at the time of abortio visit(s). Of those 9 patients, are no known complications have arisen from the deficien practice of not checking urin protein or glucose. These 9 p will be contacted by phone b attending physician of record notified that the urine check protein and glucose was not completed. Three (3) attemp contact patient will be made. contact is made, MD will exp deficiency and offer patient opportunity to come to Mazz urine test. If patient chooses return, record of urine protei glucose will be documented patient's EMR. If the patient declines, record of decline w recorded in the EMR. 	ave t not in and on there that at e for vatients y I and for ots to If plain coni for to n and in the	Completion Date: 06/01/2014 Status: APPROVED Date: 06/09/2014		

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Pennsylvania Department of Health

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION: 	(X3) DATE SURVE COMPLETED: 04/08/2014	ΥY
NAME OF PROVIDER OR SUPPLIER: MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE			STREET ADDRESS, 1348 BAINBR PHILADELPH	IDGE STRI	EET		
STATE LICENS	e number: N4HF8701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT 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
M 0006	Continued from page 2			M 0006	 2.*How you will identify oth residents/patients having the potential to be affected by th deficient practice and what corrective action will be take. Response: All patients who h potential to be affected were identified; no other potential patients affected. 3. *What measures will be p place or what systemic chang will make to ensure that the o practice does not recur? Response: The medication al protocol at Mazzoni has beer updated to include checking for protein and glucose at eit 1st (counseling) or 2nd (mife administration) visit. All staf clinicians are aware that this included as part of the visit. Attending clinicians will ens this action is completed and documented in the EMR and perform a chart audit at the term. 	e same en. had ut into ges you deficient bortion n of urine her the epristone if and ure that will	

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: NAME OF PROVIDER OR SUPPLIER: MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE STATE LICENSE NUMBER: N4HF8701 (X4) ID		STREET ADDRESS, 1348 BAINBR PHILADELPH	A. BLDG: _ B. WING: _ CITY, STATE, Z IDGE STRI	EET	(X3) DATE SURVE COMPLETED: 04/08/2014	(X5)	
PREFIX TAG	MUST BE PRECEED	ED BY FULL REGULATORY OF FYING INFORMATION)		PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE
M 0006	Continued from page 3			M 0006	the patient encounter. 4.*How the corrective action monitored to ensure the defice practice will not recur, i.e., w quality assurance program w put into place? Response: The medication all protocol at Mazzoni has been updated to include checking for protein and glucose at eit 1st (counseling) or 2nd (mife administration) visit. All staff clinicians have been educated this should be included as pa the visit. Attending clinician ensure that this action is com and documented in the EMR perform a chart audit at the to the patient encounter. 5.*The plan must include the the person responsible for implementing the acceptable correction. Response: Dr. Rob Winn will responsible for implementing plan of correction.	cient vhat ill be bortion n of urine her the epristone if and d that rt of is will impleted and will ime of e title of i plan of ll be	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER NAME OF PROVIDER OR SUPPLIER: MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE MAUNITY MEDICINE			A. BLDG: _ B. WING: _ CITY, STATE, Z IDGE STRI	EET	(X3) DATE SURVE COMPLETED: 04/08/2014	.Y	
	E NUMBER: N4HF8701		FIGENOV	ID	· · · · · · · · · · · · · · · · · · ·		(17)
(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	(X5) COMPLETE DATE	
M 0006	Continued from page 4			M 0006			
					6.*Include date(s) when the corrective action(s) will be completed. The corrective a completion date(s) must be acceptable.Response: Corrective action The new protocol in place as 5/20/2014	date:	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 04/08/2014	
NAME OF PROVIDER OR SUPPLIER: MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE			STREET ADDRESS, 1348 BAINBR PHILADELPH	IDGE STR	EET		
STATE LICENS	e number: N4HF8701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
M 0006	NE P SSE NUMBER: N4HF8701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR LI- IDENTIFYING INFORMATION) Continued from page 5 Based on review of medical records (MR) an- interview with staff (EMP), it was determined the facility failed to insure that patients had to urine protein and sugar prior to an abortion; a the laboratory results were entered in each pa medical record for 10 out of 11 medical recor reviewed (MR1, MR2, MR3, MR4, MR5, MI MR7, MR8, MR9, and MR10). Findings include: A request was made on April 8, 2014, to EMI a policy to indicate that prior to an abortion u protein and sugar laboratory tests are to be completed and the results entered into the pat medical record. EMP1 revealed that the facilit not have a policy. A review of MR1, MR2, MR3, MR4, MR5, M MR7, MR8, MR9, and MR10, revealed no documentation that prior to the performance of abortion, the attending physician insured that		hed that I tests for ; and that patient's cords MR6, MP1 for h urine patient's cility did	M 0006			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			A. BLDG: <u>00</u>		(X3) DATE SURVEY COMPLETED: 04/08/2014		
NAME OF PROVIDER OR SUPPLIER: MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE STATE LICENSE NUMBER: N4HF8701			STREET ADDRESS, 1348 BAINBR PHILADELPH	IDGE STR	EET		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	CORRECTIVE ACTION SH	/IDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE	
M 0006	Continued from page 6 patient has had tests for urine protein and sugar and entered the laboratory results in the medical record An interview on April 8, 2014, at 11:00 AM, with EMP1 confirmed that MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, and MR10, had no documentation that prior to the performance of the abortion, the attending physician insured that the patient has had tests for urine protein and sugar.		M 0006				

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Certified End Page

MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE STATE LICENSE NUMBER: N4HF8701 SURVEY EXIT DATE: 04/08/2014

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

Vancy & 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