

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: 10/22/2015
--	--	---	--

NAME OF PROVIDER OR SUPPLIER: MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE STATE LICENSE NUMBER: N4HF8701	STREET ADDRESS, CITY, STATE, ZIP CODE: 1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147
---	--

(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		
M 0010	<p>This report is the result of an unannounced Special Monitoring survey conducted on October 22, 2015, at Mazzone Center Family and Community Medicine. 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.</p>	M 0010		

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

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: 10/22/2015	
NAME OF PROVIDER OR SUPPLIER: MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE STATE LICENSE NUMBER: N4HF8701		STREET ADDRESS, CITY, STATE, ZIP CODE: 1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147		
(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 0010	<p>Continued from page 1</p> <p>29.33(10) Requirements for Abortion</p> <p>Each freestanding clinic shall have a written transfer agreement. The agreement shall be entered into with a hospital which is capable of providing routine emergency services as defined in this subchapter. For the purpose of this subchapter, routine emergency services will include but not be limited to the following:</p> <p>(i) A physician at all times in the hospital available to provide emergency services</p> <p>(ii) Either full surgical or full obstetrical and gynecological surgical capability, including anesthesia, available for use within 30 minutes notice.</p> <p>(iii) Blood bank, clinical laboratory, and diagnostic radiological services for use within 30 minutes notice.</p> <p>(A) This paragraph also applies to any hospital or part thereof which does not provide routine emergency services.</p> <p>(B) In the case of a hospital satellite clinic, where the hospital does maintain an adequate emergency service on its main grounds, this paragraph will be deemed met if the hospital has and operates under policies and procedures which ensure transfer of patients with complications from the satellite clinic to such emergency services.</p> <p>(C) The location of the hospital holding the agreement to supply emergency services shall not be farther than 30 minutes by ambulance from the clinic.</p>	M 0010	<p>Mazzoni Center's plan of correction is to outreach Thomas Jefferson University Hospital on 10/26/15 to obtain a formal letter stating our hospital transfer agreement which will be completed on or before 12/20/2016. Since we have faculty privileges with TJUH, there should not be any problems, however if there is we will apply for privileges a Pennsylvania Hospital, located at 800 Spruce St, Philadelphia, PA 19107.</p>	<p>Completion Date: 12/20/2015 Status: APPROVED Date: 11/24/2015</p>

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: 10/22/2015	
NAME OF PROVIDER OR SUPPLIER: MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE STATE LICENSE NUMBER: N4HF8701		STREET ADDRESS, CITY, STATE, ZIP CODE: 1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147		
(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 0010	<p>Continued from page 2</p> <p>This REGULATION is not met as evidenced by:</p> <p>Based on review of facility documents and interview with staff (EMP), it was determined that the facility failed to have a written hospital transfer agreement.</p> <p>Findings:</p> <p>A request was made to EMP1 on October 22, 2015, to review the facility's written hospital transfer agreement.</p> <p>Interview on October 22, 2015, at 2:15PM, with EMP1 confirmed that the facility did not have a written hospital transfer agreement.</p>	M 0010		



Certified End Page

MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE

STATE LICENSE NUMBER: N4HF8701

SURVEY EXIT DATE: 10/22/2015

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