

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390035</b>		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>01</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>09/03/2015</b>	
NAME OF PROVIDER OR SUPPLIER: <b>ST. LUKE'S HOSPITAL - UPPER BUCKS CAMPUS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3000 ST. LUKE'S DRIVE QUAKERTOWN, PA 18951</b>				
STATE LICENSE NUMBER: <b>170301</b>							
(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
S 0000	INITIAL COMMENT			S 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE							
TITLE:							
(X6) DATE:							

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S 0000	<p>Continued from page 1</p> <p>Facility ID# 170301 Building 01 Main Building and 1993 Addition</p> <p>Based on Two Occupancy Surveys conducted on June 4, 2015 and completed on September 3, 2015, it was determined there were no deficiencies identified as related to the requirements of the Life Safety Code for an existing Hospital health care occupancy.</p> <p>1. This Occupancy Survey was conducted for renovations to relocate and renovate various offices. The areas inspected were Red Bag room #015, Respiratory Therapy Equipment storage room #014, Visiting Nurse office #013, Break room #100, Anesthesia touch down #101, and OR Support office #103, Refer to Drawing Number H-15-0305, Rev H-15-0458, H-15-1139</p> <p>2. This Occupancy Survey was conducted for alterations to create a mammography room and two offices. The areas inspected were Mammography</p>	S 0000			

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S 0000	Continued from page 2  Room #101, Staff Lounge #203, office #202, Waiting room #201 . Refer to Drawing Numbers H-14-0983.  This is a four story building, (ground, first, second, and third floor) with a penthouse, Type II (222) fire resistive construction, which is partially sprinklered.	S 0000			

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