STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 10/12/2016	Y			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222						
STATE LICENS	E NUMBER: 00248701					_			
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE				
M 0000			er 20, A. It pliance Code,	M 0000					
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			

State Form MOGX11 IF CONTINUATION SHEET Page 1 of 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2016				
PLANNED	vider or supplier: PARENTHOOD OF WES' VANIA, INC.	TERN	STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222						
STATE LICENS	E NUMBER: 00248701			_					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	(X5) COMPLETE DATE			
S 0000	This report is the result of a full State Licensure survey conducted on October 5, 2016, at Planned Parenthood of Western PA (WHS), with final documentation review completed on October 20, 2016. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.			S 0000					
S 6739				S 6739					
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN.	ATURE		TITLE:	(X6) DATE:			

State Form MOGX11 IF CONTINUATION SHEET Page 1 of 5

Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2016	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O				AVENUE	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE
S 6739	IDENTIFYING INFORMATION) Continued from page 1			CROSS-REFERENCED TO THE APPROP		APPROPRIATE	DATE
			nt shall		1. The carpet on the fourth fifth floors was cleaned by a on October 27, 2016. A contractor was contacted of November 3, 2016 to request to replace the carpeting. The vendor for carpet cleaning contacted before the PA Deprof Health inspection to scheet cleaning and the flooring was identified and approved for replacement prior to the inspection as well. The PPWP RQM Oversight Committee will be informed progress on the maintenance existing floor and the upgrade the Governing Body will be aware of the deficiency and corrective action. 2. & 3. The PPWP OSHA COMPLIANCE PROGRAM schedule was updated to incut the frequency of dusting exa on a daily basis and specific	on t pricing mg was partment dule the as pection of the de and made A deleaning rease m rooms	Completion Date: 02/11/2017 Status: APPROVED Date: 11/10/2016

State Form MOGX11 IF CONTINUATION SHEET Page 2 of 5

Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2016	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE
S 6739	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINITION OF IDENTIFYING INFORMATION) Continued from page 2			S 6739	were identified for dusting ir exam tables, sharps containe paper towel dispensers, pictu frames, cabinet tops, door fract. The staffs responsible for cleaning were trained on the schedule and duties on Nove 2016. The Surgical Services Center Manager will conduct housekeeping audit 100% of center days for the next 3 mc She will conduct ongoing au a monthly basis thereafter. T PPWP RQM Oversight Comwill be informed of the changthe Governing Body will be aware of the deficient practic corrective action. 4. New bins were ordered wash station on November 4 The PPWP RQM Oversight Committee will be informed Governing Body will be mad of the deficiency and correct action.	ncluding rs, are ames, or new ember 4, Health t a The onths. dits on the amittee ge and made ce and for the , 2016.	DATE

State Form MOGX11 IF CONTINUATION SHEET Page 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	TION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2016	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222					
STATE LICENS (X4) ID PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 6739	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF		2-19 on 6, at ekeeping n all pt clean d and rs, desks, g blood at e large	S 6739				

State Form MOGX11 IF CONTINUATION SHEET Page 4 of 5

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2016				
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222						
STATE LICENSE NUMBER: 00248701									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE		
S 6739	MUST BE PRECEEDED BY FULL REGULATORY OF		#3 paper as door yealed t had a ag to the EMP2 eer	S 6739					

State Form MOGX11 IF CONTINUATION SHEET Page 5 of 5



Certified End Page

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.

STATE LICENSE NUMBER: 00248701 SURVEY EXIT DATE: 10/12/2016

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

Nancy J. Lescavag

Rachel L. Levine, MD Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY