

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: 08/08/2011
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NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701	STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222
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(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
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M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of a special monitoring survey conducted on August 8, 2011, at Planned Parenthood of Western Pennsylvania. It was determined that the facility was 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 0000		
M 9999		M 9999		

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

Pennsylvania Department of Health

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M 9999	Continued from page 1 Recommendation This REGULATION is not met as evidenced by:	M 9999	DEA licenses are on file for all ten of the PPWP physicians as was confirmed at each of the Pennsylvania Department of Health's surveys at PPWP in the past year. PPWP is currently in the process of obtaining DEA licenses for each physician at the Planned Parenthood of Western Pennsylvania address.	Completion Date: 12/31/2011 Status: APPROVED Date: 08/22/2011

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M 9999	<p>Continued from page 2</p> <p>Based on review of credential files on August 8, 2011, it was determined the facility failed to have copies of appropriate DEA (Drug Enforcement Administration) licenses in the credential files for nine of ten physicians.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of credential files for ten physicians that perform procedures at the facility were reviewed. Nine of the 10 files failed to reveal DEA licenses with the address of the facility. 2. Interview with EMP2 on August 8, 2011 at 2:50 PM revealed all ten of the physicians administer, store, and dispense codeine at the facility 	M 9999		



Certified End Page

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.

STATE LICENSE NUMBER: 00248701

SURVEY EXIT DATE: 08/08/2011

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 Susan Coble in cursive.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in cursive.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY