Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 12/10/2012			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
			ATURE	S 0000	TITLE:	(X6) DATE:		
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	iek kepresen l'Ative's SIGN	AIUKE		IIILE:	(X6) DATE:		
State Form	State Form IE CONTINUATION SHEET Page 1 of 7							

IF CONTINUATION SHEET Page 1 of 7

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			A. BLDG: _	PLE CONSTRUCTION: 01	(X3) DATE SURVE COMPLETED: 12/10/2012	EY		
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
STATE LICENS	e number: 00248701							
(X4) ID PREFIX TAG	MUST BE PRECEEDI	^T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE J	OULD BE	(X5) COMPLETE DATE	
S 0000	Continued from page 1			S 0000				
	, , , , , , , , , , , , , , , , , , ,							

VF7221

IF CONTINUATION SHEET Page 2 of 7

Pennsylvania Department of Health

STATUERNO OF DEPICIENCES AND PLAN OF CORRECTION PROC. INTERPORTED SUPPLIERATION NUMBER. INTERPORTED SUPPLIERATION NUMBER. INTERPORTUNE CONSTRUCTION: INTERPORTUNE OF SUPPLIER PLAN NED PARENTINGOD OF WESTERN PENNSYLVANIA, INC. INTERPORTUNE OF SUPPLIER PENNSYLVANIA, INC. INTERPORTUNE OF SUPPLIER PARENT OF PROCEEDING OF WESTERN PENNSYLVANIA, INC. INTERPORTUNE OF DEPICIPACIES GAAL INDERS, CITY ATTEL, APPCORE. INTERPORTUNE OF DEPICIPACIES GAAL INDERCEMPT INTERPORTUNE OF DEPICIPACI									
PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. 933 LIBERTY AVENUE PITTSBURGH, PA 15222 STATE LICENSE NUMBER: 00248701 PITTSBURGH, PA 15222 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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				A. BLDG: _	01	COMPLETED:	ΞY		
(X4) ID PREFIX TAGSUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)ID PREFIX TAGPROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE(X5) COMPLETE DATE	PLANNED PARENTHOOD OF WESTERN			933 LIBERTY	AVENUE				
(X4) ID PREFIX TAGSUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)ID PREFIX TAGPROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE(X5) COMPLETE DATE	STATE LICENS	e number: 00248701							
\$ 0130 \$ 0130	(X4) ID PREFIX	SUMMARY STATEMENT MUST BE PRECEEDE	ED BY FULL REGULATORY OF			CORRECTIVE ACTION SH	OULD BE	COMPLETE	
	S 0130				S 0130				

State Form

VF7221

IF CONTINUATION SHEET Page 3 of 7

Pennsylvania Department of Health

	epartment of meanin										
STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING:		(X3) DATE SURVEY COMPLETED: 12/10/2012						
NAME OF PROVIDER OR SUPPLIER: STH			STREET ADDRESS	STREET ADDRESS, CITY, STATE, ZIP CODE:							
			933 LIBERTY								
PENNSYLVANIA, INC.			PITTSBURG	PITTSBURGH, PA 15222							
I LINGIL				,							
	SE NUMBER: 00248701			T	F		1				
(X4) ID				ID DDEELV TAG	PROVIDER'S PLAN OF CORRECTION (EACH		(X5)				
PREFIX TAG		ED BY FULL REGULATORY O FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SH		COMPLETE DATE				
IAG	IDENTI	FTING INFORMATION)			CROSS-REFERENCED TO THE	APPROPRIATE	DATE				
S 0130	Continued from page 3			S 0130							
5 0150	continuou nom puge s			5 0130							
	28 Pa. Code § 569.2 Fire Safety Standards						~ · ·				
					Planned Parenthood of Western		Completion				
							Date:				
	(a) An ASF shall meet the a	applicable edition of Nat	ional		Pennsylvania has taken the		12/17/2012				
	Fire Protection Association	101 Life Safety Code, w	which is following actions to correct the deficiencies noted:		following actions to correct the		Status:				
	currently adopted by the De	-				APPROVED					
	······································						Date:				
	(b) An ASF previously in c	ompliance with prior edi	itions of		1. A supply of spare sprinkle	ers for all	12/18/2012				
	the Life Safety Code, is dee		types and temperature ratings that								
	subsequent Life Safety Cod	-									
	construction shall meet the	current edition adopted	by the		been secured and are now st						
	Department.			site.							
	OTHER LSC DEFICIENCY NOT ON 2786 This REGULATION is not met as evidenced by:				This correction was complet						
					December 17, 2012 by PPW						
					Operations, who is responsib	ble for					
				facilities management.							
					This corrective action will b	e					
					maintained by PPWP's VP o						
					Operations who will monitor						
				•							
				supply of	foruge						
				replacement sprinkler heads	tor use						
				by a licensed fire protection							
					specialty contractor when						
					necessary.						
					2. The sprinkler piping on the second						
					floor that was previously sup	oported					
					from a domestic water line h	as now					

State Form

VF7221

IF CONTINUATION SHEET Page 4 of 7

been suspended from the building

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG:		(X3) DATE SURVE COMPLETED: 12/10/2012	EY		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, 933 LIBERTY PITTSBURG	AVENUE				
STATE LICENS	se number: 00248701							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	f OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0130	Continued from page 4			S 0130				
					structure via pipe hangers. This corrective action was completed on December 17, Preferred Fire Protection. Planned Parenthood's VP of Operations, who is responsit facility management,in conju with a fire protection special contractor will maintain the support and installation of sp piping.	ble for unction lty correct		

VF7221

IF CONTINUATION SHEET Page 5 of 7

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:				PLE CONSTRUCTION: 01	(X3) DATE SURVE COMPLETED: 12/10/2012	ΞY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
STATE LICENS	e number: 00248701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0130	Continued from page 5			S 0130			
	Continued from page 5 Based on observation and interview, the facil failed to provide a supply of spare sprinklers premises, so that any sprinklers that have bee operated or have been damaged can be prom- replaced and lacked proper support hangers f sprinkler piping in the basement. Findings include: 1. Observation on December 10, 2012, at 9:0 am, revealed that the facility did not maintain of spare sprinklers for all types and temperat ratings of the sprinklers installed within the base 2. Observation on December 10, 2012, at 10 am revealed sprinkler piping within the baser that was supported from a domestic water lin instead of hangers attached directly to the bu structure and dedicated for the sprinkler pipin Interview with the facility architect on Decer 2012, at 10:30 am confirmed the lack of spar sprinklers and the improper support system f		rs on the een mptly s for 2:00 ain a stock ature e building. 10:15 sement ine, puilding ping. ember 10, are				

VF7221

IF CONTINUATION SHEET Page 6 of 7

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING:		(X3) DATE SURVEY COMPLETED: 12/10/2012		
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				
(X4) ID PREFIX TAG	× • • • • • • • • • • • • • • • • • • •			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0130	Continued from page 6 sprinkler piping. 1999 NFPA 13, Section 3-2.9, Section 6-1			S 0130			

VF7221

IF CONTINUATION SHEET Page 7 of 7



Certified End Page

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701 SURVEY EXIT DATE: 12/10/2012

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

Susan Cope

Susan Coble 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