	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC.	TERN	933 LIBERTY	DDRESS, CITY, STATE, ZIP CODE: BERTY AVENUE BURGH, PA 15222			
STATE LICENS	STATE LICENSE NUMBER: 00248701						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0000	This report is the result pre-licensure and occup May 31-June 1, 2012, a Western PA WHS. It is facility was not in composite of the Pennsylvania Deand Regulations for Ar Annex A, Title 28, Par Chapters 551-573, Novement of the Guidelin Construction of Hospit	pancy survey conduct Planned Parenthod was determined that pliance with the requestrement of Health's inbulatory Care Facilit IV, Subparts A and wember 1999 and the es for Design and	cted on od of the uirements s Rules lities,	S 0000			
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	933 LIBERTY PITTSBURGI	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			IID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE A		OULD BE	(X5) COMPLETE DATE
S 0110	performing the surgery shal of: (1) The risks, ben with the anesthesia which w (2) The risks, ben with the procedure which w	ed consent, the practition of the responsible for discretists and alternatives assemble be administered. The preferred of the performed of the performing the procedulity instead of in a hospital of the procedure of the procedur	losure sociated sociated re in	S 0110	The effective date for this rewas June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: Leconsulted with the Consortiu Abortion Providers (CAPS) regarding the comparative ribenefits, and alternatives asswith performing a procedure ambulatory surgery facility (instead of in a hospital. CAP submitting the revised Client Information for Informed Co (CIIC) for In-Clinic Abortion Planned Parenthood Federati America (PPFA) for approva 6/25/12. Upon PPFA approvataffs will be informed of the by the Medical Director and instructed to implement the rupon receipt. The expected of compliance should be on or 7/13/12. The Surgical Site Stor designee will monitor that revised CIIC is being provid clients by conducting a randochart audit for the next three Five charts must be audited/	survey une 1, ollowing PPWP um of sks, sociated e in the (ASF) PS is t onsent n to the ion of al on ral, all e revision new form date of before upervisor t the ed to all om months.	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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			(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
				B. WING: _		06/01/2012		
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE				
STATE LICENS (X4) ID	E NUMBER: 00248701 SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)	
PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF		PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	COMPLETE DATE	
S 0110	Continued from page 2			S 0110				
					a total of 65 charts by Octobe 2012. If the results are less th 100%, it will be determined of October 18, 2012 what addit measures need to be implemented and monitored with ongoing The PPWP RQM Oversight Committee will be informed change and the Governing Be be made aware of the deficie practice and corrective action	han on cional ented audits. of the cody will		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
				B. WING: _		06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)		R LSC	PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	IOULD BE	COMPLETE DATE
S 0110	Continued from page 3	ed from page 3		S 0110			
	Based on review of fac	eility documents and	staff				
	interview (EMP) it was	•					
	to ensure practitioners	documented informe	ed				
	consent that included the	he disclosure of the					
	comparative risks, bene						
	associated with perform	• .					
	ambulatory surgery fac	cility (ASF) instead of	of in a				
	hospital.						
	Findings include:						
	Review of the facility'	s informed consent	forms				
	revealed the forms did	not include the com	parative				
	risks, benefits, and alte	ernatives associated	with				
	performing the procedu	ure in the Ambulator	y				
	Surgical Facility (ASF)) instead of the hosp	ital.				
	Interview on May 31, 2	2012 at 12:50 DM 11	vith				
	EMP1 confirmed the la						
	revealed, "We know w						
	to include that."	That to aparte the	- 51150111				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC.	ΓERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
STATE LICENSE NUMBER: 00248701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D.			EICIENCV	ID	DROVIDEDIC DI AN OF CORRE	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE
S 0110	Continued from page 4			S 0110			
S 0118				S 0118			

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
				B. WING: _		06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	933 LIBERTY PITTSBURGI	AVENUE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0118	criteria for ambulatory surgapply to the performance of under 18 years of age.	ria set forth at 551.21 (reery), the following criter ambulatory surgery on fessional who has succenced pediatric life supposademy of Pediatrics and nergency Physicians or to shall be present in the	elating to ria shall children essfully rt I either	S 0118	The effective date for this rewas June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: Two members are scheduled for Ftraining on September 19 and 2012 with the American Aca Pediatrics and American Hear Association, which is the sociate a training course is available. Monitoring for compliance with the include staff education by the Operations for the staff scheen ensure there is awareness and understanding of the requirer for PALS trained staff. The Quality Assurance calent currently used by human reserved to monitor expiration of lice CPR and credentialing on a basis has been modified to in ACLS and PALS expiration Human resources staff will nexpiration dates and notify standing prior to any item expiration that the staff is the second process.	urvey 1, 21012. ng steps staff PALS d 20, ademy of alth onest lable. vill e VP of duler to d ments adar ources enses, monthly nelude dates. nonitor taff 4	Completion Date: 09/20/2012 Status: APPROVED Date: 07/16/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0118	Continued from page 6			S 0118	The Surgical Site Supervisor designee will monitor by doi random site inspections to er that a PALS certified staff m on the premises when a minot the facility during clinic hourandom checks will occur we three months following compertification. Monitoring of the Governing review of completion of PAI training will be the responsible the CEO, who will ensure the included on the Governing Elementing agenda and will signall board minutes to verify discussion of this information board meeting. The PPWP RQM Oversight Committee will be informed corrective action taken and the Governing Body will be informed the deficiency and its resolution.	ing nsure nember is or is in rs. The eekly for pleted g Board's LS bility of is is Board's n off on n at the of the he ormed of	

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	EMENT OF DEFICIENCIES AND OF CORRECTION (POC) (XI) PROVIDER/SUPPLIE IDENTIFICATION NUMBER (XI) PROVIDER/SUPPLIE				PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	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
S 0118	interviews (EMP), failed to make sure successfully comp pediatric life support Academy of Pediate College of Emerge American Heart Afacility. Findings include: Review of CF1, CCCF7, CF8, and CFCCF7, CF8, and CFCCCF7, CF8, and CF	of credential files, and it was determined the a medical profession letted a course in advort offered by the Aratrics and either that practiced there is that practiced there	he facility onal that ranced merican American he ent in the CF6, facility as he -C), on 11:30 hy course in hoffered	S 0118			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC.	ΓERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
	E NUMBER: 00248701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0118	Continued from page 8			S 0118			
	findings, that the fa	P1 confirmed the aboacility did not emplo l, "EMP5 is currentleraining."	y any	0 0 110			
S 033E				0 0005			
3 033E				S 033E			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIEF IDENTIFICATION NUMBI					(X3) DATE SURVEY COMPLETED: 06/01/2012		
PLANNEI PENNSYI	OVIDER OR SUPPLIER: D PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		OULD BE	(X5) COMPLETE DATE	
S 033E	Continued from page 9 553.3 (5)(i)(ii) Governing E Governing Body responsibi (5) Adopting bylaws or sim orderly development and m (i) Describe the authority de and to the medical staff. (ii) Require the governing b bylaws, or similar rules and This REGULATION is not	lities include: ilar rules and regulation: anagement of the ASF, velegated to the person in ody to review and appro- regulations, of the medi-	which: charge ove the	S 033E	The effective date for this re was June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: The EDirectors adopted a Board pour June 4, 2012 and adopted a smore comprehensive policy 20, 2012 that clearly outlines governing board responsibilities including a requirement that medical staff member to sign description that includes the responsibilities of that posities the authority delegated to the member. The policy also starthe Governing Board approvement PPWP medical standards and guidelines, which serve as the and regulation of the medical and the job responsibilities is by the medical staff acknowly that services will be delivered policies followed according clinical standards and guidel This same policy states that references must be obtained medical staff and states the Governing Body's responsible.	survey 1, 2012. ng steps Board of olicy on second on June s all ities, each n a job on and at staff tes that yes the d ne rules all staff, signed ledges ed and to the lines. written for the	Completion Date: 06/20/2012 Status: APPROVED Date: 07/16/2012	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVI COMPLETED: 06/01/2012	EY
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC. ENUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE		000012012	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033E	Continued from page 10			S 033E	review legal and ethical matter concerning the ASF including reports of unusual incidents. Monitoring of this policy will with any changes made to the policy to ensure the changes into effect. Monitoring of the elements of policy will be done to ensure compliance policies through checklist maintained by hum resources staff for the person files. This checklist will more medical staff member signate the job responsibilities and the authority delegated to them, that written references were and provide documentation of other required elements of the personnel file. The CEO we monitor compliance through review of the checklist and rethe documentation in the perfile. Monitoring will also be done through an employment law	Il occur is are put of the a an anel aitor the ure of ne verify obtained of all ne ill periodic eview of sonnel	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
				B. WING: _		06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: D PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
STATE LICENS (X4) ID	SE NUMBER: 00248701 SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)		R LSC	PREFIX TAG	CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE
S 033E	Continued from page 11			S 033E			
					who will review all job desc and this legal review will be monitored through a log mai by human resources staff sho which job descriptions are use review, the date the review is completed and the date the job description is re-signed if net Monitoring the review of all and ethical matters including unusual events will include to staff responsible for patients and quality assurance to be at that these matters and events be brought to the attention of CEO for presentation to the Governing Board. Monitoring of the Governing review of all legal and ethical will be the responsibility of the who will ensure this is included the Governing Board's meeting agenda and will sign off on a minutes to verify discussion information at the board meeting PPWP RQM Oversight Com-	intained owing ander sob eded. legal geraining safety aware somust of the CEO, ded on ingular board of this eting.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012		
PLANNED PENNSYL	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY C			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033E	Continued from page 12			S 033E	will be informed of the polic and the corrective action take		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	EY	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS. 933 LIBERTY PITTSBURGE	AVENUE			
	E NUMBER: 00248701	OF PERSONAL STATES	PLOVENION				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OI IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 033E	Continued from page 13	Continued from page 13		S 033E			
	Based on review of fac	cility documents and	staff				
	interview it was detern	-					
	failed to adopt Bylaws	, or similar Rules an	d				
	Regulations that descri	ty					
	delegated to the medical	al staff, 2) The requi	rement				
	that the medical staff re	eview and approve t	he bylaws				
	or similar rules and reg	gulations of the medi	cal staff,				
	3) The requirement that	at personnel policies	mandated				
	that licensed staff wou	ld only be hired after	r obtaining				
	written references, 4) F	Reviewing legal and	ethical				
	matters concerning the	ASF including the	eports				
	and disposition of unus	sual incidents					
	Findings include:						
	Review of the March 9	9, 2011, "Bylaws of	Planned				
	Parenthood of Western	Pennsylvania, Inc."					
	revealed no mention of	f what authority is de	elegated				
	to the medical staff or	the need for the gove	erning				
	body to approve the by	laws or similar rules	s and				
	regulations of the medi	ical staff.					
	Interview on June 1, 20	012, at approximatel	y 11:30				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		933 LIBERTY PITTSBURGI	AVENUE			
STATE LICENS (X4) ID		OF DEFICIENCIES (EACH DE	EIGIENGV	ID	PROTURENCE NATION CORNER	CTION (F. LOW	(V5)
PREFIX TAG	MUST BE PRECEEDE IDENTII		PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033E	Continued from page 14 AM with EMP2 confirmed there was nothing in the		ing in the	S 033E			
	bylaws that spelled out	the authority delega	ated to the				
	medical staff and there	was no requirement	t for the				
	policies, protocols, etc.	of the facility to be					
	approved by the governing body at this time.						
S 033I				S 033I			

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	PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			A. BLDG:00 B. WING:		COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			933 LIBERTY PITTSBURG	AVENUE			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	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 A	OULD BE	(X5) COMPLETE DATE
S 033I	adequately support sound patient care to include	consibilities include: anel policies and practice e, the following: aployment of personnel e with a job's responsibility	with	S 033I	The effective date for this rewas June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: The BDirectors adopted a Board polyune 20, 2012 that requires the establishment of policies and practices to ensure employment personnel with appropriate certifications. One staff mer completed ACLS training an second staff member is regist the training. Both of these stamembers are scheduled for Fourier training on September 19 and 2012 which is the first date as class is available with the recertification. Monitoring of completion of the required A and PALS course will be donluman resource staff through checklist of required staff training the CEO will notify the Go Board when training is compand include this notification Board minutes.	nurvey 1, 2012. ng steps loard of olicy on he d hent of mber has had a hered for aff PALS d 20, hatraining quired he	Completion Date: 09/20/2012 Status: APPROVED Date: 07/16/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	R: A. BLDO		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID	E NUMBER: 00248701	OF DEFICIENCIES (EACH DE	EICIENCV	ID	PROVEDENIA N. LVI OF CORDE	OTHON (F.) OH	(V5)
PREFIX TAG	MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033I	Continued from page 16			S 033I	descriptions will be revised be management and reviewed be PPWP's employment law attensure that the job qualificate skills and training are appropriate responsibilities of the post All agency job descriptions to revised will be re-signed by a member. Human resource staff will be responsible for monitoring the review of job responsibilities ensuring the re-signing of job descriptions and responsibilities ensuring the re-signing of job descriptions and responsibilities ensuring the re-signing of job descriptions are unreview, the date when the review, the date when the reviewed and the date the job description is re-signed, if applicable. Any future revise job responsibilities and job descriptions for medical staff reviewed by the employment attorney and monitored according to the procedure. The CEO will monitor completion of this will include on the governing box and training the revised by the employment attorney and monitored according to the governing box include on the governing box include on the governing box include on the governing box include and the governing box include on the	orney to ions, oriate for sition. I chat are the staff ene s and b ties. Initored owing inder view is ob ions of f will be t law riding to ill work and	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033I	Continued from page 17			S 033I	meeting agenda a report of the description review and the or of the review. Any staff member who is creater trained for a second position have evidence of required trafor both positions in their perfile. Currently, there is no perchange in positions or cross but if someone new is hired cross-training is needed, the resource staff will monitor the training and documentation the ensure both are complete and included in the personnel file. The PPWP RQM Oversight Committee will be informed corrective action taken and the Governing Body will be informed the deficiency and its resolute.	oss will aining rsonnel lanned training or human he to d e. of the he ormed of	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER				IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	EY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033I	Based on review of factiles (CF), personnel fit (EMP), it was determine to recognize their response personnel policies and employment of person commensurate with the authority. Findings include: Review on June 1, 201 "Bylaws of Planned Para Pennsylvania, Inc." revigoverning body to estate that require the employ appropriate certification and personnel files on reveal any documentate Advance Life Support certifications. Interview approximately 1:00 PM above findings and review.	cles (PF), and staff in the determined the governing be consibility to establish procedures requiring the mel with qualification to go the procedure of the march 9, 2 arenthood of Western wealed no requirement of personnel words. Review of crede May 31, 2012, failed it ion of staff with curricular certifications or ped two on May 31, 2012, M with EMP1 confirm	otterview ody failed the general state of the sea and of the cactices with the ential files of the cattrice of	S 033I			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 06/01/2012	EY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
S 033I	taking ACLS and PAL Review of the October Assistant-Counseling" qualifications were hig 2 years additional educ experience. Further re Functions-Duties and I Pre-procedure Counsel Obtains and interprets Discreetly interviews p -assess readiness for al emotional support -ed medication abortion, d -reviews PAB instructionsent forms and 24 I other services or further E. Collects lab results Room Counseling/Flow Logs all medical aboreverything in the room to the MD entering the management with patie	2011 "Health Care job description revers the school diploma or cational and/or work view revealed, "Esse Responsibilities ling Responsibilities pulse, temperature, coation: -discusses operation and provides ucates about surgery iscomfort and coping iscomfort and coping iscomfort and coping in the courseling if necessary and consecution of the courseling if necessary and consecution received we facilitator Respondent of the Miffigure of the Miff	GED and ential A B. ptions and g skills ure on efers for ssary ure sibilities and have brex prior es pain	S 033I			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	EY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 033I	applicable Assists in trained K. After processorts to recovery are relays pertinent inform recovery room nurse, r. N. Accompanies patie emergency visits and s. Review of the October "Patient Contact Coord qualifications for the journ of GED and two years experience after high substantially between the patient and results, clinical problem treatment or followup and Also performs some of Health-Care Assistant. abnormal test results at followup plan as direct Call pharmacists with MD Pre-procedure CA. Obtains and interpretations.	a, documents chart a lation regarding patient and comments blood pressents during lamicel in onograms" 2011 job description dinator" revealed be were a high school educational and/or vechool. "Serves a s and physician. Explain ms and recommenda as directed by the physician of the tasks of a D. Informs patient communicates treated by MD or ACHI prescriptions ordered Counseling Responsi	ent to sure nsertion, ol diploma work liaison ns test tions for hysician. onts of eatment or on. E. d by dibilities	S 033I			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	ΞY
PLANNED PENNSYL	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 033I	pressure B. Discree -discusses options en medication abortion, d -reviews PAB instructionsent forms and 24 h Procedure Room Countassists in emergency procedure Room Countassing Responsible for purchasing Responsibilities -Servassigned by the Surgic Purchasing Responsibilities -Servassigned by the Surgic Purchasing Responsibilities to buy controlled substances in cart and updates logtemperature, blood preand weight of patienteducates about surger	ducates about surger iscomfort and coping ions -obtains signature and restriction aseling Responsibility procedures as trained a 2011 job descriptions a Coordinator" revea hasing clinic and laboration and performing a cant Clinical Coordes as staff in charge al Site Supervisor alities Compiles Deances and maintains inventory logSto Obtains and interpressure and measures in -discusses options	y and g skills ure on Abortion ies G" In for led, oratory to the ll tasks of linator as EA forms the cks crash ets pulse, height	S 033I			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 06/01/2012	EY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	MUST BE PRECEEDI	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
S 033I	discomfort and coping instructions -obtains s 24 hour certification Counseling Responsib procedures as trained pressure after procedure procedure, assists patie documents chart and regarding patient to rec Qualifications -High-s-Must have two years experience after high s Review of the Septeml "Nurse" revealed, "Pla of optimal patient care activities of recovery repriorities and uses avaicare. The Nurse also a Responsibilities A. to recovery room post-operative report, physical discharge. Charts block	ignature on consent. Abortion Procedure ilities Assists in endance ilities particular particular information of the information of the ilities	forms and e Room mergency ood fter ry area, mation ED. rork tion for delivery ordinates ent care delivery of are room oatients I history, very and	S 033I			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	ΞY	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE		1	
STATE LICENS	E NUMBER: 00248701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 033I	Continued from page 23			S 033I			
	discomfort. B. Admir abortion procedure and accordance with establ standards. C. Inserts I Initiates or assists in er accordance with establ N. Trains staff to perfethermometer and emer Performs ultrasound exgestational age and produring second trimeste Qualifications A. Cur nurse in Pennsylvania. preferred C. Current C. Review of the October job description reveale perform some or all of assistant Pre-proced Responsibilities A. Ottemperature, blood pre interviews patient: -di readiness for abortion accordance with establishment of the procedure of the october job description reveale perform some or all of assistant Pre-proced Responsibilities A. Ottemperature, blood pre interviews patient: -di readiness for abortion accordance with establishment of the perfect of the procedure of the october job description reveale perform some or all of assistant Pre-proced Responsibilities A. Ottemperature, blood pre interviews patient: -di readiness for abortion accordance with establishment of the procedure of the october job description reveale perform some or all of assistant Pre-proced Responsibilities A. Ottemperature, blood pre interviews patient: -di readiness for abortion accordance with establishment of the october job description reveale perform some or all of assistant	d in recovery room in ished medical and now ished medical and now ished medical standard orm blood pressure, gency equipment camination to determ ovides ultrasound guar abortion procedure rent license as a prace. B. One year of expressive certification" 2011 "Front Recepted, "The receptionist of the heature Counseling btains and interprets sources." B. Discreet scusses options -assets.	ursing G. ery in ards use of S. nine idance es ctical perience tionist" may alth care s pulse, ely sess				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033I	support -educates about Abortion Procedure Rock Responsibilities E. instruments during the emergency procedures assistance when needed blood pressure after procedure, assist area, documents chart information regarding nurse L. Accompaninsertion, emergency voluments Qualifications A. High Must have two years experience after high seconds.	Assists physician wi procedure G. Assastrained. Calls for d H. Takes patient occedure with sedations s patient, admits to reand relays pertinent patient to recovery relies patients during latisits and pelvic examples.	th sists in r nt's on. I. recovery oom amicel ns GED. B.	S 033I			
S 033J				S 033J			

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-	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
						06/01/2012	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC.	TERN	933 LIBERTY PITTSBURGI	AVENUE			
STATE LICENS	e number: 00248701						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033J	adequately support sound patient care to include	ponsibilities include: inel policies and practice e, the following: for positions requiring a fter obtaining verification	licensed on of	S 033J	The effective date for this rewas June 19, 2012, and the survey too May 31 and June 1, 2012. P taken the following steps to compliance: The governing be adopted a comprehensive po June 20, 2012 that requires the establishment of policies and procedures that licensed staff hired only after appropriate verification of work experier obtaining written references licensed staff. This policy is included in PPWP's Human Resource Policies. Monitoring will be done by I resource staff as new people hired to ensure the proper information is gathered and in the personnel file. A chewill be used to monitor the documents included in the fiverify that the required infor was obtained and that the stamember was hired only after appropriate verification of wexperience and after written	k place PWP has ensure board licy on he d f be nce, and for s human are included eklist le and to mation off	Completion Date: 06/04/2012 Status: APPROVED Date: 07/16/2012

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	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033J	Continued from page 26			S 033J	references were obtained. The will monitor this checklist are periodically review the content the personnel file. The gover board will monitor compliant through reports presented by CEO at the board meeting. Governing Board minutes we document when ASF medical hired and that all required documentation was obtained personnel file. The PPWP RQM Oversight Committee will be informed change and the corrective actaken.	ents of crining size of the Fine staff is for the of the	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 06/01/2012	EY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 033J	"Bylaws of Planne Pennsylvania, Inc. need for the gover and practices that after appropriate v and obtaining writ staff. Review of CF1, C CF7, CF8, CF9, ar 31, 2012, failed to prior to hire for lice	les (PF), and staff in med the governing be policies and practice ats for positions required only be hired after of the entry of the March and Parenthood of We will revealed no mention body to establishicensed staff be hired erification of work exten references for lice the properties of the propert	terview ody failed s which iring a obtaining 9, 2011, stern on of the sh policies od only experience tensed CF6, May ences	S 033J			

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PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			A. BLDG:00 B. WING:		(33) DATE SURVEY COMPLETED: 06/01/2012		
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 PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033J	Continued from page 28 3:00 PM with EMI written references.	P2 confirmed the lac	k of	S 033J			
S 033O				S 033O			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE H, PA 15222				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 033O	Continued from page 29 553.3 (9) Governing Body resp (9) Reviewing legal an ASF including the reports and disposition of This REGULATION is not	ponsibilities include: d ethical matters concer of unusual incidents.	ning the	S 033O	The effective date for this rewas June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: The governing board adopted a pon June 20, 2012 that require board to review legal and ethe matters concerning the ASF including reports of unusual incidents. Future board mee agendas will include an agenfor this review as stated in the policy. Compliance will be ensured monitored through staff educe make them aware that legal ethical matters concerning the including reports of unusual incidents must be brought to attention of the CEO for presto the Governing Board. Monitoring of the Governing review of all legal and ethical will be the responsibility of two will ensure this is included in board.	and cation to and he ASF the sentation g Board's all matters the CEO, ded on g	Completion Date: 06/20/2012 Status: APPROVED Date: 07/18/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WES PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT PREFIX MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033O Continued from page 30			S 033O	minutes to verify discussion information at the board mee. The PPWP RQM Oversight Committee will be informed change and the corrective act taken.	of the	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	CITY, STATE, Z AVENUE	IIP CODE:			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 033O	Based on review of facinterview (EMP), it was body failed to review I concerning the ASF in disposition of unusual Findings include: Review on June 1, 201 "Bylaws of Planned Parennsylvania, Inc." review requirement for the gorand ethical matters correports and disposition Review on June 1, 201 Meeting" on January 1 and May 9, 2012, failed reports and disposition Interview on June 1, 201 Methodology of the position of th	as determined the government of the matter cluding the reports a sincidents. 2, of the March 9, 20 arenthood of Western realed no mention of verning body to revincerning the ASF incompared of the "Board of It, 2012, March 14, 2014 do reveal any review of unusual incidents of unusual incidents of unusual incidents of unusual incidents of unusual incidents.	verning ters and of the state o	S 033O			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
STATE LICENSE NUMBER: 00248701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033O	Continued from page 32			S 033O			
S 033S				S 033S			

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	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: 06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. E NUMBER: 00248701	TERN	933 LIBERTY PITTSBURG	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033S	practitioners and others pro- (ii) The provision of al including, radiology, medic anesthesia and pharmaceutic (iii) The provision of corganizations.	lities include: racts or arrangements affinder its auspices, includer recontractual arrangements and direct patient care and treatment related servical laboratory, pathology cal services. are by other health care ducation to students and	nts with e. ces	S 033S	The effective date for this re was June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: The ED Directors appointed the PPW Medical Director as Director Anesthesia Service at its June 2012 Board of Directors med This responsibility is documenthe Medical Director's signed description. The Governing adopted a Board policy on July 2012 stating the Board's responsibility for appointing Director of Anesthesia. Compliance will be monitored CEO who will notify the Gobord of any change in the Modical Director and be responsible making sure the Governing appoints another physician and Director of Anesthesia if the position is no longer filled. PPWP RQM Oversight Comwill be informed of the chanthe corrective action taken.	survey 1, 2012. Ing steps Board of VP Tof The 4, The eting. The eting weented in the dipob Board Bo	Completion Date: 06/04/2012 Status: APPROVED Date: 07/18/2012
l	1]			I

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	EMENT OF DEFICIENCIES AND OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		933 LIBERTY PITTSBURGI	AVENUE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033S	Based on review of factiles (CF), and staff int governing body failed treatment related services. Review of 28 Pa. Code "Anesthesia- The use of induce the loss of sense chapter, the term applies etting receives, for any of the following: (ii analgesia), for which the expectation that, in the loss of protective reflex percentage of a group of the sense of the percentage of a group of the sense of the percentage of a group of the sense of the sense of the percentage of a group of the sense o	erview, it was determent to make a provision the provision the session including anesther and patients. The purposes when any patient, by purpose, by any rownere is a reasonable manner used, will revise for a significant of patients." 555.32(a) revealed, dministered by ertified registered not be made and the provision of patients.	evealed, ents to se of this in any oute, one without esult in the	S 033S			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033S	Review on June 1, 201 "Bylaws of Planned Pa Pennsylvania, Inc." rev for the governing body anesthesia staff to be i regulation whenever an Review of CF1, CF2, C CF8, and CF9 did not a that any staff member of certified registered nur Interview on May 31, 2 PM with EMP2 confirm employ any anesthesia. O	renthood of Western vealed no mention of to make provisions in the facility as requires thesia was administrated and document was an anesthesiologise anesthesthetist (Co. 2012, at approximate med the facility did it logists or CRNAs.	f the need for nired by istered. c, CF7, tation gist or CRNA).	S 033S			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	(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 CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033V				S 033V			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
				B. WING: _		06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
STATE LICENSE NUMBER: 00248701 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033V	Continued from page 37 553.3 (16) Govern Body Responsional in the facility was currently and on an ongoing cardiac life support, or its supresent in the facility, the corpofessional shall be in advanced in section 551.22 (AThis REGULATION is not	nsibilities include: t at least one medical when patients are present g basis certified in adva accessor. If a pediatric p ertification of the medica anced pediatric life supp	anced atient is	S 033V	The effective date for this rewas June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: The Governing Board adopted a policy on June 4, 2012 that is the governing body to ensure medical staff certification for and PALS as required in 553 551.22. One staff member is on ACLS and a second staff has registered for the training of these staff members are so for PALS training on Septem and 20, 2012 which is the first training course is available we required certification. Monitoring for compliance winclude staff education by the Operations for the staff scheensure there is awareness and understanding of the requirer for ACLS and PALS trained the premises during clinic hor the Surgical Site Supervisor designee will monitor by doing to the staff supervisor designee will monitor by doing to the staff supervisor designee will monitor by doing the staff supervisor designee.	Board requires represent the requirement of the requirement represent the requirement represent the requirement represent the requirement representation requirement requirement representation requirement requirement representation requirement representation requirement	Completion Date: 09/20/2012 Status: APPROVED Date: 07/16/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033V	Continued from page 38			S 033V	random site inspections to enthat ACLS trained staff is ally the premises during clinic hot that a PALS certified staff mon the premises when a minor the facility during clinic hour random checks will occur we three months following composertification. The Quality Assurance calent currently used by human reset to monitor expiration of lice CPR and credentialing on a basis has been modified to in ACLS and PALS expiration. Human resources staff will mexpiration dates and notify st months prior to any item expiration of PAI ACLS training will be the responsibility of the CEO, we ensure this is included on the Governing Board's meeting a and will sign off on all board to verify discussion of this information at the board meeting and meeting and meeting and the control of the control of the control of the control of this information at the board meeting and the control of the control of the control of this information at the board meeting and the control of the control of this information at the board meeting and the control of the control of this information at the board meeting and the control of the	ways on burs and burs. The eekly for pleted adar burces enses, monthly helude dates. honitor taff 4 biring. g Board's LS and tho will burs eagenda d minutes	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.		TERN	STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222						
STATE LICENS	E NUMBER: 00248701								
(X4) ID PREFIX TAG	EFIX MUST BE PRECEEDED BY FULL REGULATORY (ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 033V	Continued from page 39			S 033V	The PPWP RQM Oversight Committee will be informed corrective action taken and tl Governing Body will be info the deficiency and its resolut	of the he rmed of			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 06/01/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033V	Based on review of factifies (CF), personnel frit was determined the grant sure that at least one magnifies factified in a (ACLS) when patients one medical profession advanced pediatric life pediatric patient is present in the pediatric patient is present in the pediatric patient in the professional certified in the pediatric patient in the Review of CF1, CF2, CCF8, CF9 and PF1, and documentation of any personnel factors.	les (PF), and staff in governing body faile ledical professional indvanced cardiac life are present and/or an all in the facility is consupport (PALS) who sent in the facility. 2, of the March 9, 2 menthood of Western ealed no requirement are that one medical in ACLS is in the facility or one in PALS when there facility. CF3, CF4, CF5, CF6 did PF14 revealed no	of to make in the support it least sertified in the a support it least sertified in the a support it least sertified in the support in the support is a support it least sertified in the support in the	S 033V			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER.			A. BLDG: _	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222						
	ATE LICENSE NUMBER: 00248701						(X5)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE				
S 033V	Continued from page 41			S 033V				
	currently certified in A	CLS or PALS.						
	Interview on May 31, 2	2012, at approximate	ely 1:00					
	PM with EMP1 confirm	ned the above findir	ngs and					
	revealed, "EMP5 is cu	rrently taking ACLS	Sand					
	PALs training."							
S 034D				S 034D				
						l		

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
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 OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG			(X5) COMPLETE DATE
S 034D	Continued from page 42 553.4 (d) Other Functions 553.4 OTHER FUNCTION (d) If the governing bo member, or if a majority of the governing body are not or similar rules and regulative specify a procedure for estal practitioners for the purpose governing body for its approximate appointments and reappoint curtailment of clinical privil This REGULATION is not	dy is comprised of only the members of practitioners, the ASF by ons shall blishing medical review to of recommending to the oval - based on evidence trent competence - initial ments, and assignment of leges of the practitioners	by e e of the l	S 034D	The effective date for this re was June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: The Governing Board adopted a son June 4, 2012 that requires establishment of procedures medical review by the medical review by the medical recommendation for appoint the governing body. The poprocedure for physician appois included in PPWP's Human Resources Manual. Compliance will be monitore physicians are hired. A check be used to monitor the docur included in the personnel file verify that the required inforwas obtained for the physician appointment. The CEO will compliance through periodic of the checklist and the documentation in the person The board minutes will docuprocess for physician appointment.	survey 1, 2012. ng steps policy s the for the cal ment to licy and continent an ed when cklist will ments e and to mation an monitor c review nel file.	Completion Date: 06/04/2012 Status: APPROVED Date: 07/18/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 034D	Continued from page 43			S 034D	and compliance with the esta procedure. The CEO is resp for including physician appo on the Governing Board ager for monitoring board minute ensure the process is accurate documented. The PPWP RQM Oversight Committee will be informed policy adoption and the correlation taken.	onsible intment and and s to ely	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER				IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	ΞY	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
STATE LICENS	SE NUMBER: 00248701			•			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 034D	Continued from page 44			S 034D			
	Based on review of factifies (CF) and staff into determined the ASF by regulations failed to spestablishing medical repurpose of recommendits approval-based on etraining, and current coappointments and reap or curtailment of clinic practitioners. Findings include: Review on June 1, 201 "Bylaws of Planned Papennsylvania, Inc" revprocedure establishing practitioners for the put the governing body for evidence of the education competence-initial appropriate and staff in the staff in	erview (EMP), it way laws or similar rule becify a procedure for eview by practitioner ling to the governing evidence of the educing to the e	s and or rs for the g body for ation, fignment 011, and the for a ding to on				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/01/2012	EY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D IX MUST BE PRECEEDED BY FULL REGULATORY (ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 034D	reappointments, and as clinical privileges of the Review of CF1, CF2, CF7, CF8, and CF9 faithat the governing body based on evidence of the current competence-interappointments, and as clinical privileges of the Interview on June 1, 20 AM with EMP2 confirincluded in the bylaws regulations.	the practitioners. CF3, CF4, CF5, CF6 Iled to reveal documer y approved the praction training it in appointments are significant or curtail in the practitioners. O12, at approximately med the requirement	entation itioners g, and ad ment of y 11:45 t was not	S 034D			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	D SUMMARY STATEMENT OF DEFICIENCIES (EACH DI X MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 3250				S 3250			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS 933 LIBERTY PITTSBURG	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 3250	following physical status cr (1) Vital signs. temperature and respiratory for the patient's age or at pre patient. (2) Activity. Th preoperative mobility withor function at his usual level co by the surgical procedure. (3) Mental status. functions at his preoperative (4) Pain. Th controlled with medication.	discharged from an ASI iteria are met: Blood pressure, heart rate are within the norm eoperative levels for that the patient has regained out assistance or syncope onsidering limitations in The patient is awake, the mental status. The patient's pain can be electing is controlled and d from the surgical procing. Minimal nausea with that expected from	rate, nal range t e, or nposed alert or ffectively edure. or vomiting	S 3250	The effective date for this re was June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: PPWP Recovery Room page process of being revised to a this deficiency as well as defective states and voming criteria were added to the cli discharge criteria and to the medical protocol. The finalize will be presented to all staffs involved in the discharge proportion and they will be educated ab protocol change by the Medical Director. The expected date compliance should be on or 7/13/12. The Surgical Site S or designee will monitor by conducting a random chart at the documentation of nausea vomiting upon discharge for three months. Five charts musualited/week for a total of 6 by October 11, 2012. If the reless than 100%, it will be decon October 18, 2012 what ac measures need to be implementations.	survey une 1, following the e is in the correct fficiency ting ient PPWP zed form s focess fout the ical for before for upervisor for and the next fust be for charts fresults are fermined dditional	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			A. BLDG: <u>00</u>		(X3) DATE SURVE COMPLETED: 06/01/2012	COMPLETED:	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. E NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	FIX MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 3250	Continued from page 48			S 3250	and monitored with ongoing The PPWP RQM Oversight Committee will be informed change and the Governing B be made aware of the deficie practice and corrective action	of the ody will ent		

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	EY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 3250	records (MR), and determined the me documentation that controlled and confrom the surgical production discharge. Findings include: Review of facility provided by the factor assessment of nause patient discharge. Review of MR1, MR6, MR7, MR8, MR12, MR13, MF19, MF10 documentation of nausea and vomiting Interview on June	of facility documents a staff interview, it we dical record contains at nausea and vomiting a sistent with that experiencedure prior to particles and other decility failed to addressea and vomiting prior MR2, MR3, MR4, M, MR9, MR10, MR1 R14, MR15, MR16, IR20, failed to reveal an assessment regarding prior to patient di 1, 2012, at approximent that the	as s no ng are ected tient cocuments ss or to MR5, 1, MR17, ding scharge. nately	S 3250			

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PLAN OF CORRECTION (POC) (AI) PROVIDER/SUPPLIERO IDENTIFICATION NUMBER			A. BLDG: <u>00</u>			(X3) DATE SURVEY COMPLETED: 06/01/2012				
PLANNED PENNSYL	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	TE LICENSE NUMBER: 00248701									
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE				
S 3250	Continued from page 50			S 3250						
	documentation that	t nausea and vomitir	ng are							
		the patient discharge								
	controlled prior to	the patient disenting	···							
S 5100				S 5100						

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR I TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5100	Continued from page 51 555.1 Principle There shall be an organ accountable to the governing responsibility for the quality patients and for the ethical organice of its members and been granted clinical privile. This REGULATION is not	nized medical staff whice g body and which has of medical care provide conduct and professional other practitioners who ges in the ASF.	ch is ed to	S 5100	The effective date for this rewas June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: The Governing Board adopted Board policy on June 4, 2012 adopted a second more comprehensive policy on June 2012 that specifies that the appointed physicians constitutions of the medical staff and appropriate policy of the medical staff and suidelines serve as the rules regulations of the medical staff approved the PPWP clinical standards and guidelines as the rules and regulations of the restaff at the June 4, 2012 meet Monitoring will be done for compliance if any changes at to the Governing Board Policithe ASF and if any changes a made to the rules and regulations of the medical staff.	survey 1, 21012. ng steps ed a 2 and ne 20, ute the the l and aff. nted aff and the medical eting.	Completion Date: 06/20/2012 Status: APPROVED Date: 07/16/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY CONTROL TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5100	Continued from page 52			S 5100	The CEO is responsible for these changes to the Governi Board for discussion and appand for monitoring board mi ensure the process is accurated documented. The PPWP RQM Oversight Committee will be informed policy adoption and the correlation taken.	oroval nutes to ely of the	

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	ATEMENT OF DEFICIENCIES AND AN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIE IDENTIFICATION NUMB			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS 933 LIBERTY PITTSBURG	AVENUE		.1	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 5100	Based on staff intervie the facility failed to ha accountable to the gov responsibility for the q provided to patients an professional practice o practitioners who have privileges in the ASF. Findings include: A request was made for approved by the gover at approximately 10:00 bylaws were provided. Interview on June 1, 20 AM with EMP1 confir organized medical staff staff bylaws approved met the requirements of Medical staff members for membership and private of the source of the staff members of the facility of the staff members of the facility fails and provided to the staff members of	ve an organized mederning body, which quality of medical cand for the ethical conf it's members and of the been granted clinical staff by the medical staff by the medical staff by the medical staff by the governing body on May 30 AM. No medical staff and there were no by the governing body for 555.1 Principle, 53 ship and 555.3 Requirements.	dical staff has the re iduct and other al rylaws 1, 2012, staff ly 11:00 n medical idy that 55.2	S 5100			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012				
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC.	TERN	STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222						
STATE LICENSE NUMBER: 00248701									
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LS TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 5100	Continued from page 54			S 5100					
S 5200				S 5200					

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***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5200	Continued from page 55 555.2 Medical staff member A member of the medimembership and the exercisto him. The governing body the recommendations of the privileges to qualified, licenwith their training, experien competence and judgement. and others granted clinical plicenses to practice in this C This REGULATION is not	pership cal staff shall be qualified to of clinical privileges good the ASF, after considered medical staff, may grant sed practitioners in accordance and demonstrated Members of the medical privileges shall currently dommonwealth.	granted dering at clinical ordance	S 5200	The effective date for this re was June 19, 2012, and the s took place May 31 and June PPWP has taken the following to ensure compliance: The Governing Board has adopte Board policy on June 4, 2012 requiring a procedure for recommending to the Govern Board for its approval the intreappointment, assignment a curtailment of privileges to practitioners. A policy and procedures for physician appointment is included in P Human Resources Manual. Governing Board received an approved the Medical Direct recommendation for physician appointments at its June 4, 2 Board meeting. The recommendations were made Medical Director review of complication rates, performance peer review by the medical of third party credentialing, phyeducation and prior work expenses.	nurvey 1, 2012. ng steps ed a 2 ning itial, and ePWP's The nd for an 012 e after ance and director, ysician perience.	Completion Date: 06/04/2012 Status: APPROVED Date: 07/16/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/01/2012	ΣΥ
PLANNED PENNSYL	VIDER OR SUPPLIER: D PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5200	Continued from page 56			S 5200	occur as new physicians are a Physician appointment, reappointment, assignment a curtailment procedures will be monitored by the VP for Ope and CEO to ensure the approdocumentation for appointment purposes is obtained and reviby the medical director, presented Board and included in the personnel file. The Medical will monitor physician qualify through peer review for perioperformance assessment and incidences that occur and this documentation will be retain used for re-appointment. Supervising staff will be edunotify the CEO of any incided that have occurred and peer completed so this information presented to the Governing E and included in the physician reappointment purposes. This responsible for monitoring Governing Board meeting again clusion of appointment and reappointment responsibilities for monitoring board minutes.	erations opriate ent iewed ented to e I Director fications odic for s ed and ecated to ences review n can be Board n file for ne CEO g the genda for d es, and	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURV COMPLETED: A. BLDG:00 B. WING: 06/01/2012			EY
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
S 5200	Continued from page 57			S 5200	ensure the process is accurate documented. The PPWP RQM Oversight Committee will be informed policy adoption and the correlation taken.	of the	

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· · · · · · ·		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012				
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,			00/01/2012				
	PARENTHOOD OF WES	TERN	933 LIBERTY AVENUE							
PENNSYL	VANIA, INC.		PITTSBURGI	H, PA 15222	2					
STATE LICENSE NUMBER: 00248701										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE			
S 5200	Continued from page 58	ntinued from page 58		S 5200						
	Based on review o	f facility documents	,							
	credential files (Cl	F), and staff intervie	w (EMP),							
	it was determined	the governing body,	after							
	considering the rec	nedical								
	staff, failed to grar	to								
	qualified, licensed	practitioners in acco	ordance							
	with their training,	, experience, and der	nonstrated							
	competence and ju	idgement.								
	Findings include:									
	Review on June 1,	2012, of the March	9, 2011,							
	"Bylaws of Planne	ed Parenthood of We	stern							
	Pennsylvania, Inc'	' revealed no require	ement for							
	a procedure for est	tablishing medical r	eview by							
	practitioners for th	e purpose of recomr	nending							
	to the governing b	ody for its approval-	based on							
	evidence of the ed	ucation, training, and	d current							
	competence-initial	appointments and								
	reappointments, ar	nd assignment or cur	tailment							
	of clinical privileg	es of the practitioner	rs.							
	Review of CF1, C	CF2, CF3, CF4, CF5,	CF6,							

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 5200	credentialing or re by the governing b training, and curre Interview on June EMP1 confirmed t approval in the cre the medical director	t the applicants for credentialing were a body based on educant competence. 1, 2012, at 11:00 Althe lack of governing edential files and independent of the competence of the lack of the lack of governing edential files and independent of the lack of the lack of the lack of governing edential files and independent of the lack of the lack of the lack of governing edential files and independent of the lack of the	M with g body icated that licants.	S 5200			
S 53A0				S 53A0			

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-	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGI	CITY, STATE, Z	IP CODE:	00012022		
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53A0	Continued from page 60 555.3 (a) Requirements for me (a) In order to receive appointment, or reappointm staff shall always act in a m highest ethical standards and levels of professional compounds. This REGULATION is not	favorable recommendatent, members of the meanner consistent with the detence.	s. ions for dical	S 53A0	The effective date for this rewas June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: The Governing Board adopted a policy on June 4, 2012 that remedical staff to always act in consistent with the highest ensured standards and levels of profes competence. This requirement included in the appointment/reappointment physicians receive and is incompassed as a requirement in the physicians receive and is incompeted as a requirement in the physician performance, included this review in the personnel of the physician credentials and Na Provider Data Bank reports when the personnel of the physician compliance with estandards and professional	Board requires a manner thical ressional rent is related rician job romitor reding resment file. The relational restrictional rent is related returned relational rent is related returned research recurrent file.	Completion Date: 06/04/2012 Status: APPROVED Date: 07/16/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53A0	Continued from page 61		S 53A0	S 53A0	competence as required. The CEO will monitor credentialing reports and the Medical Director review of physician performance and advise the Governing Board if a situation occurs where a physician is not acting with the highest ethical standards and level of professional competence so appropriate Governing Board action can be taken regarding with the appointment process. The PPWP RQM Oversight Committee will be informed of the policy adoption and the corrective		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 06/01/2012	EY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53A0	credential files (CI determined the fact staff to always act the highest ethical professional comp Findings include: Review of docume failed to include realways act in a mathighest ethical start professional comp Review of CF1, CI CF7, CF8, and CF requirements for manner consistent standards and leve Interview on June EMP1 confirmed to	ents provided by the equirements for med nner consistent with ndards and levels of	w, it was e medical ent with s of facility ical staff to the CF6, y ys act in a ical inpetence. M with at made	S 53A0			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012					
PLANNED	vider or supplier: PARENTHOOD OF WES' VANIA, INC.	ΓERN	STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222							
STATE LICENS	STATE LICENSE NUMBER: 00248701									
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ID BY FULL REGULATORY OF FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE			
S 53A0	Continued from page 63			S 53A0						
	nothing in there ye	t."								
S 53F0				S 53F0						

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
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 PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53F0	Continued from page 64 555.3 (f) Requirements 555.3 Requirements for me (f) The governing bod reports from the National Propractitioner who requests propractitioner who reduces to the REGULATION is not	y shall request and cons ractitioner Data Bank on ivileges.	ider	S 53F0	The effective date for this rewas June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: Planned Parenthood of Western Pennsylvania has registered National Provider Data Bank submitted the required notare documents. PPWP is waiting approval to access the Data I and obtain the required physician appointment file appresented to the Board of Digatitis next meeting on Septem 2012. Monitoring of the acquisition Data Bank reports will be dothrough a checklist maintain human resources staff of item required for the personnel file CEO will monitor compliance through periodic review of the checklist and the documentation that the personnel file. The Gove Board will receive Data Bank as part of the appointment are	with the c and ized g for Bank ician led in the nd rectors mber 12, n of one led by ms less. The ce he tion in the reming k reports	Completion Date: 09/12/2012 Status: APPROVED Date: 07/16/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		EY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701 (XA) ID SUMMARY STATEMENT OF DEFICIENCIES (FACH I		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	CITY, STATE, Z	MP CODE:	06/01/2012	
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53F0	Continued from page 65			S 53F0	reappointment process and the will monitor the Board meeting agenda and minutes to ensure information is provided to the Governing Board and review documented. The PPWP RQM Oversight Committee will be informed corrective action taken and the Governing Body will be informed the deficiency and its resolution.	of the he	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	TAG MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 53F0	credential files (CI it was determined request and consid Practitioner Data I who requested privationings include: Review on June 1, "Bylaws of Planne Pennsylvania, Inc" policies and proceed to request and consultational Practition practitioner who re Review of CF1, CE CF7, CF8, and CF checks were performational Practition	of facility documents. F), and staff interview the governing body alter reports from the Nank for each practitivileges. 2012, of the March and Parenthood of We revealed no establish dures for the governisher Data Bank for each equested privileges. F2, CF3, CF4, CF5, and F2, CF3, CF4, CF5, and F3 revealed background by an outside control of the property of a report from the part of the p	w (EMP), failed to National tioner 9, 2011, estern shed ing body ne ch CF6, and company. e files.	S 53F0			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
PLANNED PENNSYL	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 53F0	EMP1 when asked if the NPDB was checked, revealed, "The company that does our checks, searches it [NPDB]. There is not a copy of the report in the files."		checks,	S 53F0			
S 551A				S 551A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
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 OF DEFICIENCIES (EACH I MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 551A	Continued from page 68 555.11 (a) MEDICAL ORD 555.11 Medical orders Written orders (a) Medication or treat authorized persons to admir only upon written and signe within the scope of the practitioner's license. This REGULATION is not	tment shall be administe hister drugs and medicat d orders of a practitione	ions	S 551A	PPWP has taken the following to ensure compliance: the PFO Operative Reports are in the of being revised to correct the deficiency as well as deficients as well as deficients as well as deficients form is being revised for claral sufficiently reveal that the plandministers all medications. In the physicians and physicians assistants and they will be exampled to a sufficient provides the physicians and physicians assistants and they will be exampled to a sufficient provides and they will be exampled to a sufficient provides and they will be on the physicians are should be on a sufficient provides a random chart audit to ensure that the changes to the were effective in making it of the physicians are administer medications at PPWP. Five the must be audited/week for a the following provides are less than 100%, it determined on October 18, 2 additional measures need to implemented and monitored.	pwp process as notices 6413. The crity to chysician The crited to chysician Site crited date for a site consistency of the crited to chysician site crited date for a site crited date	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
PLANNED PENNSYL	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			CITY, STATE, Z AVENUE I, PA 15222			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 551A	Continued from page 69			S 551A	ongoing audits. The PPWP F Oversight Committee will be informed of the change and to Governing Body will be made of the deficient practice and corrective action.	e the	

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
				B. WING: _		06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. E NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY C			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH	IOULD BE	(X5) COMPLETE	
TAG	IDENTI	FYING INFORMATION)			CROSS-REFERENCED TO THE	APPROPRIATE	DATE
S 551A	Continued from page 70			S 551A			
	Based on review o	f medical records (M	IR) and				
	staff interview (EM	MP), it was determin	ed the				
	facility staff failed	to document that me	edications				
	were administered	by authorized perso	ns.				
	Findings include:						
	Review of "Analg	gesia and Sedation Se	ervices"				
	revised December	31, 2011, revealed,					
	"Analgesia is the d	liminution or elimina	ation of				
	pain. This can be	accomplished using	oral or				
	intramuscular drug	gs. Local anesthesia	is the				
	elimination of sens	sation, especially pai	n, in one				
	part of the body b	y the topical applica	tion or				
	regional injection	of a drug Sedation	and				
	analgesia describe	s a state that allows a	a client to				
	tolerate an unpleas	ant procedure while					
	maintaining adequ	ate cardio-respirator	y function				
	and the ability to r	espond purposefully	to verbal				
	command and tact	ile stimulation. The	Joint				
	Commission defin	es four levels of seda	ation and				
	analgesia: 1. Min	imal sedation (anxio	lysis) in				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	EY	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS. 933 LIBERTY PITTSBURGE	AVENUE			
STATE LICENS	E NUMBER: 00248701			1			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 551A	Continued from page 71			S 551A			
	commands. Cogn may be impaired. sedation/analgesia responsive. the clicommands, either tactile stimulation in which the client responds purposef stimulation" Review of MR6, M patients were give procedure. The do administration of a page signed by a without any documadministered the n Interview on June 3:00 PM with EM	ient purposefully resident purposefully resident purposefully resident alone or accompanie. 3. Deep sedation/at is not easily aroused fully to repeated or partially to repeated or partially to revealed medications during becamentation of the the medications was a counselor and the parentation of who act	is less ponds to ed by light analgesia, d, but ainful ed the g the listed on hysician, ually mately was no				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012			
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC. E NUMBER: 00248701	ΓERN	STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE						
S 551A	Continued from page 72 administered the m	nedication.		S 551A					
S 551E				S 551E					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
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	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY C			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 551E	Continued from page 73 555.13 Administration of D 555.13 Administration of d Drugs shall be administed of a practitioner acting practitioner's license and austaff bylaws, rules and reguladministered directly by a p to medical staff bylaws, rule professional nurse or by a lipharmacy training. Physicial registered nurse practitioner administer drugs within their Further policies on the administrated by the medical sepharmaceutical services or put this REGULATION is not	tered only upon the prop g within the scope of the thorized according to mations. Drugs shall be ractitioner qualified access and regulations or by censed practical nurse wan assistants and certifies shall be permitted to rauthorized scope of prinistration of drugs shall taff in conjunction with personnel.	edical ording a vith d ractice. be	S 551E	PPWP has taken the following to ensure compliance: the PFO Operative Report is in the property of the property	PWP Process of Incies I 6413. The Intity to Intity to Intity to Intity to Intity to Intity to Interest to all Ited Ited Ited Ited Ited Ited Ited Ited	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) MUST BE PRECEEDED BY FULL REGULATORY OF THE PROPERTY OF THE PROPE				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 551E	Continued from page 74			S 551E	The expected date of complish should be on or before 7/13/2 Surgical Site Supervisor or dwill monitor the plan of correconducting a random chart arensure the revised operative are in use for the next three rive charts must be audited/a a total of 65 charts by Octobe 2012. If the results are less the 100%, it will be determined to October 18, 2012 what addit measures need to be implemented and monitored with ongoing The PPWP RQM Oversight Committee will be informed change and the Governing Bustoness and corrective actions.	12. The designee ection by udit to reports months. week for eer 11, han on cional ented audits.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 06/01/2012	EY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 551E	staff interview (EM facility failed to er administered only according to the m regulations. Findings include: Review of docume failed to designate administer medica failed to reveal any regulations. Review of MR6, M patients were given procedure. The document administration of a page signed by a without any document the medication.	of medical records (Map), it was determinated that medication by practitioners qualledical staff bylaws, and allowed to the who was allowed to the who was allowed to the medical staff rules and medications during becomentation of the the medications was counselor and the prenentation of who adral, 2012, at approximation of the the medical to the medical to the prenentation of who adral, 2012, at approximation of the the medical to the prenentation of who adral, 2012, at approximation of the the medical to the prenentation of the the medical to the prenentation of the	ed the as were lified rules, and facility arther and ed the g the listed on hysician, ministered	S 551E			

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012			
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC.	TERN	STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222						
STATE LICENS (X4) ID	E NUMBER: 00248701	OF DEFICIENCIES (EACH DE	FICIENCY	ID	DROWIDEDIC DI AN OF CORREC	CTION (E A CU	(X5)		
PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE			
S 551E	Continued from page 76			S 551E					
	3:00 PM with EMI	P2 confirmed there	was no						
		e documentation wh							
	administered the m								
S 552A				S 552A					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552A	are made from a private pra- clinic, pertinent records ther part of the clinical record at registered and admitted tot I considered valid no more th surgery.	nistories and physical ental information regarding of surgery or one of the aluation, examination and etitioner's office, hospitate of shall be available arthetime the patient is the ASF. This information an 30 days prior to the description of the description	ing drug de referral al or nd made n is date of nt	S 552A	The effective date for this rewas June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: On 6/2 the Surgical Site Supervisor up with all staff responsible ensuring that the medical his and physical exams are compliance. The Surgical Site Supervisor complete an audit of 50 rand selected charts by 7/20/2012 ensure complete documentat history and physical for the properties of all of the aborders of the properties of the deficient practic corrective action.	nurvey 1, 2012. ng steps 21/2012 followed for story pleted. r will lomly to cion of patient. ove are termined heasures its. The hmittee ge and made	Completion Date: 06/21/2012 Status: APPROVED Date: 07/16/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
				B. WING: _		06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: D PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID	SE NUMBER: 00248701 SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDI	ED BY FULL REGULATORY O FYING INFORMATION)		PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE
S 552A	Continued from page 78			S 552A			
	Based on review o	f medical records (N	MR) and				
	staff interview (EM	MP), it was determin	ed the				
	facility failed to er	sure that pertinent r	nedical				
	histories and physi	icals were document	ted the				
	day of surgery for	one of 20 patients.					
	Findings include:						
	Review of the H&	P for MR2 failed to	reveal a				
		nd physical for the p					
		1, 2012, at approxim					
		P2 confirmed the lac					
		a complete history a	nd				
	physical.						

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI REFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552C				S 552C			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS 933 LIBERTY PITTSBURG	AVENUE			
(X4) ID SUMMARY STATEMENT (PREFIX MUST BE PRECEEDED	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
drink before surgery (2) Special patient (3) The require ASF for a specific time for a specific time for the ASF for a specific time for the hospineed.	for preoperative proced by the medical atient or responsible per oble restrictions upon for preparations to be made aired proximity of the pro- following surgery if apprerstanding that the patie pital in the event of medical method in the event of medical and a series available to escort patients who receive local or all decision shall be madents require a responsib	ures, eson, od and by the atient to olicable. ent may dical charge of thesia, ient	S 552C	The effective date for this re was June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: Consortium of Abortion Pro (CAPS) is submitting the rev Client Information for Information Federat America (PPFA) for approva 6/25/12. PPWP requested latthat clarified the patient may admission to the hospital in event of medical need rather current statement that PPWF send the client to the hospital problem. Upon PPFA approvatiffs will be informed of the and instructed to implement form upon receipt. The experimental of compliance should be one before 7/13/12. The Surgical Supervisor or designee will be the plan of correction by correction by correction formulation of the supervised CIIC is in use for the three months. Five charts may audited/week for a total of 6	survey une 1, following The viders vised med ion to the ion of al on nguage v require the than the could al for a val, all e revision the new exted date or 1 Site monitor inducting are the e next ust be	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	ΣΥ
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 552C	Continued from page 81			S 552C	by October 11, 2012. If the r less than 100%, it will be det on October 18, 2012 what ad measures need to be implement and monitored with ongoing The PPWP RQM Oversight Committee will be informed change and the Governing B be made aware of the deficie practice and corrective action It was not necessary to submirequest to add written instruction preoperative procedures to included a responsible personescort the patient that receives sedation home to the Client Information for Informed Co In-Clinic Abortion because the Client Information for Information	ditional ented audits. of the ody will nt n. it a etions chat n would ed ensent for he ned on and formed on o	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 06/01/2012	EY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	IX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 552C	interview (EMP), failed to provide we pre-operative procunderstanding that admission to the honeed and failed to for preoperative presponsible person received sedation. Findings include: Review of the write failed to reveal we patient may require the event of medical receiving sedation person to escort the Interview on June 11:30 AM with EM	tten pre-operative institten instructions that e admission to the heal need or that patien would require a resp	e facility or and uire of medical ructions ed a tient that structions t the ospital in nts oonsible nately ack of	S 552C			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/01/2012	COMPLETED:	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (FACH	(X5)
PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF FYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE DATE	
S 552C	Continued from page 83			S 552C			
	need or that patien	ospital in the event of the receiving sedation	were				
		responsible person t	o escort				
	them home.						
S 552D				S 552D			
						l	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURG	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
S 552D	Continued from page 84 555.22 (d) Surgical Services 555.22 Preoperative Care (d) Preoperative diagnose evaluated, annotated, signatient's medical record before this REGULATION is not	ostic studies, if perform ned and entered into the ore surgery.		S 552D	PPWP has taken the following to ensure compliance: the PF Laboratory page is in the probeing revised to correct this deficiency. The form is being to provide documentation of evaluation, annotation and stood the person evaluating the tests. The finalized form will presented to all staffs and the be educated about the form of by the Medical Director. The expected date of compliance be on or before 7/13/12. The Site Supervisor or designed monitor the plan of correction conducting a random chart at ensure the revised Laborator is in use and that there is documentation of evaluation annotation and signature of the staffs and the person evaluate tests for the next three month results are less than 100%, it determined on October 18, 2 additional measures need to implemented and monitored	be ey will change e should extracted will on by udit to by page e. I, the lab ing the hs. If the extracted will be 2012 what be with	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012
					ongoing audits. The PPWP I Oversight Committee will be		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552D	Continued from page 85			S 552D	informed of the change and t Governing Body will be mad of the deficient practice and corrective action.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 06/01/2012	EY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 552D	Based on review of factorecords (MR), and staff determined the facility preoperative diagnostic evaluated, annotated, supatient 's medical records facility politically politi	frinterview (EMP), if failed to ensure that the studies performed being and entered in ord before surgery. cies and other documerement for preoperate evaluated, annotate to the patient's medical, MR3, MR4, MR5, MR17, MR18, MR18 erative testing includits, urine testing for types were included to documentation of evaluated to documenta	were into the into th	S 552D			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			CITY, STATE, Z AVENUE I, PA 1522			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552D	test. Interview on June 1, 2012, with EMP2 at approximately 11:45 AM confirmed the lack of documentation of evaluation, annotation or signature of the person evaluating the preoperative studies in the medical record.		r	S 552D			
S 552E				S 552E			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552E	Continued from page 88 555.22 (e) Surgical Services 555.22 Pre-operative Care (e) Prior to the admin responsibility of the primary person administrating anestl patient and the procedure to this identification in the pati procedure shall be in writter mechanism to be used to ide This REGULATION is not	istration of anesthesia, in y operating surgeon and hesia to properly identify be performed and to do tent's medical record. The policies designating the entify each surgical paties	the by the cument his e	S 552E	The effective date for this rewas June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: Medical Director and the VP Operations are in the process reviewing resources on best practices for time-out in preparatices for time-out in preparatices for time-out in preparatices. The PPWP medical protocol. The PPWP operations are in the process of beautiful to add to the PPWP medical protocol. The PPWP operation in the process of beautiful to add to the provide written documentation that the police being carried out by all staffic correct this deficiency as we deficiencies 551A, 551E, 55 and 6413. All staff that partitude performance of a procedule be educated about the new tipolicy and the finalized form presented by the Medical Director and the finalized form presented by the Surgical Site Supervisor or divide monitor the plan of correct conducting a random chart a ensure the new policy is being	survey une 1, ollowing The ofor s of paration t policy live leing s and to oll as 59, 6407 cipate in ure will lime-out n will be rector. ance 12. The designee lestignee lestign	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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	PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
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	4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D EFIX MUST BE PRECEEDED BY FULL REGULATORY (ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552E	Continued from page 89			S 552E	implemented by verifying documentation of the identification of the patient and procedure the administration of sedation/anesthesia for the nethree months. Five charts musualited/week for a total of 65 by October 11, 2012. If the reless than 100%, it will be deton October 18, 2012 what accommodate with ongoing The PPWP RQM Oversight Committee will be informed change and the Governing B be made aware of the deficie practice and corrective actions.	ext ust be 5 charts results are termined dditional ented audits. of the ody will ent	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/01/2012	ΞY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 552E	Continued from page 90			S 552E			
	Based on review of far records (MR), and staff determined the facility regarding the identification and person administering and the procedure to be documentation for seven (MR2, MR3, MR4, MIMR20). Findings include: Review of facility policity for the proper identification of the identification of the procedure. Review of MR2, MR3, and MR20, revealed not identification of the patthe administration of selections of the patthe administration of selections.	f interviews (EMP), failed to have a writh ation by the operation of the experiormed and en of 20 medical records, MR6, MR12, and exist failed to reveal ation and documentate patient and procedure pedation/anesthesia.	it was iten policy ag surgeon patient ords d a policy ation of ure prior MR12, he prior to				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
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PREFIX TAG	MUST BE PRECEEDE IDENTI		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE	
S 552E	Continued from page 91			S 552E			
	revealed, "At this point patient by the first and [he/she] state they are abortion." EMP2 furth was not documented in	last name. I don't k about to perform an her confirmed the pr	now if				
S 553B				S 553B			

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 553B	Continued from page 92 555.23 (b) Surgical Services 555.23 Operative Care (b) Tissue and exudate procedure shall be properly with for examination by a p be accompanied by pertinent its source and the preoperate diagnosis. The pathologist's examination shall be made a record. Certain tissues and claboratory examination. The are consistent with current r writing and approved by the This REGULATION is not	s removed during surger labeled and sent to a lab athologist. The specime it clinical information, in twe and postoperative signed report of the a part of the patient's me exudates may be exempt the exemptions shall be the medical practice and are a governing body.	oratory n shall ncluding dical from ose that	S 553B	The effective date for this re was June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: The P governing body reviewed an approved the agency clinical standards and guidelines for pathology and laboratory incertification to tissue and exudates removed during surgery at its Board in on June 4, 2012. The agency clinical standard guidelines for pathology and laboratory including the policiprocedures related to tissue a exudates did not change with approval the by the governing board. Monitoring of the changes repathology, laboratory and management of tissue will be the policy and procedures change brought to the Governing Borought to the Governing Borought to the Governing Borought to the Governing Borought states and states and states are suppressed as a superior of the states are superior of the changes repathology, laboratory and management of tissue will be the policy and procedures change brought to the Governing Borought to the Governing Borought states.	survey 1, 2012. ng steps PWP d l cluding related ved neeting ls and l cies and and h the ng lelated to le done if hange in les are	Completion Date: 06/04/2012 Status: APPROVED Date: 07/19/2012

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) BURNARY STATEMENT OF DEFICIENCIES (EACH DEFI				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 553B	Continued from page 93			S 553B	attention will be done througe education of the Medical Dirand VP for Operations so the aware of the need to notify the first and laboratory are changed. The CEO is responsible bring policy and procedure changes recommended by the Medicar Director to the Governing Botheir review and approval, are monitoring the Governing Botheir review and approval, are monitoring the Governing Botheir review and proval and documented in the meeting of The PPWP RQM Oversight Committee will be informed policy adoption and the correction taken. The Surgical Site Supervisor designee will monitor the place correction by conducting a rechart audit to ensure the uncle POC protocol continues to be followed after it was formall approved by the Governing In The Surgical Site Supervisor.	ging any es al coard for and oard is minutes. of the ective or an of andom hanged e y Board.	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY CONTROL IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 553B	Continued from page 94			S 553B	designee will monitor to ensunchanged POC protocol contobe followed since it was for approved by the Governing I She will conduct a random condition of 65 charts by October 11, 2 the results are less than 100% be determined on October 18 what additional measures neimplemented and monitored ongoing audits.	ntinues formally Board. hart a total 2012. If 6, it will 3, 2012 ed to be	

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PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
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 PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 553B	interviews (EMP), failed to send all ti during surgery to a by a pathologist ar consistent with cur writing and approv Findings include: Review of facility and procedures fai consistent with cur writing and approv tissues and exudate products of concep Interview on June EMP2 confirmed t	f facility documents it was determined the same and exudates real laboratory for example and failed to have an extreme medical practice and the same and the same and the same and the same are the same and the same and the same and the same are the same and the same are the same	me facility emoved mination exemption e in g body. g policies mption e in g body for urgery on weeks. M with ion and	S 553B			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
STATE LICENSE NUMBER: 00248701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 553B	Continued from page 96			S 553B			
S 553F				S 553F			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 06/01/2012	EY
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	ΓERN	933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 553F	Continued from page 97 555.23 (f) Surgical Services 555.23 Operative Care (f) There shall be a wrambulance service staffed b the safe transfer of a patient situation, or as the need aris This REGULATION is not	itten agreement in effec y certified EMT person to a hospital in an emer es.	nel, for	S 553F	The effective date for this rewas June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: Operations spoke with the D of Operations at an EMS ser after multiple telephone atterstated that in a life-threatenin and for a serious event, PPW call 911 first. He said he work contact the VP for Operations present a contract by 6/25/12 VP for Operations contacted of Operations on 6/26/12 to up in order to be in complian 7/13/12. He scheduled a PPV for 6/27/12 but cancelled bec is a medic and had to respondall. He did not call back late day as scheduled. The VP for Operations followed up on 6 The Director of Operations sthe contracts would be ready 6/29/12. The VP for Operation continue to monitor the status acquiring an agreement by contacting him again on 7/2/necessary. The PPWP RQM	burvey and 1, bollowing VP for birector vice mpts. He mg event VP must ald as to 2. The Director follow here by VP visit cause he d to a her that for birector follow here by VP visit cause he d to a her that for birector follow here by VP visit cause he d to a her that for birector follow here by VP visit cause he d to a her that for follow here by VP visit cause he here for follow here	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC. EE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 553F	Continued from page 98			S 553F	Oversight Committee will be informed of the change and to Governing Body will be made of the deficient practice and corrective action.	he	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	IOULD BE	(X5) COMPLETE DATE
S 553F	Based on review of facinterview (EMP), it was to have a written agree ambulance service staff personnel for the safe thospital in an emergentarises. Findings include: Review of facility writtan agreement with an accertified EMT personn Interview on June 1, 20 EMP2 confirmed there revealed, "Allegheny need an agreement, we ambulance is available	ten agreements faile ambulance service steel. O12, at 11:50 AM with a county told us that we just call 911 and with a comment and with the county told us that we just call 911 and with the county told us that we just call 911 and with the county told us that we just call 911 and with the county told us that we just call 911 and with the county told us that we just call 911 and with the county told us that we just call 911 and with the county told us that we just call 911 and with the county told us that we just call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us that we call 911 and with the county told us the county told	cility failed an T to a te need d to reveal affed by ith and we didn't	S 553F			

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	(XI) PROVIDER/SUPPLIER/CLIA LAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVE COMPLETED: A. BLDG:00 B. WING: 06/01/2012		EY				
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 554B	555.24 (b) Surgical Service. 555.24 Postoperative Care (b) A patient who has observed in the facility by a assistant or practitioner for sufficient to ensure no immecomplications are present. This REGULATION is not	received anesthesia shal registered nurse, physic a period of time which is ediate postoperative	eian	S 554B	The effective date for this rewas June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: Beginning 6/19/12, when the regulation became effective, Physician Assistant was educated the delineation of responsible. As of 6/29/12 LPNs will not scheduled to work at the ASI and unless a waiver request it submitted and granted for the supervision of non-sedated pin the Recovery Room by the If the policy is changed as a the Scheduler will be educated current practice and schedule be monitored. The PPWP ROOVERSIGHT Committee will be informed of the change and to Governing Body will be made of the deficient practice and	urvey une 1, bllowing only the gned to very job sclude and s. The d about lities. be F until is e patients e LPN. result, ed of the es will QM e the	Completion Date: 06/19/2012 Status: APPROVED Date: 07/18/2012

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corrective action.

OF DEFICIENCIES AND RECTION (POC)	` '		A. BLDG: _	00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		933 LIBERTY	AVENUE			
· ·			ID PREFIX TAG	CORRECTIVE ACTION SH	HOULD BE	(X5) COMPLETE DATE
records (MR), and was determined the registered nurse, pure practitioner observes sedation/anesthesis ensure no immediate complications are Findings include: Review of MR2, Morecovery room she practical nurse (LF Interview on May 11:45 AM with EM have an RN. The supervision of the assistant. Telephone interview AM with EMP4 con the supervision of the supervision of the assistant.	staff interview (EMe facility failed to hat hysician assistant or we patients that had rea for a period of time at the postoperative present. MR3, and MR4, reverse was signed by a lie PN). 31, 2012, at approximate prevealed. "We can be compared that EMP8 on June 11, 2012 on firmed that EMP8	aled the icensed mately don't e hysician at 11:55 was	S 554B			
scheduled and wor	ked the recovery roo	om on				
	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. E NUMBER: 00248701 SUMMARY STATEMENT MUST BE PRECEED IDENTI Continued from page 101 Based on observat records (MR), and was determined th registered nurse, p practitioner observ sedation/anesthesis ensure no immedia complications are Findings include: Review of MR2, N recovery room she practical nurse (LH Interview on May 11:45 AM with EM have an RN. The supervision of the assistant. Telephone interview AM with EMP4 co	VIDER OR SUPPLIER: PARENTHOOD OF WESTERN VANIA, INC. E NUMBER: 00248701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION) Continued from page 101 Based on observations, review of media records (MR), and staff interview (EM was determined the facility failed to has registered nurse, physician assistant or practitioner observe patients that had research of the ensure no immediate postoperative complications are present. Findings include: Review of MR2, MR3, and MR4, reverecovery room sheet was signed by a lipractical nurse (LPN). Interview on May 31, 2012, at approxisure 11:45 AM with EMP2 revealed. "We consider the supervision of the physician and the physician and the physician interview on June 11, 2012 AM with EMP4 confirmed that EMP8	VIDER OR SUPPLIER: PARENTHOOD OF WESTERN VANIA, INC. E NUMBER: 00248701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 101 Based on observations, review of medical records (MR), and staff interview (EMP), it was determined the facility failed to have a registered nurse, physician assistant or practitioner observe patients that had received sedation/anesthesia for a period of time to ensure no immediate postoperative complications are present. Findings include: Review of MR2, MR3, and MR4, revealed the recovery room sheet was signed by a licensed practical nurse (LPN). Interview on May 31, 2012, at approximately 11:45 AM with EMP2 revealed. "We don't have an RN. The LPN works under the supervision of the physician and the physician	PARENTHOOD OF WESTERN VANIA, INC. ENUMBER: 00248701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 101 S 554B Based on observations, review of medical records (MR), and staff interview (EMP), it was determined the facility failed to have a registered nurse, physician assistant or practitioner observe patients that had received sedation/anesthesia for a period of time to ensure no immediate postoperative complications are present. Findings include: Review of MR2, MR3, and MR4, revealed the recovery room sheet was signed by a licensed practical nurse (LPN). Interview on May 31, 2012, at approximately 11:45 AM with EMP2 revealed. "We don't have an RN. The LPN works under the supervision of the physician and the physician assistant. Telephone interview on June 11, 2012 at 11:55 AM with EMP4 confirmed that EMP8 was	NUMBER: O0248701 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY STREET ADDRESS, CITY, STATE, ZIP CODE PROVIDERS PLAN OF CORRECTIVE ACTION SI LIBERTY AVENUE PITTSBURGH, PA 15222 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY IDENTIFYING INFORMATION) Continued from page 101 S 554B Based on observations, review of medical records (MR), and staff interview (EMP), it was determined the facility failed to have a registered nurse, physician assistant or practitioner observe patients that had received sedation/anesthesia for a period of time to ensure no immediate postoperative complications are present. Findings include: Review of MR2, MR3, and MR4, revealed the recovery room sheet was signed by a licensed practical nurse (LPN). Interview on May 31, 2012, at approximately 11:45 AM with EMP2 revealed. "We don't have an RN. The LPN works under the supervision of the physician and the physician assistant. Telephone interview on June 11, 2012 at 11:55 AM with EMP4 confirmed that EMP8 was	A BLDG:

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
STATE LICENSE NUMBER: 00248701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554B	Continued from page 102 June 1, 2012.			S 554B			
S 554D				S 554D			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 06/01/2012	EY
PLANNED PENNSYL	VIDER OR SUPPLIER: D PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554D	Continued from page 103 555.24 (d) Surgical Services 555.24 Postoperative Care (d) A medical professicardiac life support shall be on that day have been disch patient receives general ane IV sedation, an anesthetist spatient has been discharged This REGULATION is not	onal certified in advance present until patients of arged from the facility. Is sthesia, regional anesthe hall remain present untifrom the facility.	oerated If a esia or	S 554D	The effective date for this re was June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: staff member completed AC training and is certified. A se staff member is registered for training. The PPWP Recover page is in the process of beir revised to correct this deficiency as deficiency 3250. The being revised for clarity to sufficiently reveal that there ACLS staff present in the facuntil discharge and that the anesthetist was present until patients receiving IV sedation discharged from the facility. finalized form will be present the physicians and physician assistants and they will be ecabout the protocol change by Medical Director. The expect of compliance should be one before 7/13/12. The Surgical Supervisor or designee will a the plan of correction by contar andom chart audit to ensure	survey une 1, ollowing One LS econd or the ery Room ng ency as e form is was an cility on were The nted to ducated y the eted date or I Site monitor nducting	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
						00/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
	E NUMBER: 00248701				1		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG			(X5) COMPLETE DATE
S 554D	Continued from page 104			S 554D			
					is documentation of the ACLS staff and the anesthetist on the revised Recovery Room page is for the next three months. Five charts must be audited/week for a total of 65 charts by October 11, 2012. If the results are less than 100%, it will be determined on October 18, 2012 what additional measures need to be implemented and monitored with ongoing audits. The PPWP RQM Oversight Committee will be informed of the change and the Governing Body will be made aware of the deficient practice and corrective action.		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _ B. WING:	IPLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES	TERN	STREET ADDRESS, 933 LIBERTY	CITY, STATE, Z		00/01/2012	
PENNSYL	VANIA, INC.		PITTSBURGE	1, PA 15222	2		
STATE LICENS	E NUMBER: 00248701				1		T
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554D	Continued from page 105	Continued from page 105		S 554D			
	Based on review of cre	edential files (CF), p	ersonnel				
	files (PF), and staff into	erviews (EMP), it w	as				
	determined the facility	failed to have a pro-	fessional				
	certified in advanced cardiac life support (ACLS) present until patients operated on that day were						
	discharged from the fac	cility and failed to h	ave an				
	anesthetist present unti	l patients receiving	IV				
	sedation were discharg	ed from the facility.					
	Findings include:						
	Review of CF1, CF2, C	CF3, CF4, CF5, CF6	, CF7,				
	CF8, and CF9 revealed	no documentation of	of any				
	employees certified in	ACLS. Further revi	ew				
	revealed no anesthesio	logist or anesthetist.					
	Review of PF1 and PF	114, licensed staff, r	evealed				
	no documentation of st	aff certification in A	CLS.				
	Interview on June 1, 20	012, at 12:00 noon w	ith				
	EMP2 revealed, "The	physician assistant i	s going				
	for ACLS and PALs tra	aining as we speak."					

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.		ΓERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
STATE LICENSE NUMBER: 00248701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINED FROM 1 PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554D	Continued from page 106			S 554D			
S 554F				S 554F			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: D PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS 933 LIBERTY PITTSBURG	Y AVENUE			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX TAG CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE AP		OULD BE	(X5) COMPLETE DATE
S 554F	established for instructing p surgery, including written in shall include the following: (1) The symptoms with procedures performed (2) An explanation including directions for use (3) Limitations an patient, if necessary. (4) Specific phonomation patient, if a complication or (5) Date for follow (6) Instructions or wounds	by the medical staff shatients in self-care after astructions which, at a new soft complications associated any medications. It is number to be used by a question arises. We up or return visit in the care of dressing and in dietary restrictions.	all be ninimum niated gime, tes of the	S 554F	PPWP has taken the following to ensure compliance: The PC Client Information and Instruction, Taking Care of Yourse an Abortion, which is given clients to take home in order for themselves after the abort were revised and approved by medical director to add an instruction that the client material resume normal diet. Revision limitations on activities were necessary because the form a states, "Plan on relaxing for of the day. Don't drive if you any sedation. Most women their normal activities the nebut do NOT do hard work on exercise for several days. Thincludes swimming, lifting he things, bicycling, or jogging finalized form will be present staffs and they will be educated about the form change by the Medical Director. The expect of compliance should be on before 7/13/12. The Surgical Supervisor or designee will the plan of correction by continuous continuous compliance will be continuous.	PPWP ructions elf After to r to care rtion, by the ay ons for e not already the rest ou had return to ext day, r heavy his neavy y." The inted to all atted e cted date or 1 Site monitor	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
PLANNED PENNSYL	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701 (VALID. SLIMMARY STATEMENT OF DEFICIENCIES (EACH F		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY (ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554F	Continued from page 108		r a b l c r a T		a random chart audit to ensure the revised CI is in use for the next three months. Five charts must be audited/week for a total of 65 charts by October 11, 2012. If the results are less than 100%, it will be determined on October 18, 2012 what additional measures need to be implemented and monitored with ongoing audits. The PPWP RQM Oversight Committee will be informed of the change and the Governing Body will be made aware of the deficient practice and corrective action.		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	DE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554F	Based on review of me facility failed to provid included limitations on limitations. Findings include: Review of MR6, MR12 limitations on activities not included in the discurrence with EMP1 PM confirmed the discurrence include instructions for dietary limitations.	2, and MR20 reveales and dietary limitations. on May 31, 2012 at harge instructions dietary districtions dietary limitations.	ed cons were 2:00 id not	S 554F			
S 5551	S 5551			S 5551			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR I			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5551	Continued from page 110 555.31 (a) ANESTHESIA S Anesthesia Services 555.31 Principle (a) Anesthesia ser limited to those techniques t governing body upon recomstaff. They shall be limited to the assigned classification. This REGULATION is not	vices provided in the factinat are approved by the amendation of qualified to those techniques approper ASF licence.	medical	S 5551	The effective date for this rewas June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: The Properties of the provided and approved the agency clinical standards and guidelines for anesthesia service, including policies and procedures for anesthesia techniques at its Emeeting on June 4, 2012. Treated the Certain the corrective action of the corrective action. Monitoring will be done through the discontinuous policies and vP for Operation they are aware of the need to the CEO if any polices relate anesthesia service are changed the CEO is responsible bring policy and procedure changes recommended by the Medical Director to the Governing Betheir review and approval, and monitoring the Governing Betheir review agenda so approval	aurvey 1, 2012. Ing steps PWP Ind Ithe Ithe Is the Board Ithe Boar	Completion Date: 06/04/2012 Status: APPROVED Date: 07/18/2012

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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: 06/01/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)		ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5551	Based on facility documentation of the medical director). Interview on June 1, 20 PM with EMP2 revealed doesn't currently sign of guidelines."	for anesthesia service the medical staff. colicies/procedures rease governing body application of the medical staff of the medical staff of techniques were significant. Ol2, at approximately ed, "The governing bed."	evealed opproval end by 12:00 pody	S 5551	documented in the meeting r	minutes.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
PLANNEI	OVIDER OR SUPPLIER: D PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
STATE LICENS	SE NUMBER: 00248701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5553	TAG IDENTIFYING INFORMATION)			S 5553	The effective date for this re was June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the for steps to ensure compliance: where there is no anesthesion the governing body shall deside a physician or dentist to fund the Director of Anesthesia Swho shall be responsible for directing the anesthesia servestablishing the general policiprocedures for the administrates anesthesia in the ASF which approved by the governing by The PPWP Medical Director appointed by the Board as the Director of Anesthesia Servital 6/4/12. On that date the Board approved the physician anesthesia Servital Point of Anesthesia	burvey ane 1, bllowing In ASFs logist, signate etion as ervices, ices and ation of shall be body. Twas ee ces on rd also thetists ee	Completion Date: 06/04/2012 Status: APPROVED Date: 07/18/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVE COMPLETED: 06/01/2012	EY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 5553	Based on review of factifiles (CF), medical received (EMP), it was to ensure that anesthetic anesthetist or dental and Findings include: Review of policies and the need for anesthetic an anesthetic an anesthesiologist, CRN. Review of credential file anesthesiologist, CRN. Review of MR6, MR1: patients received conseived conseived and manual patients received conseived and manual patients received conseived and manual patients. Interview on May 31, 22 PM with EMP1 confirman anesthesiologist, CRN.	ords (MR), and staff as determined the factors were administered retrified registered materials. I procedures failed to agents to be administed agents to be administed failed to reveal a A, or dental anesthet 2, MR20 revealed the cious sedation for the 2012, at approximate med the facility does	cility failed d by curse o reveal stered by hetist. e eir	S 5553			

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG:00 B. WING:		COMPLETED: 06/01/2012				
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	MUST BE PRECEED	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 5553	Continued from page 114			S 5553					
S 5557	555.33 (b) Anesthesia Policies and Procedures (b) In ASF's where there is no anesthesiologist governing body shall designate a physician to function as the Director Anesthesia Services, who shall be responsible for directing the anesthesia services and establishing the general policies and procedures for the administration of anesthesia in the ASF which be approved by the governing body. This REGULATION is not met as evidenced by:		tor of	S 5557	The effective date for this rewas June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: The Governing Board appointed PPWP Medical Director as I of Anesthesia Service at its J 2012 Board of Directors med This responsibility is documenthe Medical Director's signed description. Compliance will be monitored CEO who will notify the Go Board of any change in the M Director and be responsible making sure the Governing I appoints another physician a Director of Anesthesia if the position is vacant. The PPWP RQM Oversight Committee will be informed change and the corrective actaken.	survey 1, 2012. ng steps the Director June 4, eting. ented in d job ed by the verning Medical for Board as	Completion Date: 06/04/2012 Status: APPROVED Date: 07/18/2012		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 06/01/2012	ΞY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 5557	Based on review facility (CF), and staff interview the governing body fair function as the Director be responsible for direct and establishing the get for the administration of Findings Include: Review on June 1, 201 "Bylaws of Planned Parennsylvania, Inc" revents physician to function a Services. Review of CF1, CF2, Cand CF8 revealed no in physician assigned to fanesthesia Services. Interview on June 1, 201 PM with EMP2 revealed description. [He/she] with the staff of the sta	ew (EMP), it was detabled to designate a phar of Anesthesia Serveting the anesthesia seneral policies and prof anesthesia in the A2, of the March 9, 20 arenthood of Westerroealed no designations the Director of AnaccF3, CF4, CF5, CF6 dentification of of a function as the Director of AnaccF3, at approximateled, "It will be in the	rermined hysician to rices, to services rocedures ASF. 011, non of a esthesia 6, CF7, any tor of y 12:15	S 5557			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: A. BLDG: _00 B. WING: 06/01/2012			ΣY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			933 LIBERTY PITTSBURGI	AVENUE			
(X4) ID PREFIX TAG	4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D EFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5557	Continued from page 116 the [governing body] n	neeting on Monday 1	night."	S 5557			
S 5559				S 5559			

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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: 06/01/2012		
PLANNED PENNSYL	VIDER OR SUPPLIER: D PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	933 LIBERTY PITTSBURGI	AVENUE			
(X4) ID PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5559	following:	and procedures ares shall provide at leas iring anesthesia shall ha a practitioner, with of pertinent information thesia.	ve a	S 5559	The effective date for this re was June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: PPWP Operative Report is in process of being revised and Sedation Record is being crecorrect this deficiency as we deficiencies 551A, 551E, 55 6413. The physicians and ph assistants will be advised to document that the clients ele their type of sedation, as is that the PPWP facility, along we current practice of document pre-anesthesia assessment for anesthesia contraindications. finalized form will be present the physicians and physicians assistants by the Medical Din The expected date of complishould be on or before 7/13/ Surgical Site Supervisor or will monitor the plan of correct conducting a random chart a ensure documentation that each why the type of anesthesia we chosen for the patients for the	survey une 1, following The n the la new eated to ell as f2E and hysician ected the case with the ting the or . The nted to n rector. iance f12. The designee rection by undit to explains vas	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY CONTROL IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5559	Continued from page 118			months after sedation services resume. Five charts must be audited/week for a total of 65 charts by October 11, 2012. If the results are less than 100%, it will be determined on October 18, 2012 what additional measures need to be implemented and monitored with ongoing audits. The PPWP RQM Oversight Committee will be informed of the change and the Governing Body will be made aware of the deficient practice and corrective action.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, 933 LIBERTY PITTSBURGE	CITY, STATE, Z	MP CODE:	00/01/2012	
STATE LICENS	E NUMBER: 00248701						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5559	Continued from page 119			S 5559			
	Based on review of me interview (EMP), it was pre-anesthesia evaluation received anesthesia did information regarding three of three medical of MR20). Findings include: Review of MR6, MR12 patients received conscipreanesthesia evaluation explain why that type of those patients. Interview on June 1, 20 EMP2 confirmed the diwhy the type of anesthe patients.	on for the patient that I not contain pertinent the choice of anesther records (MR6, MR1). 2, MR20, revealed the choice sedation and the choice sedation was chost of sedation was chost of 212, at 12:25 PM with occumentation did not consider the choice of the choice o	at nt esia for 2, and ne e id not en for th ot explain				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5559	Continued from page 120			S 5559			
S 5564				S 5564			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS 933 LIBERTY PITTSBURG	Y AVENUE			
(X4) ID PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5564	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF		t the g shall by pulse nitoring	S 5564	The effective date for this re was June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: PPWP medical protocol was to require EKG monitoring of sedation procedures. The opereport and the Recovery Rocare in the process of being refor documentation of EKG monitoring. EKG machines purchased and are on site. The scheduled to be inspected by biomedical company on 7/12 Sedation services are not being provided until all above are implemented and physicians physician assistants are educand trained to operate the equipment. The expected data compliance is 7/24/12. The Site Supervisor or designer monitor the plan of correction conducting a random chart at three months after resuming sedation services to ensure the documentation in the medicat that the EKG Monitoring was	survey une 1, ollowing The s revised during erative om form evised were hey are / a 2/12. ing s and cated te of Surgical will on by udit for here is al record	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5564	Continued from page 122			S 5564	applied. Five charts must be audited/week for a total of 65 by October 11, 2012. If the r less than 100%, it will be det on October 18, 2012 what at measures need to be implement and monitored with ongoing The PPWP RQM Oversight Committee will be informed change and the Governing B be made aware of the deficie practice and corrective actions.	5 charts results are termined iditional ented audits. of the ody will ent	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	R: A. BLDG: <u>00</u>		PLE CONSTRUCTION:	COMPLETED:				
				B. WING.		00/01/2012				
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	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE			
S 5564	Continued from page 123			S 5564						
	Based on review of fac	cility documents, me	dical							
	records (MR), and staf	f interview (EMP), i	t was							
	determined the facility	staff failed to provide	de							
	intraoperative physiolo	ogic monitoring that	included							
	the use of EKG monito	oring.								
	Findings include:									
	Review of facility poli	cies did not include	the need							
	for EKG monitoring di	uring procedures.								
	Review of MR6, MR1	2, MR20 revealed th	e							
	patients received consc	cious sedation for the	e							
	procedure and there wa	as no documentation	that							
	there was EKG monito	oring during the proc	edure.							
	Interview on June 1, 20	012, at 12:25 PM wi	th							
	EMP2 when asked if the	nere was EKG moni	toring							
	during the procedures	revealed, "Not yet.	We are							
	trying to decide which	one to get." EMP2	further							
	stated at 12:30 PM, "I	t is not required in the	ne current							
	protocol."									

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.		STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE				
STATE LICENSE NUMBER: 00248701							
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5564	Continued from page 124			S 5564			
S 5710				S 5710			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	ER: A. BLDG:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
				B. WING: _		06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5710	Continued from page 125 557.1 CHAPTER 557 - QA 557.1 Policy The ASF, with active pursing staff, shall conduct and improvement program of systematically monitor and evaluate the quality and care, pursue opportunities to patient care and resolve identification. This REGULATION is not	participation of the medi an ongoing quality assur- designed to objectively a appropriateness of pation improve ntified problems.	cal and rance and	S 5710	The effective date for this rewas June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: for Operations is in the proceder reviewing and revising the compliance of PPWP OSHA Compliance Performed the control plan to include additional health and an econtrol plan to include additional health and are control. Infections are being reported and are included in complications statistics for ephysician. It has been the state practice at PPWP for the Medical Director to review the statist quarterly and discuss them and PPWP RQM Oversight Commetting quarterly. The physical review their own statistics quas well. The RQM Coordinal be notified the future the RQ minutes must contain more composited about the items reviewed and discussed so that it is more of for compliance surveys. The will be monitored by the Medical states and the states of the s	courvey ine 1, following The VP ess of current drogram exposure cional cion in the each chadard dical cics t the cumttee cicians carterly tor will eM detail d d obvious minutes	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			A. BLDG:00		(X3) DATE SURVE COMPLETED: 06/01/2012	EY	
PLANNED PENNSYL	NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	EFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	(X5) COMPLETE DATE		
S 5710	Continued from page 126			S 5710	Director for the next year, even by her initialing them. The endate of compliance is 7/13/12 PPWP RQM Oversight Commow will be informed of the change the Governing Body will be aware of the deficient practice corrective action.	xpected 2. The amittee ge and made	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 5710	Based on review of inf provided by the facility was determined the fact of the medical and nur ongoing quality assurated program (QA) designed systematically monitor appropriateness of pation opportunities to improvidentified problems. Findings include: Review of QA document that the facility did not Interview on June 1, 20 revealed, "We don't has	y and staff interview cility with active part sing staff failed to conce and improvement d to objectively and and evaluate the qualent care and pursue we patient care and reserve patient care and reserve to June 1, 2012 thave an infection could at 11:30 am with	(EMP), it ticipation onduct an ality and esolve revealed ontrol plan. h EMP2	S 5710			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
PLANNEI	OVIDER OR SUPPLIER: O PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
STATE LICEN	SE NUMBER: 00248701						
(X4) ID PREFIX TAG	MUST BE PRECEED!		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 574A	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINATION) 557.4 (a)(1-4) Quality Assurance & Improvement Committee (a) The committee shall consist of the following (1) A practitioner who is not an owner, (2) A representative of administration, (3) A registered nurse, (4) Other health care personnel, as appropriate that the state of the service of th		ee g:	S 574A	The effective date for this re was June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: intends to submit a waiver repermit a physician assistant on the committee to be consiwith the waiver already granthe PA DOH for a physician assistant to supervise sedatic clients and to be the PALS costaff on the premises when mare in the facility at PPWP rathan an RN with the justificatit would be a higher standard We will monitor that the PA part in RQM activities and in attendance at the RQM Over Meetings by having the Meet Director initial the meeting minutes. The Governing Bod made aware of the deficient and corrective action.	survey une 1, ollowing PPWP equest to to serve istent ited by on ertified ninors ather ation that d of care. is taking n rsight lical	Completion Date: 06/22/2012 Status: APPROVED Date: 07/19/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/01/2012	EY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 574A	Based on review of the interview (EMP), it was to include a registered Assurance and Improve Findings include: Review of the quality a minutes revealed there the committee. Interview on June 1, 20 confirmed there was no revealed, "The PA [ph committee.	nurse on the Quality ement Committee. assurance plan and n was no registered not be provided by the part of the committee of RN on the committee of the part of t	neeting urse on n EMP2 tee and	S 574A			
S 574B				S 574B			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
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 PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 574B	quality assurance program, (2) Reviewing cre (3) Reviewing tiss (4) Reviewing inf	nd Improvement Commins shall include: ta submitted as part of to dentials, sue examination reports, ection control program, e standards of practice in	ttee	S 574B	The VP for Operations is in process of revising the curre PPWP OSHA Compliance PThe PPWP policies for occuphealth will be updated to incipan for tracking staff illness trending purposes to identity potential infections in the work Staff will be educated about revisions in the new plan by for Operations. PPWP already tracks infection related to the abortion proced. The Medical Director and the Safety Committee reviews a of infection and the Risk and Management Oversight Commerceives those reports. A revithe standards of practice will documented in those cases go forward and The minutes we monitored by the Medical D for the next year, evidenced initialing them. The expected compliance is 7/13/12. The IRQM Oversight Committee informed of the change and to Governing Body will be made of the deficient practice and	ort Program. pational lude a ses for orkplace. the the VP ons dure. e Patient ll cases d Quality nmittee iew of l be oing ill be irector by her d date of PPWP will be the	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 574B	Based on review of factinterview (EMP), it was assurance committee factorial program. Findings include: Review of the quality aminutes on June 1, 201 inclusion of the infection Interview on June 1, 20 EMP2 revealed, "We dinfections."	s determined the quantiled to review the infinite assurance plan and construction control program.	ality nfection committee e	S 574B	corrective action.		

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PLAN OF CORRECTION (POC) CATTERIOR OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG:00_ B. WING:		COMPLETED: 06/01/2012		
PLANNED PENNSYL	OVIDER OR SUPPLIER: D PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(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 CORRECTION (EAC CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETE DATE
S 593A	559.3 (a) Nursing Personnel (a) An adequate numb personnel shall be on duty to meet the total nursing needs number of patients in the faculass B and Class C ASF's to pediatric patients shall hadocumented experience in tipatients. This REGULATION is not	per of licensed and assist o assure that staffing lever of patients based on the cility and their individual which provide surgical states are nursing staff with the postoperative care of	vels e al needs. services	S 593A	The effective date for this re was June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fe steps to ensure compliance: training addendum was creatit will be reviewed by the M Director and added to the pefile of the existing Physician Assistant at PPWP on 6/26/1 PPWP credentialing form fo licensed staffs was revised to include the documentation of postoperative care of pediatripatients for new PA and RN going forward. Compliance monitored by human resource by adding this training requite to the HR checklist used to rethe documents included in the personnel file and verify that required information was ob The CEO will monitor computationally the personnel file. The PPWP RQM Oversight Committee will be informed change and the Governing Be made aware of the deficies practice and corrective actions.	survey une 1, collowing A ted and edical resonnel 12. The r co f ric hires will be eses staff rement monitor ne t ttained. colliance he tion in	Completion Date: 06/26/2012 Status: APPROVED Date: 07/18/2012

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***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _		(X3) DATE SURVEY COMPLETED:	
				B. WING: _		06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 593A	Continued from page 133			S 593A			
	,		nined the e that the we care of ient realed, ormed for ortion order age failed to rience in				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/01/2012	EY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 593A	Continued from page 134			S 593A			
S 6128	3 6128			S 6128			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
				B. WING:		06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6128	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 135 561.15 Locked Storage Special locked storage space shall be provided to meet requirements for storage of controlled substances, alcohol and other prescribed drugs as set forth in Chapter 25 (relating to controlled substances, drugs, devices and cosmetics) and 49 Pa Code 27.16 (4) and 27.17 (relating to construction requirements and security for Schedule II controlled substances). This REGULATION is not met as evidenced by:		lcohol 5 d ating to	S 6128	REFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		Completion Date: 06/22/2012 Status: APPROVED Date: 07/18/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012			
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	933 LIBERTY	ET ADDRESS, CITY, STATE, ZIP CODE: LIBERTY AVENUE TSBURGH, PA 15222					
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
S 6128	Continued from page 136			S 6128	Governing Body will be made of the deficient practice and corrective action.	le aware			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/G PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:		
				b. wind		06/01/2012	
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6128	Continued from page 137			S 6128			
	Based on observations.	, review of facility					
	documents, and staff ir	•	/as				
	determined the facility	failed to provide sp	ecial				
	locked storage space of	ces as set					
	forth in Chapter 25 dur	rooms					
	were unoccupied by sta	aff.					
	Findings include:						
	Observation of the trea	tment room on May	31,				
	2012, at approximately	1:45 PM revealed v	ersed				
	and fentanyl that were	not double locked.					
	Interview on May 31, 2	2012, at approximate	ely 1:45				
	with EMP7 confirmed	that the versed and	fentanyl				
	were not double locked	1.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:	(X3) DATE SURVEY COMPLETED: 06/01/2012
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.		STREET ADDRESS, O 933 LIBERTY PITTSBURGH		

STATE LICENSE NUMBER: 00248701

(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
S 6400	There shall be written policies and procedures which specify who has access to medical records, under what conditions records may be removed from the ASF, and under what conditions medical record information may be released. Medical records are the property of the ASF, and they may not be removed from the premises except for court purposes. Copies may be made available for authorized purposes, such as insurance claims and practitioner review. This REGULATION is not met as evidenced by:	S 6400	The effective date for this regulation was June 19, 2012, and the survey took place on May 31 and June 1, 2012. On those dates PPWP did have a policy and procedure outlining under what conditions the medical record could be removed from the premises. The PPWP policy did not restrict the removal of medical records from the premises except for court purposes. PPWP has taken the following steps to ensure compliance: The PPWP protocol was revised on 6/18/12. All staffs will be educated by 7/13/12 and adherence to the revised policy will be monitored by logging the date that the original record was removed from the premises for court and the return date. The Clerical Coordinator who is responsible for the medical records storage will be charged with maintaining the log and ongoing monitoring to make sure that the only reason records are removed are for court purposes. The PPWP RQM Oversight Committee will be informed of the change and the Governing Body will be made aware of the deficient practice and corrective action.	Completion Date: 06/18/2012 Status: APPROVED Date: 07/19/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012		
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6400	Based on review of facility documents, and staff interview (EMP), it was determined the facility fato have a policy and procedure outlining under who conditions the medical record could be removed from the premises. Review of medical record policies on June 1, 201 failed to reveal any policy restricting the removal medical records from the premises except for coupurposes. Interview on June 1, 2012, at 2:20 PM with EMP2 confirmed the lack of a policy addressing this issue.		nder what noved 1, 2012 emoval of for court	S 6400			
S 6407				S 6407			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
S 6407	Continued from page 140 563.12 (6) Form and Content of The ASF shall maintain record for each patient. Each legible and promptly completed. Patient to stand alone and be easily Medical records must include (6) Entries related to an This REGULATION is not	f record n a separate medical h record shall be accurat t medicals shall be considentified as ASF record te at least the following nesthesia administration	tructed ds.	S 6407	PPWP has taken the following to ensure compliance: the PFO Operative Report is in the proper being revised and a new Sed Record are being created to a this deficiency as well as deficiencies 551A, 551E, 55 and 6413. The Sedation Record provide clarity to accurately that the anesthetist administed anesthesia/sedation. The finate form will be presented to the physicians and they will be about the form change by the Medical Director. The expect of compliance should be one before 7/13/12. The Surgical Supervisor or designee will a the plan of correction by contain a random chart audit to ensure Sedation Record is in use with complete documentation; to the documentation of which person administered the medical for three months after sedations ervices resume. Five charts audited/week for a total of 6 by October 11, 2012. If the reless than 100%, it will be determined to the second of the design of the plan of the plan of the charts audited/week for a total of 6 by October 11, 2012. If the reless than 100%, it will be determined to the plan of the plan	PWP Pocess of ation correct 2E, 5559 ord will reflect ered alized eted date or I Site monitor aducting re the th confirm staff lication on must be 5 charts results are	Completion Date: 07/13/2012 Status: APPROVED Date: 07/19/2012

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PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012			
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
S 6407	Continued from page 141			S 6407	on October 18, 2012 what ad measures need to be impleme and monitored with ongoing The PPWP RQM Oversight Committee will be informed change and the Governing B be made aware of the deficie practice and corrective action	ented audits. of the ody will		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012		
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC. E NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6407	Based on review of me interview, it was determined and medication sedation during proced determined which of the operative documentation medications. Interview on June 1, 20 confirmed it was unable documentation which sthe medication.	mined the facility fair ds that accurately re- thesia/sedation. 2, MR20, revealed the as administered for oures. It was unable the two people signin- on administered the 012, at 2:25 PM with the to be determined for	elled to effected he conscious to be g the n EMP1 From the	S 6407			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
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 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	
S 6413	563.13 (a) Entries	S 6413		Completion	
	Costa (w) Zhares	0 0110	PPWP has taken the following steps	Date:	
	563.13 Entires		to ensure compliance: the PPWP	07/13/2012	
			Operative Report is in the process of	Status:	
	(a) Entries in the record shall be dated and		being revised to correct this	APPROVED	
	authenticated by the person making the entry.		deficiency as well as deficiencies	Date:	
			551A, 551E, 552E, 5559 and 6407. The	07/19/2012	
	This REGULATION is not met as evidenced by:		form is being revised for clarity to		
			sufficiently reveal that the physician		
			administers all medications. The		
			finalized form will be presented to		
			the physicians and they will be		
			educated about the form change by		
			the Medical Director. The expected		
			date of compliance should be on or		
			before 7/13/12. The Surgical Site		
			Supervisor or designee will monitor		
			the plan of correction by conducting		
			a random chart audit to ensure the		
			revised operative reports are in use		
			for the next three months. Five		
			charts must be audited/week for a		
			total of 65 charts by October 11,		
			2012. If the results are less than		
			100%, it will be determined on		
			October 18, 2012 what additional		
			measures need to be implemented		
			and monitored with ongoing audits.		
			The PPWP RQM Oversight		
			Committee will be informed of the		
			change and the Governing Body will		
			be made aware of the deficient		
			practice and corrective action.		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. E NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6413	Based on review of me interviews (EMP), it was in the medical record wathenticated by the period of	ras determined that a vere not dated and erson making the ent 2, MR20 on June 1, 2 procedure notes on atures of two staff pointed from the ministered medication 212, at 2:25 PM with the to be determined from the	Il entries ry. 2012 a form ersons. It ons. n EMP1 from the	S 6413			

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE			A. BLDG: _	<u>00</u>	COMPLETED: 06/01/2012		
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. ENUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	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 A	OULD BE	(X5) COMPLETE DATE
S 6614	565.16 Facilities If radiology services are provided by the ASF, adequate space, equipment and supplies shall be provided to perform the volume of work with optimal accuracy, precision, efficiency and safety. This REGULATION is not met as evidenced by:		S 6614 The effective date for this rewas June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the f steps to ensure compliance: architect has conferred with representative of the Division Safety Inspection about this regulation at length. PPWP to seek exceptions to the Guirequirements of minimum of room sizes. PPWP will follow compliance timeline submitting June 11, 2012 to achieve full		Survey une 1, Collowing PPWP's a n of intends idelines perating ow the ed on	Completion Date: 12/19/2012 Status: APPROVED Date: 06/28/2012	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVI COMPLETED: 06/01/2012	EY
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY (TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6614	Based on observations was determined that the adequate space to perform optimal accuracy, precomplete observation on May 3 1:45 PM revealed that fifth floor was 117 square Interview on May 31, 2 PM with EMP4 confirm were completed in the	e facility failed to prom the volume of wision, efficiency and 1, 2012, at approxime Exam room 1 locate are feet. 2012, at approximate med that ultrasound	rovide vork with I safety. nately ed on the ely 1:45	S 6614			
S 6732				S 6732			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
PLANNED PENNSYL	VIDER OR SUPPLIER: D PARENTHOOD OF WES' VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY (TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6732	age appropriate equipment for the types of p the recovery area shall be adequately equipped for postanesthesia recovery of surgical patients. All equ age and size appropriate for the patients treated. The available in the operating suite and recovery area:	nipment all be adequately equipperocedures to be performed the proper care of the proper and supplies share following equipment states and defibrillator - restriction and defibrillator - restrictions are related to the states of the states are related to the states of the states o	ned and all be hall be quired	S 6732	The effective date for this rewas June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: In purchased cardiac monitors a defibrillators for the remaining procedures rooms and the recommendate and the cardiac monitors are done in the defibrillators are defibrillators are defibrillators. The defibrillators are defibrillators a	urvey une 1, ollowing PPWP and ng covery currently tors heduled ral sible for informed ndition ic day. Il be omedical ent is as	Completion Date: 06/29/2012 Status: APPROVED Date: 07/18/2012

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012		
				B. WING.		00/01/2012		
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE				
STATE LICENS	E NUMBER: 00248701							
(X4) ID PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR LSC			ID PREFIX TAG	CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAT		
S 6732	Continued from page 148			s 6732				
	Based on observations	and staff interview ((EMP), it					
	was determined the fac		` , , , ,					
	monitor and defibrillate	or available in each	operating					
	room and the recovery	area.						
	Findings include:							
	Observations on May 3	31, 2012, at approxir	nately					
	1:45 revealed one card	iac defibrillator with	1					
	monitoring capability l	ocated between the	operating					
	rooms and the recovery	y area.						
	Interview on June 1, 20	012, at 2:55 PM with	n EMP2					
	confirmed the facility of	currently only had or	ne					
	defibrillator capable of	cardiac monitoring	so there					
	was not one in each op	erating room and rec	covery					
	room.							

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 06/01/2012	D:	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. E NUMBER: 00248701	TERN	STREET ADDRESS. 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
S 6732	Continued from page 149			S 6732				
S 6734	567.11 (7) Operating Suite Equipment The operating suite shall be adequately equipped with age appropriate equipment for the types of procedures to be performed and the recovery area shall be adequately equipped for the proper care of postanesthesia recovery of surgical patients. All equipment and supplies shall be age and size appropriate for the patients treated. The following equipment shall be available in the operating suite and recovery area: (7) Tracheostomy and necessary pulmonary reexpansion supplies This REGULATION is not met as evidenced by:		all be	S 6734	The effective date for this rewas June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fosteps to ensure compliance: Tracheostomy and pulmonar reexpansion supplies were of for the procedure rooms and recovery room. The pulmonar reexpansion supplies are on stracheostomy supplies are on stracheostomy supplies were backordered and the expecte of delivery is 7/1/12. Upon a equipment, staffs responsible using the equipment will be informed. Those staffs and purchasing staffs were educated about equipment requirement. As Fincluding the location of equipment. An equipment che performed monthly for extended and purchasing needs.	survey une 1, ollowing ry rdered the ary site. The ed date arrival of e for ated atts in the of the neck will	Completion Date: 07/01/2012 Status: APPROVED Date: 07/18/2012	

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***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6734	(EMP), it was determined have required equi- operating suite and Findings include: Observations on Mapproximately 1:4 tracheostomy or no reexpansion supplications. Interview on June EMP2 confirmed to equipment. "We a	ions and staff interviermined the facility from the property available in the facility of the recovery room. May 31, 2012 at 5 PM failed to reveat ecessary pulmonary ites available in the of 1, 2012, at 2:55 PM the facility did not have trying to find out to me investigating."	ailed to the l any perating with ave the	S 6734			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
STATE LICENS (X4) ID PREFIX TAG	E NUMBER: 00248701 SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6734	Continued from page 151		S 6734				
S 6747	The ventilation system shall be inspected and maintain accordance with the written maintenance schedule ensure that a properly conditioned air supply meeting minimum filtration, humidity and temperature require is provided in critical areas such as the surgical and recovery suites under Chapter 571 (relating to construction standards). This REGULATION is not met as evidenced by:		e to ng irements	S 6747	The effective date for this rewas June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fisteps to ensure compliance: staffs have been and are currimonitoring the temperature a humidity and keeping a log to document that temperature a humidity are appropriate in procedure rooms and recove and when staffs suspect atmospheric changes. The quassurance check or monitoring which is the responsibility of Surgical Site Supervisor or chas been added to the PPWP and Quality Management selof daily activities in the worl PPWP intends to seek excepthe Guidelines requirements 2012. PPWP will follow the compliance timeline submitt June 11, 2012 to achieve full	survey une 1, Collowing PPWP rently and to und ry daily uality ng f the designee P Risk hedule k plan. tions to in June e ed on	Completion Date: 12/19/2012 Status: APPROVED Date: 07/19/2012

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compliance by December 19, 2012.

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. E NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY (TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Based on review of factinterview (EMP) it was to ensure that temperat maintained in the surgiprovide a properly confindings include: Review of facility docu 2012, at approximately documentation that the met properly condition Interview on May 21, 2 PM with EMP 7 confindocumentation of tempsurgical and recovery as	s determined the facture and humidity was cal and recovery suiditioned air supply. The surgical and recover ed air supply. 2012 at approximate med there was no perature and humiditioned aux and recover ed air supply.	ility failed as ites to June 1, eveal any ery areas	S 6747			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6916	569.32 Fire Inspection 569.32 Fire Inspection The ASF shall request local fire department. This REGULATION is not	an annual inspection by met as evidenced by:	its	S 6916	The effective date for this re was June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: A fire inspection of the faclity was completed by the local fire department on June 25, 2012. Compliance with the annual inspection will be monitored the annual quality management calendar which lists all requires compliance issues, when the be completed and the staff me who is responsible for compute task. The Risk and Quality Management Coordinator was responsible for adding this requirement to the list, monity completion and reporting to Management Committee. The PPWP RQM Oversight Committee will be informed corrective action taken and to Governing Body will be informed.	fire a through ent ired by must nember aleting atty ill be toring its the Risk	Completion Date: 06/25/2012 Status: APPROVED Date: 07/18/2012	

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the deficiency and its resolution.

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY (TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6916	Based on review of factinterview (EMP), it was to request an annual indepartment. Findings include: Review of documents pregarding fire safety fadocumentation of a request by the local fire department. Interview on June 1, 20 PM with EMP1 confirm requested an annual insequence of the safety factors.	provided by the facility for an annual in ment.	cility failed I fire Lity Inspection y 3:30 not	S 6916			
S 7100				S 7100			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		ΓERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 155 571.1 CHAPTER 571 - Con 571.1 Minimum Standards ASF construction shall latest edition of the "Guidel: Construction of Hospital and published by the American Architects/Academy of Architects/Academy of Architects/Academy of Standard facilities. In the alternative, construction guidelines for sprocedures as listed in appear replacement work is perform new work or additions shall for new construction. This REGULATION is not	be in accordance with tines for Design and d Health Care Facilities, Institute of hitecture for Health inclifor various outpatient a facility shall meet the specified types of surgicindix A. Where renovationed within an existing facomply with the require	" as uding al on or acility, all	S 7100	The effective date for this rewas June 19, 2012, and the stook place May 31 and June PPWP has taken the following to ensure compliance: 1. Procedure room sizes: The effective date for this regulated June 19, 2012, and the surver place on May 31 and June 1, PPWP has taken the following to ensure compliance: PPWP architect has conferred with representative of the Division Safety Inspection about this regulation at length. PPWP to seek exceptions to the Guirequirements of minimum operior sizes. 2. Cubicle curtains: The effect date for this regulation was June 1, 2012, and the survey took plenday 31 and June 1, 2012. Putaken the following steps to compliance: PPWP is in the of conferring with its archited discuss possible options for installing cubicle curtains for privacy, and will have further	survey 1, 21012. ng steps e tion was by took 2012. ng steps P's a n of intends idelines perating ective June 19, ace on PWP has ensure process ect to r patient	Completion Date: 12/19/2012 Status: APPROVED Date: 07/18/2012

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION: _00	(X3) DATE SURVE COMPLETED: 06/01/2012	ΣΥ
PLANNED PENNSYL	VIDER OR SUPPLIER: D PARENTHOOD OF WESVANIA, INC.	STERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 156			S 7100	conversations with the Divis Safety Inspection upon furth planning related to this item. 3. Scrub sinks: The effective this regulation was June 19, and the survey took place on 31 and June 1, 2012. PPWP taken the following steps to compliance: PPWP's architectonferred with a representative the Division of Safety Inspectabout this regulation at length PPWP sought an exception to requirement on April 30, 20 the Department deferred decentrated that request by letter dated J. 2012. PPWP intends to subfurther information to the Department in support of its exception request. 4. Double locked storage for controlled substances: The educed for this regulation was 3. 2012, and the survey took pl. May 31 and June 1, 2012. Pataken the following steps to compliance: Beginning 6/22.	e date for 2012, and May Phas ensure ect has ive of ction th. to the 12, and cision on une 1, mit a pending or effective June 19, lace on PPWP has ensure	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/01/2012	Y
PLANNED PENNSYL	VIDER OR SUPPLIER: D PARENTHOOD OF WES' VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 157			S 7100	fanny pack was worn by all physicians during clinic hour contains controlled substance included in this citation. Both fentanyl and versed are not be offered to patients and will, therefore, are stored under delock at all times. The fanny pube used until a locksmith altocrash cart to include a second the drawers where narcotics stored at which time staffs responsible for the security of controlled substances will be educated about the new procent The Surgical Site Supervisor designee will monitor by doin ongoing random crash cart inspections to ensure that the controlled substances are doingoing to ensure tha	es not h being ouble oack will ers the d lock are of e edures. f or ing e uble lity ed to the es	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	ΣΥ
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 7100	Continued from page 158			S 7100	corrective action. 5. Clean/dirty work rooms: T effective date for this regulat June 19, 2012, and the survey place on May 31 and June 1, PPWP has taken the followir to ensure compliance: PPWI architect has conferred with a representative of the Division Safety Inspection about this regulation at length. PPWP is process of conferring with its architect to discuss possible alterations to the health center satisfy the requirements for the separation of clean and dirty, workrooms. PPWP's architect engage in further conversation the Division of Safety Inspective upon the development of a process the Guidelines require and if necessary, may seek life exceptions from the Guideling furtherance of a renovation of alteration that is agreeable to Division of Safety Inspection While this process continues will review with its staff the	tion was y took 2012. ng steps P's a n of is in the s feasible er to the /soiled ct will ons with ction lan the ments, mited nes in or o the h.	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	ΣY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 159			S 7100	infection protocols for handl soiled, clean and sterile instrand avoiding cross-contamin. The quality assurance commbe tasked with reviewing this protocol and recommending necessary improvements at it meeting. 6. Monitoring humidity and ventilation in sterile storage: effective date for this regulat June 19, 2012, and the survey place on May 31 and June 1, PPWP has taken the followir to ensure compliance: Hum temperature monitors will be purchased and implemented autoclave area where wrappes supplies are stored on 6/26/2 log will be maintained to dot that temperature and humidit appropriate in the area where packages are kept. The PPW Oversight Committee will be informed of the change and to Governing Body will be mad of the deficient practice and corrective action.	The tion was y took , 2012. ng steps aidity and e in the ed sterile 2012. A cument ty are e sterile 20 RQM e the	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	: A. BLDG:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
				B. WING: _		06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
STATE LICENSE NUMBER: 00248701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 7100	Continued from page 160			S 7100	7. Ceiling coverings: The eff date for this regulation was J 2012, and the survey took pl May 31 and June 1, 2012. P taken the following steps to compliance: PPWP's archite conferred with a representati the Division of Safety Inspectabout this regulation at lengt PPWP is in the process of cowith its architect to discuss pfeasible alterations to its hear center to satisfy the requirem PPWP's architect will engage further conversations with th Division of Safety Inspection the development of an accep solution. PPWP intends to slimited exceptions from the Guidelines as necessary in furtherance of a renovation calteration that is agreeable to Division of Safety Inspection 8. Floor coverings: The effect date for this regulation was J 2012, and the survey took pl May 31 and June 1, 2012. P	fune 19, ace on PWP has ensure ect has eve of ection th. enferring eossible lth enents. e in ee n upon etable eek or o the n. etive fune 19, ace on	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED: 06/01/2012	ΣΥ
PLANNED PENNSYL	VIDER OR SUPPLIER: D PARENTHOOD OF WES' VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGH	AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 161			S 7100	taken the following steps to compliance: PPWP's archite conferred with a representati the Division of Safety Inspectabout this regulation at lengt PPWP is in the process of cowith its architect to discuss p feasible alterations to its hear center to satisfy the requirem PPWP's architect will engage further conversations with th Division of Safety Inspection the development of an accep solution. PPWP intends to solution. PPWP intends to solution. PPWP intends to solution in the Guidelines as necessary in furtherance of a renovation of alteration that is agreeable to Division of Safety Inspection. 9. Door width and toilet room The effective date for this regwas June 19, 2012, and the stook place on May 31 and Ju 2012. PPWP has taken the fisteps to ensure compliance: is in the process of conferring its architect to discuss possible options, and will have further	ct has ve of ction h. nferring possible lth hents. e in e n upon table eek or the n. n doors: gulation urvey ne 1, ollowing PPWP g with ble	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012		
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,			00/01/2012	
PLANNED	PARENTHOOD OF WES	TERN	933 LIBERTY	AVENUE			
PENNSYL	VANIA, INC.		PITTSBURGE	I, PA 1522	2		
STATE LICENS	E NUMBER: 00248701						
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 162			s 7100			
					conversations with the Divis Safety Inspection upon furth planning related to this item. The PPWP RQM Oversight Committee and the Governing will be updated on all the state all of these deficiencies and corrective actions. PPWP will follow the completimeline submitted on June 1 to achieve compliance as indicated by December 19, 2012.	ng Board atus of	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 7100	Based on review of the Guidelines for Design and Health Care Facilir interview with staff (Ethe facility failed to encurrent construction guiderent construction guiderent for Design and Construction Guiderent Facilities revealed Operating Rooms. Operequirements as descrit (Ambulatory Operating requirements. Class Beminimum clear floor as square meters) with a run 15 feet (4.57). 3.7-3.3.3 arrangement shall permof 3 feet 6 inches (1.07) head, and the foot of the	and Construction of ties, observation, and MP), it was determined as with a delines. Ent edition of the Guaction of Hospital and, "3.8-3.3 (Ambulated in Section 3.7-3.5 g Rooms3.7-3.3.1. operating rooms shall rea of 250 square feed minimum clear dimed 3.2 Clearances. Room it a minimum clear dimed and minimum clea	Hospital d hed that h the idelines ad Health tory meet 3 1 Space Ill have a let (23.23 insion of om dimension	S 7100			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 06/01/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	summary statement of deficiencies (each d must be preceded by full regulatory of			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Observation on May 3 12:45 PM revealed that than 120 square feet. Interview on May 31, 2 PM, with EMP4, confit was less than 120 squate a 3 feet 6 inch clearance of the operating table. Interview on June 1, 20 PM, with EMP2, confit was less than 120 squate a squate less than 120	2012, at approximate rmed that the square re feet and that there e at the head, side at the square re feet. 2012, at approximately rmed that the square re feet. 2012 of the current design and Construct are Facilities reveale artains or other proving the square residence of the current of the square residence of the current of the square residence of the square r	was less ely 12:45 footage e was not and foot y 12:45 footage y 12:45 footage edition ion of d,	S 7100			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE				
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY C			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 165 provided." Observation on May 3: 1:00 PM revealed four for post-operative care curtains or screens for chairs. Interview on May 31, 2: PM, with EMP4, confire recovery room chairs of for privacy. 3. Review on May 31, of the Guidelines for Dispital and Health Cata 3:8-3.6.5.2 One scrub service two operating recovery rooms.	patient recovery roo. There were no cubiprivacy for the four 2012, at approximate rmed the post-operated not have cubicle at 2012 of the current of the sign and Construct are Facilities revealed station shall be performed if needed." 1, 2012, at approximate to one scrub station of	ely 1:00 tive curtains edition ion of d, mitted to	S 7100			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
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Interview on May 31, 20 PM with EMP4 confirm scrub station outside of services three operating 4. Review on May 31, 20 Hospital and Health Cate "3.8-3.6.6.1 A refrigerate double-locked storage for shall be provided. Observation on May 31, 1:45 PM revealed a crass operating room 4. Interview on May 31, 20 PM, EMP4 confirmed to stored in the crash cart of has only one lock, not to 5. Review on May 31, 31, 31, 32, 33, 34, 35, 36, 36, 36, 36, 36, 36, 36, 36, 36, 36	ned that that there is the operating rooms. 2012 of the current esign and Construct re Facilities reveale tor for pharmaceutic for controlled substant, 2012, at approximate hat narcotics are no during surgery hour wo.	ely 12:45 s only one s which edition ion of d, cals and inces eately e ely 1:45 rmally es, which	S 7100			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
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S 7100	of the Guidelines for D Hospital and Health Ca "3.8-5.1.2.1 Soiled wor physically separated for facility3.8-5.1.2.2 C Clean and soiled work separated" Observation of the faci approximately 1:00 PM area and clean work and Interview on May 31, 2 PM with EMP4 confirm work areas were shared soiled work counters with 6. Review on May 31, of the Guidelines for D Hospital and Health Ca "3.8-5.1.23 Storage for storage for packs, etc ventilation, humidity a	are Facilities revealed revealed revealed revealed. This room om all other areas of Clean/assembly work areas shall be physically on May 31, 201. If revealed the soiled read were located toge 2012, at approximate med the clean and soil and that the clean are reconnected. 2012 of the current design and Construct are Facilities revealed or clean/sterile supplishall include provisi	d, shall be f the croom. cally 2, at l work other. cly 1:00 biled and edition cion of d, ies (1) ons for	S 7100			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	R:		IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC		sterile d in the y or where the ely 1:15 no on in the edition ion of d, in quirements areas c, hemicals.	S 7100			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
			B. WING: _		06/01/2012		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
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S 7100	Continued from page 169			S 7100			
	allowed"						
	Observation of the faci		·				
	approximately 2:30 PM revealed Operating ro						
	#2, #3, and #4 had drop		it were				
	not monolithic, scrubba withstanding chemicals	•					
	withstanding chemicals	5.					
	Interview on May 31, 2	2012, at approximate	ely 2:00				
	PM with EMP4 and EM	MP7 confirmed that	OR #2,				
	#3, and #4 had dropped	•					
	monolithic, scrubbable chemicals.	standing					
	8. Review on May 31, 2012 of the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities revealed, "3.8-7.2.3.2 "Flooring (1) Seam welds in sheet						
	flooring shall utilize manufacturer's weld p						
	recommendations. (2) Vinyl composition or similar products shall not be permitted in		` ′				
	areas."	in not be permitted if	ii uicsc				
	41040.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	1 3 7		00	(X3) DATE SURVEY COMPLETED: 06/01/2012	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 7100	Observation of the facility on May 31, 2012 approximately 2:00 PM revealed Operating had 9 cracked tiles, operating room 4 had 3 cracked tiles, and operating room 2 had 7 cracked tiles. Interview on May 31, 2012, at approximate PM with EMP4 and EMP7 confirmed that twere cracked tiles in each operating room. 9. Review on May 31, 2012 of the current of the Guidelines for Design and Construction Hospital and Health Care Facilities revealed "3.8-7.2.2.2 (1)"except that door opening requiring gurney/stretcher access (as define functional program) shall have a nominal was feet 8 inches (1.11 meters). (2) Toilet room for patient use shall open outward or be equivalent with hardware that permits access from the in emergencies." Observations on May 31, 2012, at approximal 1:45 PM, revealed that the door width to the		g room 3 Bracked ely 2:00 there edition tion of ed, gs ed by vidth of 3 n doors uipped e outside mately	S 7100			

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PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/01/2012			
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 PREFIX TAG	ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE IX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG				
S 7100	E NUMBER: 00248701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC		S 7100					

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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: 06/01/2012				
PLANNED PARENTHOOD OF WESTERN			STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222						
STATE LICENS	E NUMBER: 00248701		_						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 7100	Continued from page 172			S 7100					

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/01/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN			STREET ADDRESS, 933 LIBERTY	AVENUE			
	VANIA, INC. se number: 00248701		PITTSBURGE	I, PA 15222	2		
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S 7100	Continued from page 173			S 7100			

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Certified End Page

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.

STATE LICENSE NUMBER: 00248701 SURVEY EXIT DATE: 06/01/2012

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 Coble

Deputy Secretary for Quality Assurance

Susan Cople



Rachel L. Levine, MD

Secretary of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY