

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/24/2014
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NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701	STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222
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S 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 00248701 Component 01</p> <p>Based on a Relicensure Survey completed on December 9, 2013, it was determined that Planned Parenthood of Western PA (WHS) was not in compliance with the following requirements of the Life Safety Code for a new ambulatory health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 28 Pa Code § 569.2.</p> <p>This is a five-story with basement, Type IV (2HH) heavy timber construction building which is fully sprinklered.</p>	S 0000		
S 0020		S 0020		

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

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S 0020	Continued from page 1 28 Pa. Code § 569.2 Fire Safety Standards (a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which is currently adopted by the Department. (b) An ASF previously in compliance with prior editions of the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by the Department. Vertical openings such as stairways, elevator shaftways, escalators, and building service shaftways are enclosed in accordance with section 8.2.5. 8.2.5.1, 38.3.1 This REGULATION is not met as evidenced by:	S 0020	The unsealed penetrations in four-inch conduit going through the floors in the mechanical rooms on the fourth and fifth floors have been sealed. The several small penetrations in the fourth floor stair tower wall, as seen from the employee break room are scheduled to be sealed on February 4th and the work will be completed no later than March 24th. The work will be inspected by PPWP administrative and/or facility staff at completion to monitor compliance. PPWP will create a document for new contractors, describing this requirement. It will be given to new contractors before hire and the work will be inspected upon completion by administrative and/or facility staff to ensure that the deficiency does not recur.	Completion Date: 03/24/2014 Status: APPROVED Date: 02/13/2014

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S 0020	Continued from page 2 Based on observation and interview, the facility failed to provide vertical opening protection in three instances, on two of five floors. Findings include: 1. Observation on December 9, 2013, at 13:59 pm revealed several small penetrations in the fourth floor stair tower wall, as seen from the employee break room. 2. Observation on December 9, 2013, at 14:06 pm revealed unsealed penetrations in four-inch conduit going through the floors in the mechanical rooms on the fourth and fifth floors. Interview with the CEO and VP for Operations on December 9, 2013, at 15:00 pm confirmed the vertical penetrations.	S 0020		
S 0046		S 0046		

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S 0046	Continued from page 3 28 Pa. Code § 569.2 Fire Safety Standards (a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which is currently adopted by the Department. (b) An ASF previously in compliance with prior editions of the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by the Department. Emergency illumination is provided in accordance with section 7.9. 20.2.9.1 This REGULATION is not met as evidenced by:	S 0046	The battery pack light in exam room two, on the third floor, was inoperable. The light is scheduled to be repaired on February 4th and the work will be completed no later than March 24th. PPWP has a quality assurance system in place to monitor emergency lights on a monthly basis and will continue to monitor through this system.	Completion Date: 03/24/2014 Status: APPROVED Date: 02/13/2014

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S 0046	Continued from page 4 Based on observation and interview, the facility failed to provide emergency lighting according to regulations in one area, on one of five floors. Findings include: 1. Observation on December 9, 2013, at 14:15 pm revealed the battery pack light in exam room three, on the third floor, was inoperable. Interview with the CEO and VP for Operations on December 9, 2013, at 15:00 pm confirmed the emergency lighting was inoperable.	S 0046		
S 0147		S 0147		

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S 0147	<p>Continued from page 5</p> <p>28 Pa. Code § 569.2 Fire Safety Standards</p> <p>(a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which is currently adopted by the Department.</p> <p>(b) An ASF previously in compliance with prior editions of the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by the Department.</p> <p>Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1</p> <p>This REGULATION is not met as evidenced by:</p>	S 0147	<p>The temporary wiring above the ceiling in the fourth floor, front elevator vestibule, as seen from employee break room is schedule to be removed and the exposed electrical wiring above the drop ceiling on the fifth floor, front side of building, Liberty Avenue side stair tower is scheduled to be terminated in a box on February 4th and the work will be completed no later than March 24th.</p> <p>The work will be inspected by PPWP administrative and/or facility staff at completion to monitor compliance.</p> <p>PPWP will create a document for new contractors, describing this requirement. It will be given to new contractors before hire and the work will be inspected upon completion by administrative and/or facility staff to ensure that the deficiency does not recur.</p> <p>The extension cord and the electrical outlet multiplier have been removed from the IT area.</p>	<p>Completion Date: 03/24/2014 Status: APPROVED Date: 02/13/2014</p>

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S 0147	Continued from page 6	S 0147	For Quality Assurance the IT contractor who installed this equipment has been advised in writing that these devices are prohibited in an ambulatory surgical facility.	

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S 0147	Continued from page 7 Based on observation and interview, the facility failed to provide electrical wiring and equipment in compliance with requirements in four instances, on three of five floors. Findings include: 1. Observation on December 9, 2013, at 14:05 pm revealed temporary wiring above the ceiling in the fourth floor, front elevator vestibule, as seen from employee break room. 2. Observation on December 9, 2013, at 14:20 pm revealed exposed electrical wiring above the drop ceiling on the fifth floor, front side of building, Liberty Avenue side stairtower. 3. Observation on December 9, 2013, at 14:45 pm revealed an extension cord plugged into a battery backup power supply and an electrical outlet multiplier in use in the basement area IT room. Interview with the CEO and VP for Operations on	S 0147		

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S 0147	Continued from page 8 December 9, 2013, at 15:00 pm confirmed the electrical issues.	S 0147		
S 0211	28 Pa. Code § 569.2 Fire Safety Standards (a) An ASF shall meet the applicable edition of National Fire Protection Association 101 Life Safety Code, which is currently adopted by the Department. (b) An ASF previously in compliance with prior editions of the Life Safety Code, is deemed in compliance with subsequent Life Safety Codes, except renovation or new construction shall meet the current edition adopted by the Department. o Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor, the corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 18.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70,	S 0211	The Alcohol Based Hand Rub dispenser installed over, or adjacent to, an ignition source in the fifth floor recovery room area was relocated in compliance with the applicable edition of National Fire Protection Association 101 Life Safety Code. The work was inspected by PPWP administrative and/or facility staff at completion to monitor compliance. PPWP added this requirement to the PPWP Security Manual to ensure that the deficiency does not recur. Facility staffs were educated about the revision on January 27, 2014.	Completion Date: 03/24/2014 Status: APPROVED Date: 02/13/2014

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S 0211	Continued from page 9 483.623, 485.623 This REGULATION is not met as evidenced by: Based on observation and interview, the facility failed to install Alcohol Based Hand Rub (ABHR) dispensers per regulations in one location, on one of five floors. Findings include: 1. Observation on December 9, 2013, at 13:41 pm revealed an Alcohol Based Hand Rub dispenser installed over, or adjacent to, an ignition source in the fifth floor recovery room area. Interview with the CEO and VP for Operations on December 9, 2013, at 15:00 pm confirmed the ABHR dispenser placement.	S 0211		



Certified End Page

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STATE LICENSE NUMBER: 00248701

SURVEY EXIT DATE: 01/24/2014

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Handwritten signature of Susan Coble in cursive.

Susan Coble
Deputy Secretary for Quality Assurance

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

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY