	ENT OF DEFICIENCIES AND CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:				OL CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 01/24/2014	ΣY
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.		STREET ADDRESS 933 LIBERTY PITTSBURG	AVENUE				
STATE LICENS	E NUMBER: 00248701						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
S 0000	Facility ID# 00248701 Component 01 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. This is a five-story with basement, Type IV (2HH heavy timber construction building which is fully sprinklered.		Planned in ts of the alth care Fire is	S 0000			
S 0020				S 0020			
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 01/24/2014	EY	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC. E NUMBER: 00248701	TERN	933 LIBERTY PITTSBURGI	AVENUE			
(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 CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0020	Continued from page 1 28 Pa. Code § 569.2 Fire Sa (a) An ASF shall meet the a Fire Protection Association currently adopted by the De (b) An ASF previously in co the Life Safety Code, is dee subsequent Life Safety Code construction shall meet the o Department. Vertical openings such as st escalators, and building serv accordance with section 8.2 This REGULATION is not	pplicable edition of Nat 101 Life Safety Code, w partment. ompliance with prior edition and in compliance with est, except renovation or current edition adopted by airways, elevator shaftwice shaftways are enclosed. S. 8.2.5.1, 38.3.1	which is itions of new by the	S 0020	The unsealed penetrations in four-inch conduit going thro floors in the mechanical room the fourth and fifth floors has sealed. The several small penetration fourth floor stair tower wall, from the employee break roomscheduled to be sealed on Fe 4th and the work will be connolater than March 24th. The work will be inspected the administrative and/or facility completion to monitor compound in the property of the unspected upon comply administrative and/or facility of the property of the p	ugh the ms on ve been on sin the as seen om are obruary inpleted or py PPWP y staff at oliance. In this is to new the work oletion ility staff	Completion Date: 03/24/2014 Status: APPROVED Date: 02/13/2014

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 01/24/2014	ΞY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.		STREET ADDRESS, 933 LIBERTY PITTSBURGI	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 CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 0020	Based on observation a failed to provide vertice instances, on two of fix. Findings include: 1. Observation on Decrevealed several small stair tower wall, as see room. 2. Observation on Decrevealed unsealed penergoing through the floor the fourth and fifth floor Interview with the CEO December 9, 2013, at 1 vertical penetrations.	cember 9, 2013, at 12 penetrations in the fin from the employee tember 9, 2013, at 14 etrations in four-inchers in the mechanical ors.	3:59 pm Fourth floor the break 4:06 pm the conduit rooms on	S 0020			
S 0046			S 0046				

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PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIEM (IDENTIFICATION NUMBER			A. BLDG: _	01	COMPLETED: 01/24/2014	EY	
PLANNEI PENNSYL	OVIDER OR SUPPLIER: D PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS 933 LIBERTY PITTSBURG	Y AVENUE			
(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	OULD BE	(X5) COMPLETE DATE
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:		which is itions of n new by the	S 0046	The battery pack light in exatwo, on the third floor, was inoperable. The light is schebe repaired on February 4th work will be completed no l March 24th. PPWP has a quality assurant system in place to monitor emergency lights on a month and will continue to monitor this system.	duled to and the ater than ce	Completion Date: 03/24/2014 Status: APPROVED Date: 02/13/2014

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	TATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 01 B. WING:		(X3) DATE SURVEY COMPLETED: 01/24/2014	
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 OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
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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	ATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C AN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			A. BLDG: _	PLE CONSTRUCTION: 01	(X3) DATE SURV COMPLETED: 01/24/2014	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 DEFI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0147	Continued from page 5 28 Pa. Code § 569.2 Fire Sa (a) An ASF shall meet the a Fire Protection Association currently adopted by the De (b) An ASF previously in continued the Life Safety Code, is dee subsequent Life Safety Code construction shall meet the analysis Department. Electrical wiring and equipm NFPA 70, National Electrical This REGULATION is not	pplicable edition of Nat 101 Life Safety Code, v partment. ompliance with prior edi med in compliance with es, except renovation or current edition adopted be ment are in accordance v al Code 9.1.2, 20.5.1	vhich is itions of new by the	S 0147	The temporary wiring above ceiling in the fourth floor, from the elevator vestibule, as seen from the fifth floor, from the electrical wiring above the deceiling on the fifth floor, from the electrical wiring above the deceiling on the fifth floor, from the elevator in a box on February 4th and work will be completed no land the elevator will be inspected to administrative and/or facility completion to monitor composition from the elevator will be inspected upon composition to ensure that the deficiency not recur. The extension cord and the elevator in the elevat	ont om edule to rop nt side of de stair ninated If the ater than oy PPWP y staff at diance. Int for this to new the work oletion fility staff does	Completion Date: 03/24/2014 Status: APPROVED Date: 02/13/2014

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B. WING:	01/24/2014	
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 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY ID PROVIDER'S PLAN OF CORR PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC PREFIX TAG CORRECTIVE ACTION S IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE	IOULD BE COM	X5) IPLETE ATE
S 0147 Continued from page 6 S 0147 For Quality Assurance the contractor who installed the equipment has been advise writing that these devices a prohibited in an ambulator facility.	in re	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:			A. BLDG: _	PLE CONSTRUCTION: 01	(X3) DATE SURVI COMPLETED: 01/24/2014	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 DEFICIE MUST BE PRECEEDED BY FULL REGULATORY OR LSC			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
S 0147	Based on observation a failed to provide electr compliance with require three of five floors. Findings include: 1. Observation on Decompose and the fourth floor, front of from employee break resulting on the fifth floor. 2. Observation on Decompose and the fifth floor. Liberty Avenue side standard an extension battery backup powers multiplier in use in the linterview with the CEO.	tember 9, 2013, at 14 wiring above the collevator vestibule, as soom. The sember 9, 2013, at 14 rical wiring above the or, front side of build airtower. The sember 9, 2013, at 14 for, cord plugged into supply and an electric basement area IT rockets.	4:05 eiling in seen 4:20 pm ne drop ling, 4:45 o a cal outlet	S 0147			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			A. BLDG: _	PLE CONSTRUCTION: 01	(X3) DATE SURV COMPLETED: 01/24/2014	EY	
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 OF DEFICIENCIES (EACH DEI 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 0147	December 9, 2013, at 1 electrical issues.	15:00 pm confirmed	the	S 0147			
S 0211	28 Pa. Code § 569.2 Fire Sa (a) An ASF shall meet the a Fire Protection Association currently adopted by the De (b) An ASF previously in conthe Life Safety Code, is dees subsequent Life Safety Code construction shall meet the Department. o Where Alcohol Based Haminstalled in a corridor, the conthe of The maximum individual 1.2 liters (2 liters in suites on The dispensers have a minother on Not more than 10 gallons compartment outside a storation on Dispensers are not installed ignition source. o If the floor is carpeted, the 18.3.2.7, CFR 403.744, 418	applicable edition of Nat 101 Life Safety Code, we partment. In the partment of the prior edition of the partment of the partment of the partment of the partment edition adopted of the partment edition and partment edition of the partment of the partment edition edition of the partment edition of the partment edition edition edition of the partment edition editio	itions of new by the sers are wide shall be om each ske	S 0211	The Alcohol Based Hand Rudispenser installed over, or a to, an ignition source in the floor recovery room area was relocated in compliance with applicable edition of National Protection Association 101 If Safety Code. The work was inspected by administrative and/or facility completion to monitor completion to monitor complete PPWP added this requirement PPWP Security Manual to enthat the deficiency does not a facility staffs were educated the revision on January 27, 2	adjacent fifth as h the al Fire Life PPWP y staff at oliance. nt to the nsure recur. I about	Completion Date: 03/24/2014 Status: APPROVED Date: 02/13/2014

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			A. BLDG: _	IPLE CONSTRUCTION: _01	(X3) DATE SURVE COMPLETED: 01/24/2014	EY	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
STATE LICENS	SE NUMBER: 00248701						
(X4) ID PREFIX TAG	MUST BE PRECEED!	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 0211	Continued from page 9			S 0211			
	483.623, 485.623 This REGULATION is not	met as evidenced by:					
	Based on observation a failed to install Alcoho		-				
	dispensers per regulati						
	five floors.	,					
	Findings include:						
1. Observation on December 9, 2013, at 1 revealed an Alcohol Based Hand Rub disp		enser					
	installed over, or adjacent to, an ignition so the fifth floor recovery room area. Interview with the CEO and VP for Opera December 9, 2013, at 15:00 pm confirmed		ource in				
	ABHR dispenser place	ement.					

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Certified End Page

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.

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

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