	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:	PLE CONSTRUCTION: 01	(X3) DATE SURVE COMPLETED: 08/05/2015	Y
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE			
STATE LICENS	E NUMBER: 00248701						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	CTION (EACH OULD BE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	Facility ID# 00248701 Component 01 Main Building Based on a Relicensure August 5, 2015, it was Parenthood of Western compliance with the fo Life Safety Code for a occupancy. This is a five-story, with heavy timber construct sprinklered.	e Survey completed determined that Plant Pa (WHS) was not allowing requirement new Ambulatory he	nned in ts of the alth care	S 0000			
LABORATORY	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:		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 08/05/2015	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC.	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
STATE LICENS	SE 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	CORRECTIVE ACTION SHO	OVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE	
S 0046	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 emergency light battery will be replaced in the fourth lock down area and the work completed no later than Sept 15, 2015. PPWP has a quality assuranc program which includes a minspection to ensure all emer lights are operable & mainta Battery pack lighting will be monthly for 30 seconds and for 90 minutes.	n floor c will be tember ce onthly rgency ined.	Completion Date: 09/15/2015 Status: APPROVED Date: 08/19/2015	

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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: 08/05/2015		
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES' VANIA, INC. E NUMBER: 00248701	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0046	Based on observation a determined the facility illumination in one instruction. The second of the se	failed to maintain entance on one of six fance on one of six factors on the least state of the s	mergency loors. d the ock down vas not	S 0046			
S 0051				S 0051			

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	PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: (A2) MULTIPLE CONSTRUCTION: A. BLDG: _01 B. WING:		(X3) DATE SURVEY COMPLETED: 08/05/2015				
PLANNED PENNSYL	OVIDER OR SUPPLIER: D PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRES 933 LIBERT PITTSBURG	Y 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 (EAC PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		OULD BE	(X5) COMPLETE DATE
S 0051	Continued from page 3 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 c the Life Safety Code, is dee subsequent Life Safety Code construction shall meet the Department. A manual fire alarm system provided to automatically w Fire alarm system has initia function. The fire alarm sy transmit an alarm to summod This REGULATION is not	applicable edition of Nat 101 Life Safety Code, vepartment. compliance with prior edemed in compliance with les, except renovation or current edition adopted and a pre-signal type, it warn the building occupation notification and constem is arranged to automouth the fire department.	which is itions of n r new by the s unts. ntrol matically	S 0051	a) Drywall will be installed there was section missing in floor mechanical room so the wall in continuous and with penetration. The work will be completed no later than Sept 15, 2015. b) The ceiling tile that way will be put back in place. To prevent this from occurring the content of the	the first at the out any se tember s shifted	Completion Date: 09/15/2015 Status: APPROVED Date: 08/19/2015

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PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:01 B. WING:		(X3) DATE SURVEY COMPLETED: 08/05/2015		
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0051	Continued from page 4			S 0051	again, the HVAC vendor was informed that the facility mu returned to safe conditions at end of each work day and the space will be inspected.	st be the	

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	OF DEFICIENCIES AND RECTION (POC)	IDENTIFICATION NUMBER		A. BLDG: _	01	COMPLETED: 08/05/2015	EY
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. ENUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	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 0051	Based on observation a determined the facility detection requirements six floors. Findings include: 1. Observation on Aug following: a) At 9:24 a.m., in the there was a large section wall that prohibits the operating properly as sedetection through the web) At 9:28 a.m., on the floor door to the mechanism operating properly by pass detection through the web operating tile missing that from operating properly by pass detection through the web operating properly as sedetection through the web operating tile missing that from operating properly by pass detection through the web operating properly as sed on	failed to maintain fits in two instances on gust 5, 2015, revealed first floor mechanical on of drywall missing fire alarm system from smoke and fire can be wall. In the first floor above the anical exit area, there are the prohibits the fire all y as smoke and fire gh the ceiling.	ire alarm one of d the al room, g from the om ypass e first e was a larm system can	S 0051			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:01 B. WING:		(X3) DATE SURVEY COMPLETED: 08/05/2015	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	STREET ADDRESS, 933 LIBERTY PITTSBURGI	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0051	Continued from page 6 2015, at 11:00 a.m., co detection issues.	nfirmed the fire alar	m	S 0051			
S 0147				S 0147			

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PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: A. BLDG: _01		ЕУ		
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE NUMBER: 00248701	TERN	933 LIBERTY PITTSBURG	Y 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0147	Continued from page 7 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 content of the Life Safety Code, is deen subsequent Life Safety Code construction shall meet the Department. Electrical wiring and equipm NFPA 70, National Electrical This REGULATION is not	pplicable edition of Nat 101 Life Safety Code, we partment. In purpliance with prior edition and in compliance with ess, except renovation or current edition adopted in ment are in accordance was all Code 9.1.2, 20.5.1	which is itions of new by the	S 0147	a) The exposed electrical of the electrical junction box we covered. b) The two electrical junction boxes in the first floor mecharoom will be covered. c) The exposed wires in the light fixtures in the second flaccounting office will be covered. The work will be completed than September 15, 2015. To prevent this from occurring again, the electricians will be informed that the facility mure turned to safe conditions as	tion anical ne two loor vered. no later ng e sst be	Completion Date: 09/15/2015 Status: APPROVED Date: 08/19/2015

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			<u>01</u>	(X3) DATE SURVEY COMPLETED: 08/05/2015	
PLANNED	VIDER OR SUPPLIER: PARENTHOOD OF WES	ΓERN	STREET ADDRESS, 933 LIBERTY	CITY, STATE, Z AVENUE	IIP CODE:	00/03/2013	
	VANIA, INC.		PITTSBURGE	I, PA 1522	2		
STATE LICENSE NUMBER: 00248701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D			FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDE IDENTII		PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE	
S 0147	Continued from page 8			S 0147			
					end of each work day and the space will be inspected.	e work	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:01B. WING:		(X3) DATE SURVEY COMPLETED: 08/05/2015	
PLANNED PENNSYL	VIDER OR SUPPLIER: PARENTHOOD OF WES VANIA, INC. SE 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 O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 0147	Continued from page 9 Based on observation a determined the facility wiring requirements in floors. Findings include: 1. Observation on Aug following: a) At 9:14 a.m., in the stairway to the first floelectrical wiring as the missing a cover. b) At 9:23 a.m., in the there were two electric missing covers. c) At 9:39 a.m., in the office, there were two electrical wiring. Interview with Facility 2015, at 11:00 a.m., co	gust 5, 2015, revealed basement communication, there was exposed electrical junction be first floor mechanication boxes that second floor accountight fixtures that has a Personnel on August 1997.	lectrical hree of six ed the cating ed box was al room, at were ting d exposed	S 0147			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:01 B. WING:		(X3) DATE SURVEY COMPLETED: 08/05/2015		
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 DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0147	Continued from page 10 issues.			S 0147			

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Certified End Page

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.

STATE LICENSE NUMBER: 00248701 SURVEY EXIT DATE: 08/05/2015

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