

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: 08/05/2015
--	--	---	--

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 00248701 Component 01 Main Building</p> <p>Based on a Relicensure Survey completed on August 5, 2015, 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.</p> <p>This is a five-story, with basement, Type IV (2HH) heavy timber construction building that is fully sprinklered.</p>	S 0000		
--------	--	--------	--	--

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

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: 08/05/2015	
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 0046	<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>Emergency illumination is provided in accordance with section 7.9. 20.2.9.1</p> <p>This REGULATION is not met as evidenced by:</p>	S 0046	<p>The emergency light battery pack will be replaced in the fourth floor lock down area and the work will be completed no later than September 15, 2015.</p> <p>PPWP has a quality assurance program which includes a monthly inspection to ensure all emergency lights are operable & maintained. Battery pack lighting will be tested monthly for 30 seconds and annually for 90 minutes.</p>	<p>Completion Date: 09/15/2015 Status: APPROVED Date: 08/19/2015</p>

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: 08/05/2015
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 PRECEDED 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 0046	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain emergency illumination in one instance on one of six floors. Findings include: 1. Observation on August 5, 2015, revealed the following: a) At 9:55 a.m., on the fourth floor in the lock down area, the emergency battery pack lighting was not functional when tested. Interview with Facility Personnel on August 5, 2015, at 11:00 a.m., confirmed the emergency illumination issue.	S 0046		
S 0051		S 0051		

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: 08/05/2015	
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 0051	<p>Continued from page 3</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>A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. Fire alarm system has initiation notification and control function. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1</p> <p>This REGULATION is not met as evidenced by:</p>	S 0051	<p>a) Drywall will be installed where there was section missing in the first floor mechanical room so that the wall is continuous and without any penetration. The work will be completed no later than September 15, 2015.</p> <p>b) The ceiling tile that was shifted will be put back in place. To prevent this from occurring</p>	<p>Completion Date: 09/15/2015 Status: APPROVED Date: 08/19/2015</p>

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: 08/05/2015	
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 0051	Continued from page 4	S 0051	again, the HVAC vendor was informed that the facility must be returned to safe conditions at the end of each work day and the work space will be inspected.	

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: 08/05/2015	
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 0051	<p>Continued from page 5</p> <p>Based on observation and interview, it was determined the facility failed to maintain fire alarm detection requirements in two instances on one of six floors.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Observation on August 5, 2015, revealed the following: <ol style="list-style-type: none"> a) At 9:24 a.m., in the first floor mechanical room, there was a large section of drywall missing from the wall that prohibits the fire alarm system from operating properly as smoke and fire can bypass detection through the wall. b) At 9:28 a.m., on the first floor above the first floor door to the mechanical exit area, there was a ceiling tile missing that prohibits the fire alarm system from operating properly as smoke and fire can bypass detection through the ceiling. <p>Interview with Facility Personnel on August 5,</p>	S 0051		

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: 08/05/2015
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 PRECEDED 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 0051	Continued from page 6 2015, at 11:00 a.m., confirmed the fire alarm detection issues.	S 0051		
S 0147		S 0147		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> 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, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 0147	<p>Continued from page 7</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>a) The exposed electrical wiring at the electrical junction box will be covered.</p> <p>b) The two electrical junction boxes in the first floor mechanical room will be covered.</p> <p>c) The exposed wires in the two light fixtures in the second floor accounting office will be covered.</p> <p>The work will be completed no later than September 15, 2015. To prevent this from occurring again, the electricians will be informed that the facility must be returned to safe conditions at the</p>	<p>Completion Date: 09/15/2015 Status: APPROVED Date: 08/19/2015</p>

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: 08/05/2015
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 PRECEDED 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 0147	Continued from page 8	S 0147	end of each work day and the work space will be inspected.	

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: 08/05/2015	
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 0147	<p>Continued from page 9</p> <p>Based on observation and interview, it was determined the facility failed to maintain electrical wiring requirements in three instances on three of six floors.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Observation on August 5, 2015, revealed the following: <ul style="list-style-type: none"> a) At 9:14 a.m., in the basement communicating stairway to the first floor, there was exposed electrical wiring as the electrical junction box was missing a cover. b) At 9:23 a.m., in the first floor mechanical room, there were two electrical junction boxes that were missing covers. c) At 9:39 a.m., in the second floor accounting office, there were two light fixtures that had exposed electrical wiring. <p>Interview with Facility Personnel on August 5, 2015, at 11:00 a.m., confirmed the electrical wiring</p>	S 0147		

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: 08/05/2015
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 PRECEDED 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 0147	Continued from page 10 issues.	S 0147		



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

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