Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:	PLE CONSTRUCTION: 01	(X3) DATE SURVEY COMPLETED: 08/03/2017	
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 A	OULD BE	(X5) COMPLETE DATE
S 0000	INITIAL COMMENT		S 0000				
	Facility ID# 00248701 Component 01 Main Building						
	Based on a Relicensurd August 3, 2017, it was Parenthood of Western compliance with the fo Life Safety Code for an care occupancy. This is a five-story, Ty building, with a basem	nned in ts of the ry health timber					
S 0311				S 0311			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE	I	TITLE:	(X6) DATE:	I
State Form		QM4H2	·····			IF CONTINUAT	ION SHEET Page 1 of 7

IF CONTINUATION SHEET Page 1 of 7

Pennsylvania Department of Health

Pennsylvania De	epartment of Health						
STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 08/03/2017		
NAME OF PRO	STREET ADDRESS	CITY, STATE, Z	ZIP CODE:				
	PARENTHOOD OF WES	TERN	933 LIBERTY		-		
PENNSYL	VANIA, INC.		PITTSBURG	H, PA 1522	2		
STATE LICENS	e number: 00248701						
(X4) ID PREFIX TAG) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI FIX MUST BE PRECEEDED BY FULL REGULATORY OR			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH (2) CORRECTIVE ACTION SHOULD BE COM CROSS-REFERENCED TO THE APPROPRIATE D ₂		
S 0311	Continued from page 1			S 0311			
	 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Vertical openings shall be enclosed or protected per 8.6, unless one of the following conditions exist: Unenclosed vertical openings per 8.6.9.1 are permitted. Unenclosed openings which do not serve as a required means of egress are permitted. Exit access stairs may be unenclosed if they meet the following conditions: Two stories or less Building is protected throughout by a supervised sprinkler system per 9.7.1.1(1). Total travel distance to outside does not exceed 100 feet. Three stories or less Occupant load per story does not exceed 15 people. Building contains an automatic smoke detection system per 9.6. Activation of the sprinkler system or smoke detection system notifies all occupants of the building. 				The first floor rear stairway be repaired so that it will lat frame and the work will be of no later than August 31, 201 PPWP has a quality assurand program and it will be revise an annual inspection of labe doors.	ch in the completed 7. ce ed to add	Completion Date: 08/31/2017 Status: APPROVED Date: 08/11/2017

Floors that are below the street level and are used for storage or any use other than a business occupancy, shall not have any unprotected openings to the business occupancy floors.

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			A. BLDG: <u>01</u>		(X3) DATE SURVEY COMPLETED: 08/03/2017				
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE					
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 SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE		
S 0311	Continued from page 2			S 0311					
	21.3.1, 39.3.1.1, 39.3.1.2 This REGULATION is not met as evidenced by:								
	Based on observation a	and interview, it was							
	determined the facility failed to maintain vert enclosures in one instance, on one of six floor								
	Findings include:								
	1. Observation on Aug revealed the first floor latch in the frame.	-							
	Interview with the Adr at 3:00 p.m., confirmed deficiency.								
S 0353				S 0353					

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Pennsylvania Department of Health

	1			-		_		
STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			A. BLDG:	A. BLDG: <u>01</u>		(X3) DATE SURVEY COMPLETED: 08/03/2017		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, 933 LIBERTY PITTSBURGH	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	CORRECTIVE ACTION SH	PER'S PLAN OF CORRECTION (EACH RRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE		
S 0353	Continued from page 3			S 0353				
	Continued from page 3 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REGULATION is not met as evidenced by:			The sprinkler eschusions wil replaced in the first floor lob in the first floor rear stairway work will be completed no la August 31, 2017.	by and y. The	Completion Date: 08/31/2017 Status: APPROVED Date: 08/09/2017		

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:01 B. WING:		(X3) DATE SURVEY COMPLETED: 08/03/2017			
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS,	CITY, STATE, Z	ZIP CODE:			
PLANNED	PARENTHOOD OF WES	TERN	933 LIBERTY	AVENUE				
PENNSYL	VANIA, INC.		PITTSBURGI	I, PA 1522	2			
STATE LICENS	e number: 00248701			-			-	
(X4) ID	SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRECT	CTION (EACH	(X5)	
PREFIX		ED BY FULL REGULATORY O	R LSC	PREFIX TAG	CORRECTIVE ACTION SH	OULD BE	COMPLETE	
TAG	IDENTI	FYING INFORMATION)			CROSS-REFERENCED TO THE A	APPROPRIATE	DATE	
0.0252	Continued from page 4							
S 0353	Continued from page 4			S 0353				
	Based on observation a	and interview, it was						
	determined the facility	failed to maintain th	ne					
	automatic sprinkler sys							
			s, on one					
	of six floors.							
	Findings include:							
	1							
	1 01	1 2 2017 1	1.1					
	1. Observation on Aug							
	was a missing sprinkle	r escutcheon in the f	ollowing:					
	a) 12:30 a.m., in the fir	st floor lobby.						
	,	•	V 7					
	b) 12:45 a.m., in the first floor rear stairway.							
	Interview with the Adr	ninistrator on Augus	st 3, 2017,					
	at 3:00 p.m., confirmed	d the automatic sprin	ıkler					
	system deficiency.							
	system denotoney.							
				0.0011				
S 0911				S 0911				

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		:	(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY A. BLDG:01 COMPLETED: B. WING: 08/03/2017			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS 933 LIBERTY PITTSBURG	AVENUE			
STATE LICENSE (X4) ID PREFIX TAG	e number: 00248701 Summary statement Must be preceede identii		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE	
	Continued from page 5 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section, any NFPA 99 Chapter Electrical Systems requirements that are not addressed the provided S-Tags, but are deficient. This REGULATION is not met as evidenced by:			S 0911	The work to terminate the electrical wiring in the fifth floor mechanical room will be completed no later than August 31, 2017. To prevent this from occurring again, the HVAC companysupervisor will be informed that the facility must be returned to safe conditions at the end of each work day and the work space will be inspected.		Completion Date: 08/31/2017 Status: APPROVED Date: 08/09/2017

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		i						
		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 08/03/2017		
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701			STREET ADDRESS, 933 LIBERTY PITTSBURGI	AVENUE				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 0911			lectrical e of six vith , p.m., the fifth st 3, 2017,	S 0911				

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Certified End Page

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701 SURVEY EXIT DATE: 08/03/2017

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 Cope

Susan Coble Deputy Secretary for Quality Assurance



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

Rachel L. Levine, MD Secretary of Health