

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: 09/21/2018
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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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(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
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S 0000	INITIAL COMMENT Facility ID# 00248701 Component 01 Main Building Based on a Relicensure Survey completed on September 21, 2018, it was determined that Planned Parenthood of Western Pennsylvania was not in compliance with the following requirements of the Life Safety Code for an existing Ambulatory health care occupancy. This is a five-story, Type IV (2HH), heavy timber building, with a basement, that is fully sprinklered.	S 0000		
S 0351		S 0351		

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

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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 0351	Continued from page 1 Sprinkler System - Installation Sprinkler System - Installation Sprinkler systems (if installed) are installed per NFPA 13. Where more than two sprinklers are installed in a single area for protection, waterflow devices shall be provided to sound the building fire alarm system or to notify a constantly attended location such as a PBX, security office, or emergency room. 20.3.5.1, 20.3.5.2, 21.3.5.1, 21.3.5.2, 9.7.1.2, 9.7, NFPA 13 This REGULATION is not met as evidenced by:	S 0351	A sprinkler will be installed under the first landing at the bottom of the stair tower shaft and the work will be completed no later than November 16, 2018. PPWP has a quality assurance program and it includes quarterly maintenance and inspection of the sprinkler system.	Completion Date: 11/16/2018 Status: APPROVED Date: 10/22/2018

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S 0351	<p>Continued from page 2</p> <p>Based on observation and interview, it was determined the facility failed install and maintain the automatic sprinkler system components, affecting one of two stairways.</p> <p>Findings include:</p> <p>1. Observation on September 21, 2018, at 1:30 p.m., revealed the front stairway lacked sprinkler protection, under the lowest level landing, at the bottom of the stair tower shaft.</p> <p>Interview with the Administrator on September 21, 2018, at 3:00 p.m., confirmed there was no sprinkler under the first landing at the bottom of the shaft.</p>	S 0351		



Certified End Page

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.

STATE LICENSE NUMBER: 00248701

SURVEY EXIT DATE: 09/21/2018

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 black ink on a light gray background.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in black ink on a light gray background.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY