### Pennsylvania Department of Health

		IDENTIFICATION NUMBER			00	COMPLETED:			
					<u></u>	11/18/2021			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222						
STATE LICENS	E NUMBER: <b>00248701</b>								
(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 SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  COMPLETE DATE			
M 0000	MUST BE PRECEEDED BY FULL REGULATORY OR LSC		M 0000	TITI E.	OVOIDATE				
LABORATORY	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:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED:  11/18/2021				
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222						
STATE LICENS	E NUMBER: <b>00248701</b>								
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE			
S 0000	This report is the result of a State licensure survey conducted on October 1, 2021, with continued document review through October 12, 2021, at Planned Parenthood Of Western Pennsylvania. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, P. IV, Subparts A and F, Chapters 551-573, November 1999.		ued 1, at unia. It pliance ons for	S 0000					
S 6739				S 6739					
LABORATORY	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			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED:  11/18/2021		
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 MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
S 6739	Continued from page 1  567.31 HOUSEKEEPING SERVICES - Principle  567.31 Principle  Parts of the facility, the premises and equipments be kept clean and free of vermin. insects, rodents and litter.  This REGULATION is not met as evidenced by:		nt shall	S 6739	The ASF Staff Cleaning Dut schedule which requires hea center staff to dust exam roo including sharps containers, towel dispensers and picture on a daily basis was reviewe staff on October 21, 2021. Nhired health center staffs wil trained about these duties at initiation of health center trathe Abortion Services Health Manager. The Abortion Services Health Center Manager, the Assistant Health Center Mar and Clinic Coordinators will a housekeeping audit 100% center days for the next 3 mc They will conduct ongoing a a monthly basis thereafter. TPPWP RQM Medical Overs Committee will be informed change and the Governing B be made aware of the deficie practice and corrective action	Ith oms paper frames od with fewly I be the ining by n Center vices nager conduct of the onths. nudits on The ight of the dody will ent	Completion Date: 12/01/2021 Status: APPROVED Date: 11/24/2021

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### Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 11/18/2021	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			STREET ADDRESS, 933 LIBERTY PITTSBURGE	AVENUE			
STATE LICENSE NUMBER: 00248701  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX 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 6739	Based on review of facility documents, obse and staff interviews (EMP2), it was determine the facility failed to keep the premises and equipment clean.  Findings include:  Review on October 12, 2021, at approximate 10:30 AM of "Vanguard Cleaning Systems proposal", effective April 19, 2018, revealed "Cleaning of third floor lab and exam room days a week Vacuum, Sweep, Mop, Dust Sanitize. (staff cleans we'll help maintain act of dust)"  1. Tour of the facility on October 1, 2021, at approximately 09:40 AM of procedure room and #4 revealed excessive dust on picture from paper towel dispensers, counter ledge behind handwashing sinks and hand sanitizing dispending an interview at the time of the tour of October 1, 2021, at approximately 09:40, En		ately sed, oms three st and cceptable at ms #3 crames, nd pensers.	S 6739			

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### Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 11/18/2021			
NAME OF PROVIDER OR SUPPLIER:			STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE						
PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.			PITTSBURGH, PA 15222						
STATE LICENSE NUMBER: 00248701									
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S 6739	Continued from page 3			S 6739					
	confirmed the above fi								

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# **Certified End Page**

## PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.

STATE LICENSE NUMBER: 00248701 SURVEY EXIT DATE: 11/18/2021

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 Alison V. Beam Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH** 

THIS PAGE IS NOW PART OF THIS SURVEY