

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:  <b>09/14/2023</b>
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NAME OF PROVIDER OR SUPPLIER: <b>PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.</b>  STATE LICENSE NUMBER: <b>00248701</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>933 LIBERTY AVENUE PITTSBURGH, PA 15222</b>
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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 14, 2023, 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 0353		S 0353		

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

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S 0353	Continued from page 1  Sprinkler System - Maintenance and Testing  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:	S 0353	The gap in the ceiling tile around the duct for the autoclave on the fifth floor, will be filled and sealed with fire-rated materials.  The work will be completed no later than October 14, 2023  Future prevention will include physical visual check of all future construction work completed to ensure proper barriers are in place to prevent heat and smoke above ceiling.	Completion Date: <b>09/29/2023</b> Status: <b>APPROVED</b> Date: <b>10/02/2023</b>

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S 0353	Continued from page 2  Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system in one instance, affecting one of five floors.  Findings include:  1. Observation on September 14, 2023, at 9:45 a.m., revealed there was a gap in the ceiling tile around the duct for the autoclave on the fifth floor. This would allow the passage of heat and smoke above the ceiling and may affect the operation of the automatic sprinkler system.  Interview with the Facility Administrator on September 14, 2023, at 10:30 a.m., confirmed the automatic sprinkler system deficiency.	S 0353		



# Certified End Page


**PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.**

**STATE LICENSE NUMBER: 00248701**

**SURVEY EXIT DATE: 09/14/2023**

**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**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Acting Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY