

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/09/2019</b>
NAME OF PROVIDER OR SUPPLIER: <b>DREXEL OB/GYN ASSOCIATES AT FEINSTEIN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>216 N. BROAD STREET 4th floor PHILA, PA 19102</b>		
STATE LICENSE NUMBER: <b>89LC8701</b>				
(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	INITIAL COMMENT  This report is the result of a special monitor survey conducted onsite on August 9, 2019, at Drexel OB/GYN Associates At Feinstein. The facility voluntarily ceased services and relinquished their registration certificate.	S 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:



# Certified End Page

**DREXEL OB/GYN ASSOCIATES AT FEINSTEIN**

**STATE LICENSE NUMBER: 89LC8701**

**SURVEY EXIT DATE: 08/09/2019**

**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