

[illegible]

(X6) DATE:



# Certified End Page

**DREXEL OB/GYN ASSOCIATES AT FEINSTEIN**

**STATE LICENSE NUMBER: 89LC8701**

**SURVEY EXIT DATE: 06/06/2019**

**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**

A handwritten signature in cursive script that reads "Susan Coble".

*Susan Coble*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in cursive script that reads "Rachel L. Levine, MD".

*Rachel L. Levine, MD*  
*Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY