Pennsylvania Department of Health

1		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/06/2019	
NAME OF PROVIDER OR SUPPLIER: DREXEL OB/GYN ASSOCIATES AT FEINSTEIN STATE LICENSE NUMBER: 89LC8701			STREET ADDRESS, CITY, STATE, ZIP CODE: 216 N. BROAD STREET 4th floor PHILA, PA 19102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE		COMPLETE	
M 0000	INITIAL COMMENT			М 0000			
	This report is the result of an Annual Registration survey conducted on June 6, 2019, at Drexel Ob/Gyn Associates At Feinstein. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:							

State Form G8U511 IF CONTINUATION SHEET Page 1 of 1



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

Susan Coble

Deputy Secretary for Quality Assurance

Susan Cople



Rachel L. Levine, MD

Secretary of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY