

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-0202	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/05/2019
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NAME OF PROVIDER OR SUPPLIER: ALLEGHENY REPRODUCTIVE HEALTH CENTER STATE LICENSE NUMBER: 00018701	STREET ADDRESS, CITY, STATE, ZIP CODE: 5910 KIRKWOOD STREET PITTSBURGH, PA 15206
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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	<p>INITIAL COMMENT</p> <p>Facility ID# 00018701 Component 01 Main Building</p> <p>Based on a revisit to a Relicensure Survey completed on December 19, 2018, it was determined that Allegheny Reproductive Health Center was not in compliance with the following requirements of the Life Safety Code for an existing ambulatory health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 28 Pa Code § 569.2.</p> <p>This is a three-story, Type V (000), unprotected wood frame building, with a basement, that is not sprinklered.</p>	S 0000		
S 0291		S 0291		

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

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STATE LICENSE NUMBER: 00018701				
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S 0291	Continued from page 1 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9. 20.2.9.1, 21.2.9.1, 7.9 This REGULATION is not met as evidenced by:	S 0291	The defective emergency lighting unit was replaced again on February 6th, 2019 and tested to confirm functioning.	Completion Date: 02/06/2019 Status: APPROVED Date: 02/15/2019

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S 0291	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain emergency lighting in one instance, on one of four floors. Findings include: 1. Observation on December 19, 2018, at 10:30 a.m., revealed the battery pack emergency light at the kitchen corridor rear exit, failed to illuminate when the test button was depressed. Interview with the Facility Director on December 19, 2018, at 11:30 a.m., confirmed the emergency lighting deficiency. **Note: during the revisit on February 5, 2019 between 11:00 a.m. and 11:30 a.m, item 1 was observed not to be completed.	S 0291		



Certified End Page

ALLEGHENY REPRODUCTIVE HEALTH CENTER

STATE LICENSE NUMBER: 00018701

SURVEY EXIT DATE: 02/05/2019

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 black ink.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in black ink.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY