

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: 09/18/2019
--	--	---	--

NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701	STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222
---	--

(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	S 0000		
S 0311	<p>Facility ID# 00248701 Component 01 Main Building</p> <p>Based on a Relicensure Survey completed on September 18, 2019, 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.</p> <p>This is a five-story, Type IV (2HH), heavy timber building, with a basement, that is fully sprinklered.</p>	S 0311		

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

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: 09/18/2019	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222		
(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 0311	<p>Continued from page 1</p> <p>Vertical Openings - Enclosure</p> <p>Vertical Openings - Enclosure 2012 EXISTING</p> <p>Vertical openings shall be enclosed or protected per 8.6, unless one of the following conditions exist:</p> <ol style="list-style-type: none"> 1. Unenclosed vertical openings per 8.6.9.1 are permitted. 2. Unenclosed openings which do not serve as a required means of egress are permitted. 3. Exit access stairs may be unenclosed if they meet the following conditions: <ul style="list-style-type: none"> Two stories or less <ul style="list-style-type: none"> a. Building is protected throughout by a supervised sprinkler system per 9.7.1.1(1). b. Total travel distance to outside does not exceed 100 feet. Three stories or less <ul style="list-style-type: none"> a. Occupant load per story does not exceed 15 people. b. Building is sprinkler protected throughout per 9.7.1.1(1). c. Building contains an automatic smoke detection system per 9.6. d. Activation of the sprinkler system or smoke detection system notifies all occupants of the building. e. Total travel distance to outside does not exceed 100 feet. <p>Floors that are below the street level and are used for storage or any use other than a business occupancy, shall not have any unprotected openings to the business occupancy floors.</p>	S 0311	<p>The common fire wall, shared by the front stairway and elevator shaft in the basement, will be sealed with fire-rated materials, and sealed at its termination point with the decking above.</p> <p>The work will be completed no later than October 28, 2019</p>	<p>Completion Date: 10/28/2019</p> <p>Status: APPROVED</p> <p>Date: 10/11/2019</p>

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: 09/18/2019	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222		
(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 0311	Continued from page 2 21.3.1, 39.3.1.1, 39.3.1.2 This REGULATION is not met as evidenced by:	S 0311		

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: 09/18/2019	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222		
(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 0311	<p>Continued from page 3</p> <p>Based on observation and interview, it was determined that the facility failed to maintain vertical openings in one instance, affecting one out of six floors.</p> <p>Findings include:</p> <p>1. Observation on September 18, 2019, at 10:30 a.m., revealed the common fire wall, shared by the front stairway and elevator shaft in the basement, contained unsealed penetrations, contained penetrations sealed with non fire-rated materials, and was not sealed at its termination point with the decking above.</p> <p>Interview with the Facility Administrator on September 18, 2019, at 11:30 a.m., confirmed the vertical opening deficiencies.</p>	S 0311		

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: 09/18/2019	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222		
(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 0311	Continued from page 4	S 0311		
S 0353	<p>Sprinkler System - Maintenance and Testing</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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</p> <p>This REGULATION is not met as evidenced by:</p>	S 0353	<p>1. The facility contacted the vendor that maintains and inspects the system. They verified they have inspected the standpipe and will provide documentation. The vendor also provided documentation regarding the risks to property for the completion of the five year standpipe flow testing and refuse to assume liability. The documentation will be available no later than October 28, 2019 PPWP has a quality assurance program and it includes quarterly maintenance and inspection of the sprinkler system.</p> <p>2. Staff were educated about the rationale for privacy curtains with mesh openings at the top. To prevent this from occurring again, the unmeshed privacy curtains were discarded. Staff hung them instead of the mesh curtains that were returned from being laundered.</p>	<p>Completion Date: 10/28/2019 Status: APPROVED Date: 10/11/2019</p>

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: 09/18/2019	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222		
(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 0353	<p>Continued from page 5</p> <p>Based on documentation review, observation and interview, it was determined that the facility failed to maintain the automatic sprinkler system and standpipe system in five instances, affecting the entire facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Documentation review on September 18, 2019, at 9:00 a.m., revealed the facility failed to provide documentation showing the completion of the annual standpipe inspection and the completion of the five year standpipe flow testing. Interview with the Facility Administrator on September 18, 2019, at 9:00 a.m., confirmed the lack of documentation available at the time of survey. 2. Observation on September 18, 2019, revealed the following patient care rooms contained privacy curtains without mesh openings at the top, obstructing the spray pattern of the sprinkler head in 	S 0353		

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: 09/18/2019	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. STATE LICENSE NUMBER: 00248701		STREET ADDRESS, CITY, STATE, ZIP CODE: 933 LIBERTY AVENUE PITTSBURGH, PA 15222		
(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 0353	Continued from page 6 the room: a) 10:45 a.m., patient room one on fifth floor; b) 10:46 a.m., patient room two on the fifth floor; c) 10:47 a.m., patient room three on the fifth floor; d) 10:48 a.m., patient room four on the fifth floor. Interview with the Facility Administrator on September 18, 2019, at 11:30 a.m., confirmed the sprinkler system deficiencies.	S 0353		



Certified End Page

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.

STATE LICENSE NUMBER: 00248701

SURVEY EXIT DATE: 09/18/2019

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