

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-0202</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/30/2019</b>
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NAME OF PROVIDER OR SUPPLIER: <b>ALLEGHENY REPRODUCTIVE HEALTH CENTER</b>  STATE LICENSE NUMBER: <b>00018701</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>5910 KIRKWOOD STREET PITTSBURGH, PA 15206</b>
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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 Relicensure Survey completed on December 4, 2019, it was determined that Allegheny Reproductive Health Center was in substantial compliance with the requirements of the Life Safety Code for an existing Ambulatory Healthcare 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		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:



# Certified End Page

**ALLEGHENY REPRODUCTIVE HEALTH CENTER**

**STATE LICENSE NUMBER: 00018701**

**SURVEY EXIT DATE: 12/30/2019**

**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