

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: 09/25/2020
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 Facility ID# 00248701 Component 01 Main Building Based on a Relicensure Survey completed on September 25, 2020, at Planned Parenthood of Western Pa (WHS), it was determined there were no deficiencies identified under the 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. This is a five-story, Type IV (2HH), heavy timber building, with a basement, that is fully sprinklered.	S 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:



Certified End Page

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.

STATE LICENSE NUMBER: 00248701

SURVEY EXIT DATE: 09/25/2020

**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 "Alison V. Beam".

Alison V. Beam
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY