STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: 00 B. WING:	12/18/2020

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: **00178701**	**777 APPLETREE STREET, 7TH FLOOR** **PHILADELPHIA, PA 19106**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
M 0000	INITIAL COMMENT This report is the result of an unannounced Special Monitoring survey conducted on December 18, 2020, at Philadelphia Women's Center. A follow up survey was also conducted as a result of an Annual Registration survey that was completed on February 12, 2020. It was determined the facility was in compliance with Section 3205 of the Pennsylvania Abortion Control Act, 18 Pa.C.S. §3205.	M 0000		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: __00_____ B. WING: _____	**12/18/2020**

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PHILADELPHIA WOMEN'S CENTER, INC. STATE LICENSE NUMBER: **00178701**	**777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA, PA 19106**

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S 0000	INITIAL COMMENT This report is the result of a follow up survey conducted on December 18, 2020, at Philadelphia Women's Center Inc., as the result of a Licensure survey that was completed on February 12, 2020, Inc. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.	S 0000		

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

Certified End Page

PHILADELPHIA WOMEN'S CENTER, INC.

STATE LICENSE NUMBER: 00178701

SURVEY EXIT DATE: 12/18/2020

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

Susan Coble
Deputy Secretary for Quality Assurance

Alison V. Beam
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY