

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:  <b>11/16/2020</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
S 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 00018701 Component 01 Main Building</p> <p>Based on a Relicensure Survey completed on November 17, 2020, 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 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		
S 0131		S 0131		

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

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S 0131	<p>Continued from page 1</p> <p>Multiple Occupancies</p> <p>Multiple Occupancies - Sections of Ambulatory Health Care Facilities</p> <p>Multiple occupancies shall be in accordance with 6.1.14. Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following:</p> <ul style="list-style-type: none"> <li>* The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access.</li> <li>* They are separated from the ambulatory health care occupancy by a 1 hour fire resistance rating.</li> </ul> <p>Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following:</p> <ul style="list-style-type: none"> <li>* Walls have not less than 1 hour fire resistance rating and extend from floor slab to roof slab.</li> <li>* Doors are constructed of not less than 1-3/4 inches thick, solid-bonded wood core or equivalent and is equipped with positive latches.</li> <li>* Doors are self-closing and are kept in the closed position, except when in use.</li> <li>* Windows in the barriers are of fixed fire window assemblies per 8.3.</li> </ul> <p>Per regulation, ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served.</p> <p>20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1, 42 CFR 416.44</p> <p>This REGULATION is not met as evidenced by:</p>	S 0131	<p>Plan of correction:</p> <p>1) Unsealed penetrations in one-hour fire wall assembly in left side of basement (corrections work planned for 12/13/2020)</p> <ul style="list-style-type: none"> <li>-- RED fire caulking (UL Design Through Penetration Stop System) will be placed around the PVC pipes coming through the fire wall</li> <li>-- PVC pipe will be filled with fire proofing material and sealed with RED fire caulking (UL Design Through Penetration Stop System)</li> </ul> <p>2) Soiled Holding room (corrections work planned for 12/20/2020)</p> <ul style="list-style-type: none"> <li>-- Door will be replaced with 1 3/4 inches (minimum) thick, solid-bonded wood core or equivalent</li> <li>-- Positive latch and securely locked</li> <li>-- Self-closing mechanism</li> <li>-- Penetrations through wall will be sealed with fire caulking</li> <li>-- Base of the walls will be repaired to be flush with the floor</li> </ul>	<p>Completion Date: <b>12/18/2020</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>12/18/2020</b></p>

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S 0131	Continued from page 2  Based on observation and interview, it was determined the facility failed to maintain the one-hour fire-rated tenant separation wall in one instance, affecting one of two floors.  Findings include:  1. Observation on November 16, 2020, at 10:17 a.m., revealed there were multiple unsealed penetrations in the one-hour fire wall assembly in the basement, on left side by the medical records area.  Interview with the Facilities Officer on November 16, 2020, at 10:17 a.m., confirmed the unsealed penetrations of the one-hour fire rated tenant separation wall.	S 0131		



# Certified End Page

**ALLEGHENY REPRODUCTIVE HEALTH CENTER**

**STATE LICENSE NUMBER: 00018701**

**SURVEY EXIT DATE: 11/16/2020**

**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**

Handwritten signature of Susan Coble in black ink.

*Susan Coble*  
*Deputy Secretary for Quality Assurance*

Handwritten signature of Alison V. Beam in black ink.

*Alison V. Beam*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY