

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF THE HEARTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 3105 NORTH 93RD STREET OMAHA, NE 68134
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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 DEFICIENCY)	(X5) COMPLETE DATE
G 000	<p>Initial Comments</p> <p>On 2/19/19 - 2/21/19, DHHS Public Health representatives conducted a complaint investigation survey in conjunction with a licensure survey to determine compliance with regulatory requirements. The facility was found to be in compliance with the regulatory requirements of 175 NAC 7 at the time of this survey.</p>	G 000		

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