

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 07/31/2019	
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - HARRISBURG			STREET ADDRESS, CITY, STATE, ZIP CODE: 1514 NORTH SECOND STREET HARRISBURG, PA 17102				
STATE LICENSE NUMBER: 3N8L8701							
(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
M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an Annual Registration survey conducted on July 31, 2019, at Planned Parenthood Keystone-Harrisburg. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.</p>			M 0000			

(X6) DATE:



Certified End Page

PLANNED PARENTHOOD KEYSTONE - HARRISBURG

STATE LICENSE NUMBER: 3N8L8701

SURVEY EXIT DATE: 07/31/2019

**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**

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 "Rachel L. Levine, MD".

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY