STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		IDENTIFICATION NUMBER		(A2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		COMPLETED:			
				B. WING: _		10/14/2020			
NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD KEYSTONE - HARRISBURG			STREET ADDRESS, CITY, STATE, ZIP CODE: 1514 NORTH SECOND STREET HARRISBURG, PA 17102						
STATE LICENSI	E NUMBER: <b>3N8L8701</b>								
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
M 0000	INITIAL COMMENT  This report is the result	of an Annual Licer	ısure	M 0000					
LABORATORY	survey conducted on O Parenthood Keystone - determined the facility requirements of the Per Health Regulations § 2 Subchapter D, Ambula in Hospitals and Clinic	ctober 14, /2020, at Harrisburg. It was was in compliance ansylvania Departm 8 Pa Code, Chapter tory Gynecological s.	Planned with the ent of 29, Surgery		TITLE	AVO. D. L. T. T.			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE: (X6) DATE:									

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## Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/14/2020			
PLANNED HARRISB		ONE -	STREET ADDRESS, CITY, STATE, ZIP CODE: 1514 NORTH SECOND STREET HARRISBURG, PA 17102						
(X4) ID PREFIX TAG	SE NUMBER: 3N8L8701  SUMMARY STATEMENT  MUST BE PRECEEDI  IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE					
S 0000	This report is the result of an annual Registration survey conducted on 10/14/2020, 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.			S 0000					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	IATURE		TITLE:	(X6) DATE:			

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## **Certified End Page**

## PLANNED PARENTHOOD KEYSTONE - HARRISBURG

STATE LICENSE NUMBER: 3N8L8701 SURVEY EXIT DATE: 10/14/2020

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

Susan Cople



Alison V. Beam

Acting Secretary of Health

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH** 

THIS PAGE IS NOW PART OF THIS SURVEY