STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
011118				B. WING	***	09/09/2020						
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	TE, ZIP CODE	I						
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY IN 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268												
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPI DEFICIENCY)			(X5) COMPLETE DATE						
T 000	INITIAL COMMENTS			T 000								
	This visit was for a lic Facility Number: 011											
	Survey Date: 9-9-202											
	Planned Parenthood in compliance with 41 Performing Surgical A	linics										
	QA: 9/29/20											

If deficiencies are cited, an approved plan of correction is requisite to continued program participation. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 09/29/2020 FORM APPROVED

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED					
011118				B. WING		09/	09/09/2020					
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STAT	TE, ZIP CODE							
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY IN INDIANAPOLIS, IN 46268												
(X4) ID PREFIX TAG	SUMMARY ST/ (EACH DEFICIENC' REGULATORY OR L		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE						
D 000	INITIAL COMMENTS			D 000								
	This visit was for a lic											
	Facility Number: 011118  Survey Date: 9-9-2020  Planned Parenthood Of Indiana And Kentucky, in compliance with 410 IAC 26.5, Abortion Clinic Performing Drug Induced Abortions Licensure Rules.											
	QA: 9/29/20											

STATE FORM 8JJS11 If continuation sheet 1 of 1

TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE