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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>CA630002361</b> | (X1) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>06/02/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PLANNED PARENTHOOD LOS ANGELES - DOROTHY HECHT CTR</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8520 S Broadway<br/>Los Angeles, CA 90003</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 DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| A000               | <p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of a facility reported incident.</p> <p>Complaint number: CA00736368</p> <p>Representing the Department of Public Health:<br/>42224 Health Facilities Evaluator Nurse.</p> <p>This inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.</p> <p>No deficiencies were issued for complaint number: CA00736368.</p> | A000          |   |                    |

Licensing and Certification Division

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

TITLE

(X6) DATE