

California Department of Public Health

FORM APPROVED

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|---|---|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>CA960002883</b>               | (X1) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/09/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PLANNED PARENTHOOD LOS ANGELES-LONG BEACH<br/>CENTER</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2690 Pacific Ave<br/>Long Beach, CA 90806</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| D005  | <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>Facility Reported Incident Number:<br/>CA00669541</p> <p>Representing the California Department of Public Health:<br/>Health Facilities Evaluator Nurse (HFEN):<br/>2479/29492</p> <p>The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>No deficiencies were issued for Facility Reported Incident Number: CA00669541</p> | D005  |  |  |

Licensing and Certification Division

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

TITLE

(X6) DATE