

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA960002883</b>	(X1) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/13/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD LOS ANGELES-LONG BEACH CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2690 Pacific Ave Long Beach, CA 90806</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
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: CA00600746</p> <p>Representing the California Department of Public Health: Health Facilities Evaluator Nurse (HFEN): 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: CA00600746</p>	D005		

Licensing and Certification Division

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

TITLE

(X6) DATE