

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA960000201 | (X1) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 02/04/2019 |
|---|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD LOS ANGELES VAN NUYS CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 7100 Van Nuys Blvd Van Nuys, CA 91405 | |
| (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>Complaint Number: CA00490819</p> <p>Representing the California Department of Public Health: Health Facilities Evaluator Nurse (HFEN): 36521</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 Complaint Number: CA00490819</p> | D005 | | |

Licensing and Certification Division

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

TITLE

(X6) DATE