

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA630012239</b>	(X1) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF LOS ANGELES S. MARK TAPER FOR MEDICAL TRAINING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 W 30th St Los Angeles, CA 90007</b>	
(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 an investigation of a complaint.</p> <p>Complaint No: CA00725159</p> <p>Representing the Department of Public Health: Evaluator ID No: 36575, RN, HFEN</p> <p>The inspection was limited to the specific complaint and does not represent the findings of a full inspection of the facility.</p> <p>No deficiencies were issued for complaint CA00725159.</p>	D005		

Licensing and Certification Division

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

TITLE

(X6) DATE