

California Department of Public Health

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA060001620	(X1) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD/ORANGE & SAN BERNARDINO CO.			STREET ADDRESS, CITY, STATE, ZIP CODE 700 S Tustin St Orange, CA 92866	
(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
D000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of COMPLAINT NUMBER: CA00580846.</p> <p>Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: Surveyors 29865, HFEN and 34387, HFEN.</p> <p>THE DEPARTMENT WAS UNABLE TO SUBSTANTIATE THE COMPLAINT ALLEGATION AND FOUND NO REGULATORY VIOLATIONS.</p>	D000		

Licensing and Certification Division

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

TITLE

(X6) DATE