

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA250001778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/03/2014
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD - MORENO VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 12900 FREDERICK STREET, SUITE C MORENO VALLEY, CA 92553
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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
D 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of one entity reported incident.</p> <p>Entity reported incident number: CA00390391</p> <p>Representing the Department of Public Health: Surveyor 1729/18918, HFEN</p> <p>The inspection was limited to the specific entity reported incident investigated and does not represent the finding of a full inspection of the facility.</p> <p>No deficiencies were issued for this entity reported incident.</p>	D 000	<p>14 AUG - 4 PM 4:19 CLIMATE & CERT FRESNO COUNTY</p>	<p>7/30/14</p>

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Diane R. DeFille</i>	TITLE <i>HIPAA Privacy Officer</i>	(X6) DATE <i>7/30/14</i>
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Approved 8/4/14