Ohio Dept Health


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| STATEMENT OF DEFICIENCIES <br> AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA <br> IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION <br> A. BUILDING: | B. WING |
| :--- | :--- | :--- | :--- |

NAME OF PROVIDER OR SUPPLIER
PLANNED PARENTHOOD EAST HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
3255 EAST MAIN STREET
COLUMBUS, OH 43213


