Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 09/10/2021	
NAME OF PROVIDER OR SUPPLIER:			STREET ADDRESS		P CODE:		
PLANNED PARENTHOOD KEYSTONE -			29 NORTH 9TH STREET				
ALLENTOWN			ALLENTOWN, PA 18101				
STATE LICENSE NUMBER: 00218701							
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CX5) COMPLETE DATE		COMPLETE	
M 0000	INITIAL COMMENT This report is the result of an unannounced Spannitoring survey conducted on September 12021, at Planned Parenthood Keystone-Allen It was determined the facility was in compliate the requirements of the Pennsylvania Departmenth Regulations § 28 Pa Code, Chapter 29 Subchapter D, Ambulatory Gynecological Su in Hospitals and Clinics.			M 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE:	(X6) DATE:	

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Certified End Page

PLANNED PARENTHOOD KEYSTONE - ALLENTOWN

STATE LICENSE NUMBER: 00218701 SURVEY EXIT DATE: 09/10/2021

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Susan Coble Deputy Secretary for Quality Assurance Alison V. Beam Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY