



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

Handwritten signature of Susan Coble in cursive.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Alison V. Beam in cursive.

Alison V. Beam
Acting Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY