STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: 00 B. WING:	**05/09/2023**

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
BRADFORD REGIONAL MEDICAL CENTER STATE LICENSE NUMBER: **541201**	**116 INTERSTATE PARKWAY** **PO BOX 218** **BRADFORD, PA 16701**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	(X5) COMPLETE DATE
P 0000	INITIAL COMMENT This report is the result of an unannounced onsite complaint investigation (CHL23C251A) completed on May 9, 2023, at Bradford Regional Medical Center. These allegations were investigated in a previous special monitoring survey, and the facility is required to submit an acceptable Plan of Correction. See the survey PJ0G11 with an exit date of May 2, 2023: §101.31(5) Hospital Requirements §107.13(2) Content of Bylaws, Rules, and Regulations	P 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Certified End Page

BRADFORD REGIONAL MEDICAL CENTER

STATE LICENSE NUMBER: 541201

SURVEY EXIT DATE: 05/09/2023

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

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
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