

Statement of Deficiencies

Survey Date - 3/21/2018

CAMELBACK FAMILY PLANNING

4141 NORTH 32ND STREET, SUITE 105 PHOENIX, AZ 85018 (602) 279-2337 Facility ID: MED4426

License: AC5013

Health Survey Comments

| Based on a deficiency free compliance survey conducted on 03-02-18 for the licensing period of 02-01-15 through 01-31-16, the |
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| Department will issue the annual license for the licensing period of 02-01-16 through 01-31-17 without an onsite compliance |
| survey according to ARS 36.425.E. |
| ADHS Representative Date |

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