

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2018
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SOUTH EAST AND NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 5978 POWERS AVE JACKSONVILLE, FL 32217
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>INITIAL COMMENTS</p> <p>At the time of the unannounced, on-site re-licensure survey conducted on 1/10/18, Planned Parenthood of Southeast and North Florida was found to be in compliance with the Florida Abortion Clinic requirements of FS 390. (License # 844)</p> <p>No deficiencies were identified at the time of this survey.</p>	A 000		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____