

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960108</b>	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/13/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>726 SOUTH TAMPA AVENUE ORLANDO, FL 32805</b>	

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - INITIAL COMMENTS**

Revisit to the Relicensure survey of 1/16/18 was conducted on 2/13/18. Deficiencies for Planned Parenthood of Southwest and Central Florida, License #908, were cleared as of 2/02/18.