

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960081	(X3) DATE SURVEY COMPLETED 02/14/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SW & CENTRAL FL-FT MYERS	STREET ADDRESS, CITY, STATE, ZIP CODE 8595 COLLEGE PARKWAY SUITE 250 FORT MYERS, FL 33919	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - INITIAL COMMENTS</p> <p>An unannounced relicensure survey was conducted on 2/14/18 at Planned Parenthood of Southwest & Central Florida, Inc., an abortion clinic (license # 874) located in Fort Myers, Florida.</p> <p>No deficiencies were found at the time of the visit.</p>		