AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AC13960039	03/27/2017
NAME OF PROVIDER OR SUPPLIER PLANNED PRNTHOOD OF	STREET ADDRESS, CITY, STATE, ZIP CODE 736 CENTRAL AVENUE	
SOUTHWEST AND CENTRAL	SARASOTA, FL 34236	

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

0000 - INITIAL COMMENTS

An unannounced relicensure survey was conducted 3/27/17 at Planned Parenthood of Southwest and Central Florida (license #687), an abortion clinic in Sarasota, Florida.

No deficiencies were found at the time of the visit.