

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>AMERICAN FAMILY PLANNING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6115 VILLAGE OAKS DRIVE PENSACOLA, FL 32504</b>		
(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	<b>INITIAL COMMENTS</b>  On 4/29/15, an unannounced Licensure Survey was conducted at American Family Planning. The clinic was found to have no deficiencies.	A 000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 1, 2015

Administrator  
American Family Planning  
6115 Village Oaks Drive  
Pensacola, FL 32504

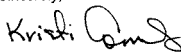
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 29, 2015 by a representative of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

  
For Donah Heiberg, M.S.W.  
Field Office Manager

DH/kc  
Enclosure

65FO

