

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960081	(X3) DATE SURVEY COMPLETED 05/09/2017
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)		
0000 - INITIAL COMMENTS An unannounced relicensure survey was conducted on 5/9/17 at Planned Parenthood of Southwest & Central Florida, Inc., an abortion clinic (license # 874) located in Fort Myers, Florida. . No deficiencies were found at the time of the visit.		