

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960135</b>	(X3) DATE SURVEY COMPLETED  <b>06/07/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>PLANNED PARENTHOOD OF SOUTH FLORIDA &amp; THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>585 NW 161 ST MIAMI, FL 33169</b>	

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

**0000 - INITIAL COMMENTS**

A Relicensure survey was conducted on June 7, 2017 at Planned Parenthood of South Florida & The Treasure Coast Inc., license # 926.

Planned Parenthood of South Florida & The Treasure Coast Inc. had no Licensure deficiencies found at the time of the visit.