

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960123	(X3) DATE SURVEY COMPLETED 07/20/2017
NAME OF PROVIDER OR SUPPLIER AMERICAN FAMILY PLANNING	STREET ADDRESS, CITY, STATE, ZIP CODE 6115 VILLAGE OAKS DRIVE PENSACOLA, FL 32504	

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

0000 - INITIAL COMMENTS

An unannounced licensure survey was conducted at American Family Planning, license #917, on 06/20/2017. At the time of survey the facility met requirements.