

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 09/13/2017  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960116</b>	(X3) DATE SURVEY COMPLETED  <b>R 08/24/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>PLANNED PARENTHOOD OF S FLORIDA &amp; TREASURE COAST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8177 GLADES ROAD, BAY 25 BOCA RATON, FL 33434</b>	

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

**0000 - INITIAL COMMENTS**

An unannounced revisit to the licensure survey was conducted on 8/24/17, at Planned Parenthood of South Florida and the Treasure Coast, License # 910. Previously cited deficiencies were found corrected.