



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

September 19, 2016

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 September 7, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) 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,

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

DH/kb  
Enclosure

1GGN

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**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960123</b>	(X3) DATE SURVEY COMPLETED  <b>09/07/2016</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>	

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

**0000 INITIAL COMMENTS**

An announced visit was made to American Family Planning on 9/6/16 for the annual survey. There were no deficiencies noted during the visit. License # 917.