

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960132	(X3) DATE SURVEY COMPLETED 10/31/2017
NAME OF PROVIDER OR SUPPLIER NORTH FLORIDA WOMEN'S SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CROSS CREEK CIR TALLAHASSEE, FL 32301	

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

0000 - INITIAL COMMENTS

An unannounced licensure survey was conducted at North Florida Women's Services, license #924, in Tallahassee, FL on 10/31/17. At the time of the survey, no deficient practice was identified.