

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960133</b>	(X3) DATE SURVEY COMPLETED  <b>12/28/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>610 OAK COMMONS BLVD KISSIMMEE, FL 34741</b>	

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

**0000 - INITIAL COMMENTS**

Relicensure survey was conducted on 12/28/17. Planned Parenthood of Southwest And Central Florida did not have any deficiencies found at the time of the visit.