

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960116</b>	(X3) DATE SURVEY COMPLETED  <b>08/29/2018</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 relicensure survey was conducted on 8/29/18 at Planned Parenthood of S. Florida and Treasure Coast, License # 910. The facility had no deficiencies at the time of the visit.