

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960142	(X3) DATE SURVEY COMPLETED 05/06/2019
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SOUTH EAST AND NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 8900 SW 117TH AVE, UNIT 206 & 207 MIAMI, FL 33186	

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

0000 - INITIAL COMMENTS

An announced initial licensure survey was conducted at Planned Parenthood Of South East And North Florida on , The provider had no deficiencies at the time of the visit.