

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960117	(X3) DATE SURVEY COMPLETED 05/23/2016
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF S FLORIDA & TREASURE COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 1322 NW FEDERAL HIGHWAY STUART, FL 34994
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 INITIAL COMMENTS

An unannounced relicensure survey was conducted on 5/23/16 at Planned Parenthood of South Florida and the Treasure Coast-Stuart. License # 911. The Provider had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 8, 2016

Administrator
Planned Parenthood Of S Florida & Treasure Coast
1322 NW Federal Highway
Stuart, FL 34994

RE: Relicensure Survey

Dear Administrator:

This letter reports findings of a state Relicensure survey that was conducted on May 23, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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