

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960132</b>	(X3) DATE SURVEY COMPLETED  <b>03/05/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>NORTH FLORIDA WOMEN'S SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2412 WEST PLAZA DRIVE TALLAHASSEE, FL 32308</b>	

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

**0000 - INITIAL COMMENTS**

An unannounced relicensure survey was conducted on March 5, 2019 at North Florida Women's Services. At the time of the survey, no deficient practice was identified.